

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 our 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 at the top of the form.
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."

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.

Sole Corporate Officer: If the insured or family member is the sole officer, his/her signature is acceptable if accompanied by a notarized statement indicating that the corporation has a sole officer, or if the corporate seal is affixed.

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.

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



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

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

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

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.

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 (MSCEQ)	%
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%

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

Signatures

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

Owner Printed Name _____ Owner Signature _____ I am the sole officer of the corporation listed. _____ 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 _____