

Section 1 – Certificate Information

Certificate number: _____ Insured name: _____

Owner name: _____

Owner phone number: _____ Owner e-mail: _____

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 (mm/dd/yyyy) _____.

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

Reset Form
Instructions to complete this section

1. Only one automated transfer arrangement will be allowed to be in place at any one point in time.
2. Transfers must be indicated in dollar amounts or whole percentages only, but not both*.
3. Each division name should only be listed once in the "Transfer From" and/or "Transfer To" column.
4. When using dollars, the total of the "Transfer To" column must equal the total amount in the "Transfer From" column.
5. When using percentages, the total of the "Transfer To" column must equal 100%.
6. **You may not transfer account value from the Guaranteed Principal Account (GPA)**
7. Your account value may be allocated to a maximum of 25 Separate Account divisions and the Guaranteed Principal Account (GPA) at any one time.
8. The form must be signed by the certificate owner, and if assigned, then also signed by the assignee on page 3. If the certificate owner or assignee is a corporation, trust, partnership limited partnership, LLC or similar entity then refer to the Special Signature Requirements section below.
9. Refer to your Prospectus for information about the Separate Account divisions.

Delaware Ivy VIP Asset Strategy ¹ (DIAS)	MML Dynamic Bond (MDBF)	MML Managed Bond (MMB)
Fidelity [®] VIP Contrafund [®] (FCON)	MML Equity (MEQ)	MML Managed Volatility (MMV)
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	MML Equity Income (MEQI)	MML Mid Cap Growth (MMCG)
Invesco V.I. Global (IGL)	MML Focused Equity (MFEQ)	MML Mid Cap Value (MMCV)
Invesco V.I. Global Strategic Income (IGSI)	MML Foreign (MFOR)	MML Moderate Allocation (MMAF)
Invesco Oppenheimer V.I. International Growth (IING)	MML Fundamental Equity (MFE)	MML Short-Duration Bond (MSDB)
Invesco V.I. Main Street (IMS)	MML Fundamental Value (MFV)	MML Small Cap Equity (MSCEQ)
MML Aggressive Allocation (MAAF)	MML Global (MGL)	MML Small Cap Growth Equity (MSCGE)
MML American Funds Core Allocation (MCA)	MML Sustainable Equity ² (MSEQ)	MML Small Company Value (MSCV)
MML American Funds International (MIN)	MML Growth Allocation (MGRAF)	MML Small/Mid Cap Value (MSMC)
MML American Funds Growth (MGR)	MML High Yield (MHY)	MML Strategic Emerging Markets (MSEM)
MML Balanced Allocation (MBAF)	MML Income & Growth (MIGR)	MML Total Return Bond (MTR)
MML Blend (MBL)	MML Inflation-Protected and Income (MIP)	MML U.S. Government Money Market (MMGM)
MML Blue Chip Growth (MBCG)	MML International Equity (MINEQ)	Guaranteed Principal Account (GPA)
MML Conservative Allocation (MCAF)	MML Large Cap Growth (MLCG)	

¹ Formerly known as Ivy VIP Asset Strategy

² Formerly known as MML Growth & Income

***Choose mode of transfer to be used throughout (Select only one):** Dollars** or Whole-number percentages

****For transfers in dollars: 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
\$		Total		Total \$	or	100%	

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

Certificate number _____ Insured name: _____

Section 3 – Automated Account Re-Balancing

Instructions to complete this section:

1. Account re-balancing must be indicated in dollar amounts or whole percentages only.
2. Select appropriate effective date option and designate the Separate Account divisions
3. Account re-balancing will be made quarterly on a Monthly Calculation Date
4. The form must be signed by the certificate owner, and if assigned then also signed by the assignee on page 3. If the certificate owner or assignee is a corporation, trust, partnership limited partnership, LLC or similar entity then refer to the Special Signature Requirements section below.
5. Refer to your Prospectus for information about the Separate Account divisions.

Effective Date (Select one):

START Re-Balancing Option. The first transfer is to take place on the next Monthly Calculation Date or the Monthly Calculation Date after (mm/dd/yyyy): _____.

