

Section 1 – Policy Information (Please print clearly)

Policy/Certificate Number _____ Insured Name _____
 Owner Name _____ Owner Social Security Number _____
 Owner daytime phone number _____ Owner email address _____

Section 2 – Automated Account Value Transfers

The first transfer is to take place on the next Monthly Calculation Date or the next Monthly Calculation Date after ____ / ____ / ____ .

Select the number of months over which the transfers are to occur: _____ Months.

Transfers must be indicated in dollar amounts or whole percentages, but not both*. Each division name or fund abbreviation should only be listed once in the “Transfer From” and/or “Transfer To” column. When using percentages, the total of the “Transfer To” column must equal 100% in whole percentages. When using dollars, the total of the “Transfer To” column must equal the total amount in the “Transfer From” column. You may maintain Account Value in a maximum of twenty-five (25) Separate Account Divisions and the Guaranteed Principal Account (GPA) at any one time. You may not select the Guarantee Principal Account (GPA). Only one automated transfer arrangement will be allowed to be in place at any one point in time. **Your signature is required in Section 4 to effect this transfer.**

American Century VP Disciplined Core Value (ACDCV)	Invesco V.I. Main Street [®] (IMS)	MML Equity (MEQ)
American Century VP Value (ACV)	Invesco V.I. Main Street Small Cap [®] (IMSSC)	MML Equity Index (MEI)
Fidelity [®] VIP Contrafund [®] (FCON)	Invesco V.I. Core Plus Bond ¹ (ICPBD)	MML Growth Allocation (MGRAF)
Invesco V.I. Capital Appreciation (ICA)	MFS [®] New Discovery (MFND)	MML Managed Bond (MMB)
Invesco V.I. Conservative Balanced (ICBAL)	MFS [®] Research (MFR)	MML Moderate Allocation (MMAF)
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	MML Aggressive Allocation (MAAF)	MML Small Cap Equity (MSCEQ)
Invesco V.I. Global (IGL)	MML Balanced Allocation (MBAF)	MML Strategic Emerging Markets (MSEM)
Invesco V.I. Global Strategic Income (IGSI)	MML Blue Chip Growth (MBCG)	T. Rowe Price Mid-Cap Growth (TRMC) ²
Invesco V.I. U.S. Government Money Portfolio (IGMP)	MML Conservative Allocation (MCAF)	T. Rowe Price All-Cap Opportunity (TRACO)
Invesco Oppenheimer V.I. International Growth (IING)	MFS [®] Growth (MFG)	Guaranteed Principal Account (GPA)

¹ Effective after the close of the New York Stock Exchange on April 29, 2022, the Invesco V.I. Core Bond Fund merged into the Invesco V.I. Core Plus Bond Fund.

² The T. Rowe Price Mid-Cap Growth Division is not available as an investment choice for policies issued on May 1, 2004 or later.

*Choose mode of transfer to be used throughout (Select one): Dollars** or Whole-Number Percentages

**For Dollar Transfers: If the value on the transfer valuation date is less than the requested dollar amount, the transaction will be processed for the lesser amount.

Transfer FROM Dollar (\$) or Percent (%)	Transfer TO Dollar (\$) or Percent (%)
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ Total	Total \$ _____ or 100 %

Check here if submitting additional transfers and attach an additional form.

Section 3 – Automated Account Re-Balancing

Effective Date (check one only):

- START Re-Balancing Option.** The first transfer is to take place on the next Monthly Calculation Date or the Monthly Calculation Date after ____/____/____. Account re-balancing will be made quarterly on a Monthly Calculation Date.
- STOP Re-Balancing Option** upon receipt of this request at the Home Office.

Re-Balancing Allocation Election: Allocations must be to available Separate Account Divisions and total 100% in whole percentages. You may maintain Account Value in a maximum of twenty-five (25) Separate Account Divisions and the Guaranteed Principal Account (GPA) at any one time. In addition, a Certificate Owner may only reduce his or her allocation to the GPA by up to 25% once each Certificate Year. Your signature is required in Section 4 to effect this change. Refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, and the GPA, and for information regarding investment choice changes. Automatic Account Re-Balancing is considered one transfer per Certificate year.

American Century VP Disciplined Core Value (ACDCV)	%	MFS® Research (MFR)	%
American Century VP Value (ACV)	%	MML Aggressive Allocation (MAAF)	%
Fidelity® VIP Contrafund® (FCON)	%	MML Balanced Allocation (MBAF)	%
Invesco V.I. Capital Appreciation (ICA)	%	MML Blue Chip Growth (MBCG)	%
Invesco V.I. Conservative Balanced (ICBAL)	%	MML Conservative Allocation (MCAF)	%
Invesco V.I. Core Plus Bond ¹ (ICPBD)	%	MML Equity (MEQ)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Equity Index (MEI)	%
Invesco V.I. Global (IGL)	%	MML Growth Allocation (MGRAF)	%
Invesco V.I. Global Strategic Income (IGSI)	%	MML Managed Bond (MMB)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML Moderate Allocation (MMAF)	%
Invesco V.I. Main Street® (IMS)	%	MML Small Cap Equity (MBCEQ)	%
Invesco V.I. Main Street Small Cap® (IMSSC)	%	MML Strategic Emerging Markets (MSEM)	%
Invesco V.I. U.S. Government Money Portfolio (IGMP)	%	T. Rowe Price Mid-Cap Growth ² (TRMC)	%
MFS® Growth (MFG)	%	T. Rowe Price All-Cap Opportunity (TRACO)	%
MFS® New Discovery (MFND)	%	Guaranteed Principal Account (GPA)	%
Total			100%

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Section 4 – Authorized Signature

The undersigned hereby requests that Massachusetts Mutual Life Insurance Company process the above changes.

Name of Owner (Please Print) _____ Owner Signature I am the sole officer of the corporation listed _____ Date _____

Name of Corporation, Partnership or Trust including Title of Owner (Please Print) _____

Signature of Assignee _____ Company Name & Title of Assignee (if corporate assignee – please print) _____ Date _____

Section 5 - Customer Service - To submit your request, use one of the following:

Email: lcmclientservices@MassMutual.com Fax: 1-413-226-4054	Mail: MassMutual LCM Document Hub 1295 State Street PO Box 2488 Springfield MA 01001-2488	For more information regarding your policy, use the following resources: MassMutual Service Center 1-800-548-0073 (Monday through Friday, 8:00 a.m. – 5:00 p.m.) www.MassMutual.com
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