

Use this form to decrease the policy/certificate face amount, change owner/insured/beneficiary names and/or addresses, change the death benefit option, cancel riders and/or elect/cancel automatic premium loan (APL) feature. For additional information, contact your personal financial representative, tax advisor or the MassMutual Service Center as noted in section H – Submission & Contact Information.

A Policy Information

- 1. Policy/certificate number(s):
2. Contract/Group number:
3. Insured full legal name: First MI Last Suffix

Owner Information

- 4. Full legal name (If different than Insured): First MI Last Suffix
5. Taxpayer Identification Number (SSN/ITIN/EIN):
6. Phone number: ( ) - Extension: Home Work Mobile
7. Email address:

B Face Amount Decrease

Carefully read the bullets below before completing and submitting this section. If the policy is subject to a divorce decree or is assigned, the former spouse or Assignee is required to sign in section I.

- Decreases in Face Amounts may result in your policy becoming a Modified Endowment Contract (MEC);
Effective date, processing date and frequency of Face Amount Decreases may vary by product;
The Face Amount in effect after a decrease may never be less than the Minimum Face Amount indicated in your policy;
Future requests for an increase in Face Amount will require additional evidence of insurability, which could include full underwriting.

- 1. Is this Policy subject to a divorce decree? Yes No (Default) If Yes, former spouse must sign in section I.
2. Is this Policy assigned? Yes No If Yes, complete questions 2a-2b. If No, skip to the next applicable section.
a. Assignee full legal name:
b. Additional Assignee full legal name (If applicable):
3. Reduce the face amount from \$ to \$

C Individual Name Change

Use this section to request a name change. This form CANNOT be used to designate a new Owner or Beneficiary. Documentation of the name change for the Owner or Insured must be submitted with this form. Acceptable forms of documentation include a certified copy of the divorce decree, marriage certificate, and/or court order. If the change is due to inaccurate information provided on the application, a copy of Government issued identification is acceptable.

- 1. Change name for (Select one): Owner (Default) Insured Beneficiary
2. Taxpayer Identification Number (SSN/ITIN): U.S. (Default) Other/foreign
3. Previous full legal name: First MI Last Suffix
4. New full legal name: First MI Last Suffix
5. Reason for name change (Select one): Marriage/Divorce Court Order Correction Other

Policy number(s): \_\_\_\_\_

**D Address Change** ::

- 1. Change address for (Select one):  Owner  Insured  Beneficiary
- 2. New mailing address:  
 Street address: \_\_\_\_\_  
 Apt/Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_  Home  Work  Mobile
- 4. Email address: \_\_\_\_\_
- 5. Additional MassMutual policy(ies): \_\_\_\_\_

**E Death Benefit Option Election** ::

*For any other death benefit option changes, contact the MassMutual Customer Service Center at the phone number listed in the Submission & Contact Information section of this form.*

Change Death Benefit Option (Select one):  From Option B to Option A  From Option 2 to Option 1

**F Rider Cancellation** ::

Cancel the following rider(s) from the policy(s) (Select all that apply):

- Accidental Death and Dismemberment (if permitted by relevant State regulations)  Waiver of Monthly Charges
- Child Term Rider  Spousal Term Rider

**G Automatic Premium Loan (APL) Provision (if applicable)** ::

**WARNING!** If your policy has been designated a Modified Endowment Contract (MEC), any loan you take will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59 1/2, any taxable gain will incur a 10% penalty in addition to the income tax. If loan interest is not paid when due, it will be added to the principal balance and will be subject to income tax under the same rules. Please consult your tax advisor.

Automatic Premium Loan (APL) provision option (Select one):  Elect APL  Cancel APL

**H Submission & Contact Information** ::

*For more information or general questions, use the resources below. Once you have reviewed and completed this form, return all 3 pages for processing. We will only accept responsibility for forms that are submitted as indicated below.*

<b>Worksite (Executive Group Life)</b>		
<b>Phone:</b> 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: LCM Hub 1295 State Street Springfield, MA 01111-0001	<b>Email:</b> LCMClientServices@MassMutual.com  <b>Fax^:</b> Attention: Client Services 1-413-226-4054.
<b>Institutional Insurance</b>		
<b>Phone:</b> 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: BOLI/COLI Hub 1295 State Street P.O. Box 2488 Springfield, MA 01111-0001	<b>Email:</b> BoliColiService@MassMutual.com  <b>Fax^:</b> Attention: Client Services 1-413-226-4054

<sup>^</sup> Retain the original form and the fax machine confirmation statement for your files

Policy number(s): \_\_\_\_\_

# I Agreements & Signatures ::

**Taxpayer Certification.** By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section A is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (including U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. *Strike out any of these statements if incorrect.*

*Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. account owned by a U.S. person, so we have not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person, any applicable FATCA information will be captured on the Form W-8. **The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

**Owner** (Required in all cases) Refer to the Signature Guidelines (FR2068) for additional information.

By signing below, the Owner acknowledges that s/he has read this form and understands the implications of their request. Each of the undersigned certifies that s/he is of legal age, and that the Policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. If the Policy is assigned, the Assignee must sign this form.

► Signature of Owner: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_  Sole Officer  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

► Signature of Joint Policy Owner or former spouse (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_  Sole Officer  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

**Assignee** (Required for Face Reductions when the policy is assigned)

► Signature of Assignee: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_  Sole Officer  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

► Signature of Additional Assignee (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_  Sole Officer  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

