

**Important information**

- This form should be used to change your allocation of future net premiums among Separate Account Divisions and the Guaranteed Principal Account (GPA).
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at MassMutual's Administrative Office.
- Only one allocation change request is allowed for each Valuation Date.
- You may maintain Account Value in a maximum of twenty-five (25) Separate Account Divisions and the GPA at any one time. If you want to allocate net premium to a ninth division, you must transfer 100% of the Account Value from one or more of the eight active Separate Account Divisions.

**Instructions to complete this Form**

1. Print the Policy Number, the Insured's Name, the Owner's Name, the Owner's Social Security Number, the Owner's Daytime Telephone Number and E-mail address in the spaces provided.
2. Enter the new premium allocation percentage in the space provided for the Divisions. Percentages must be in whole numbers and must equal 100%.
3. The Policy Owner must sign the form. If more than one Owner exists, then all Owners must sign the form. If the Owner is a Corporation, refer to the Corporate Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
4. Fax, e-mail or mail page two of this form per the instructions listed below under "Customer Service."

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**Corporate Signature Requirements – For Policies owned by or assigned to a Corporation**

If the Owner or Assignee is a Corporation, Partnership or Trust, then the title of the Owner(s) or Assignee must be included and the Name of the Corporation, Partnership or Trust must be printed in the space provided.

**Two Corporate Officers:** We require the signature of two different corporate officers. Their corporate titles must be included. One signature will be accepted only if the officer is not the insured or a family member of the insured.

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**Customer Service**

To submit your request, use one of the following:



**FAX this form to:**

1-413-226-4054

*Retain this original and the fax machine's confirmation statement for your files.*

**E-mail this form to:**

lcmclientservices@MassMutual.com



**Mail this form to:**

Massachusetts Mutual Life Insurance Company  
LCM Document Management Hub  
1295 State Street  
PO Box 2488  
Springfield MA 01101-2488

For additional information regarding your policy, please use any of the following resources:



Internet Service Connection  
[www.MassMutual.com](http://www.MassMutual.com)



MassMutual Customer Service Center  
1-800-548-0073  
Monday through Friday, 8:00 a.m. – 5:00 p.m. ET

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**We will only accept responsibility for forms that are faxed, e-mailed or mailed in accordance with the above instructions.**

**Section 1 – Policy Information** *(Please print clearly)*

Policy/Certificate Number \_\_\_\_\_ Insured Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Social Security Number \_\_\_\_\_

Owner email \_\_\_\_\_ Owner phone number \_\_\_\_\_

**Section 2 – Future Net Premium Allocation Change**

**Complete this section to change the allocation of your future premium payments. Changes made will not change your current allocation of policy value.**

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. If you want to allocate net premium to a ninth division, you must transfer 100% of the Account Value from one or more of the eight active Separate Account Divisions. **Your signature is required in Section 3 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.

Fidelity® VIP Contrafund® (FCON)	%	MFS® Research (MFR)	%
Invesco V.I. Core Plus Bond (ICPBD)	%	MML Aggressive Allocation (MAAF)	%
Invesco V.I. Discovery Large Cap (IDLC) <sup>1</sup>	%	MML Balanced Allocation (MBAF)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Blue Chip Growth (MBCG)	%
Invesco V.I. Equity & Income (IEI)	%	MML Conservative Allocation (MCAF)	%
Invesco V.I. Global (IGL)	%	MML Equity (MEQ)	%
Invesco V.I. Global Strategic Income (IGSI)	%	MML Equity Index (MEI)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML Growth Allocation (MGRAF)	%
Invesco V.I. Main Street® (IMS)	%	MML International Equity (MIE)	%
Invesco V.I. Main Street Small Cap® (IMSSC)	%	MML Managed Bond (MBO)	%
Invesco V.I. U.S. Government Money Portfolio (IGMP)	%	MML Moderate Allocation (MMAF)	%
LVIP American Century Disciplined Core Value (LACDC)	%	MML Small Cap Equity (MSCEQ)	%
LVIP American Century Value (LACV)	%	T. Rowe Price Mid-Cap Growth <sup>2</sup> (TRMC)	%
MFS® Growth (MFG)	%	T. Rowe Price All-Cap Opportunities (TRACO)	%
MFS® New Discovery (MFND)	%	Guaranteed Principal Account (GPA)	%
<b>Total</b>			<b>100%</b>

<sup>1</sup> Formerly known as Invesco V.I. Capital Appreciation.

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

**Signatures**

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

Printed Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Corporation, Partnership or Trust including Title of Owner \_\_\_\_\_

Signature of Assignee \_\_\_\_\_ Printed Company Name & Title of Assignee *(if corporate assignee)* \_\_\_\_\_ Date \_\_\_\_\_