

Important information

- This form should be used to transfer Account Value between 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.
- Transfers must be indicated in Dollar Amounts or Whole Percentages but not both.
- 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 transfer Account Value to a ninth division, you must transfer 100% of the Account Value from one or more of the eight active Separate Account Divisions.
- Transfers from the GPA are limited to one per policy year and may not exceed the lesser of 25% of the non-loaned GPA Value at the time of the transfer; or your Account Value in the GPA less an amount equal to one plus the number of monthly calculation dates remaining in your modal term multiplied by our most recent monthly deduction. However, if in each of the previous three policy years 25% of the GPA Value has been transferred and there have been no premium payments or transfers to the GPA (except as the result of a loan), 100% of the GPA Value may be transferred to the Separate Account.
- All transfer requests are subject to the limitations on frequent transfers and excessive trading imposed by us and by the funds underlying the Separate Account Divisions. We reserve the right to restrict or reject any transfers. Refer to your Policy and Prospectus for further details.

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 amount being deducted in the "Transfer **FROM** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviations(s). Each division should only be listed once. Use either whole percentages or dollars.
3. Enter the amount being transferred in the "Transfer **TO** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviations(s). Each division should only be listed once. Use either whole percentages or dollars.
4. The total of the "Transfer To" column must equal either 100% if percentages were used or the total dollars of the "Transfer From" column.
5. 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 Corporate Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
6. 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 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 Phone Number _____
 Owner email _____

Section 2 – Fund Transfer Request

Complete this section to transfer Account Value between Separate Account Divisions. Completing this section will not change the allocation of future payments made to your Policy.

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. If you want to transfer Account Value 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 transfer. 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 fund transfers.

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. U.S. Government Money Portfolio (IGMP)	MML Growth Allocation (MGRAF)
Invesco V.I. Capital Appreciation (ICA)	MFS® Growth (MFG)	MML Managed Bond (MMB)
Invesco V.I. Conservative Balanced (ICBAL)	MFS® New Discovery (MFND)	MML Moderate Allocation (MMAF)
Invesco V.I. Core Plus Bond ¹ (ICPBD)	MFS® Research (MFR)	MML Small Cap Equity (MSCEQ)
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	MML Aggressive Allocation (MAAF)	MML Strategic Emerging Markets (MSEM)
Invesco V.I. Global (IGL)	MML Balanced Allocation (MBAF)	T. Rowe Price Mid-Cap Growth ² TRMC)
Invesco V.I. Global Strategic Income (IGSI)	MML Blue Chip Growth (MBCG)	T. Rowe Price All-Cap Opportunity (TRACO)
Invesco Oppenheimer V.I. International Growth (IING)	MML Conservative Allocation (MCAF)	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 (check 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
\$ _____ Total	Total \$ _____ or 100 %

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

Section 3 – Authorized Signature(s)

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 _____