STOP Re-Balancing Option. Transfers will end following receipt of this request in good order, at our Administrative Office

Delaware Ivy VIP Asset Strategy (DIAS) ¹	%	MML Sustainable Equity (MSEQ) ²	%
Fidelity® VIP Contrafund® (FCON)	%	MML Growth Allocation (MGRAF)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML High Yield (MHY)	%
Invesco V.I. Global (IGL)	%	MML Income & Growth (MIGR)	%
Invesco V.I. Global Strategic Income (IGSI)	%	MML Inflation-Protected and Income (MIP)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML International Equity (MINEQ)	%
Invesco V.I. Main Street (IMS)	%	MML Large Cap Growth (MLCG)	%
MML Aggressive Allocation (MAAF)	%	MML Managed Bond (MMB)	%
MML American Funds Core Allocation (MCA)	%	MML Managed Volatility (MMV)	%
MML American Funds Growth (MGR)	%	MML Mid Cap Growth (MMCG)	%
MML American Funds International (MIN)	%	MML Mid Cap Value (MMCV)	%
MML Balanced Allocation (MBAF)	%	MML Moderate Allocation (MMAF)	%
MML Blend (MBL)	%	MML Short-Duration Bond (MSDB)	%
MML Blue Chip Growth (MBCG)	%	MML Small Cap Equity (MSCEQ)	%
MML Conservative Allocation (MCAF)	%	MML Small Cap Growth Equity (MSCGE)	%
MML Dynamic Bond (MDBF)	%	MML Small Company Value (MSCV)	%
MML Equity (MEQ)	%	MML Small/Mid Cap Value (MSMC)	%
MML Equity Income (MEQI)	%	MML Strategic Emerging Markets (MSEM)	%
MML Focused Equity (MFEQ)	%	MML Total Return Bond (MTR)	%
MML Foreign (MFOR)	%	MML U.S. Government Money Market (MMGM)	%
MML Fundamental Equity (MFE)	%	Guaranteed Principal Account (GPA)	%
MML Fundamental Value (MFV)	%		%
MML Global (MGL)	%	Total	100%

¹ Formerly known as Ivy VIP Asset Strategy

² Formerly known as MML Growth & Income

***** Continue to next page for signatures. *****

Certificate number: _____

Insured name: _____

Section 4 – Authorized Signature(s)

Special Signature Requirements for Certificates owned or assigned to a corporate, trust, partnership, LLC or similar entity.

If the owner or assignee is a corporation, trust, partnership, limited partnership, LLC or similar entity then provide the entity's name and the title of person(s) signing as its authorized representative(s) in the space provided on page two. In addition, for a:

- **Trust:** Provide a completed Certification of Trust Agreement form, which can be requested from Customer Service via the options listed below.
- **Partnership, Limited Partnership, LLC or similar entity:** Provide a completed Certificate of Partnership, LP or LLC form, which can be requested from Customer Service via the options listed below.
- **Corporation:** If the Insured or the Insured's family member is signing as a corporate officer, a second corporate officer must also sign. If the Insured or the Insured's family member is the sole officer then, in place of a second officer's signature, the officer may provide a signed statement, either notarized or with the corporate seal affixed, that she or he is the sole officer of the corporation.

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

Individual Owner & Assignee Signature Section

Printed Owner Name	Owner Signature	Date signed
Assignee signature	Print Company Name (if corporate Assignee) & Title	Date signed

Corporation, Trust, Partnership, Limited Partnership, LLC or Similar Entity Signature Section

Owner Printed Name	Owner Signature & Title	<input type="checkbox"/> Sole Officer*	Date signed
Additional Officer, Trustee Partner Printed Name (If applicable)	Signature & Title Additional Officer, Trustee, Partner (If applicable)		Date signed
Assignee Printed Name	Assignee Signature		Date signed

** If the Sole Officer box is selected and the signer is the only officer, a signed letter on company stationery to that effect or the signer's signature with the corporate seal affixed is required.

Section 5 – Customer Service



Fax this form to:

1-413-226-4054

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



Mail this form to:

Massachusetts Mutual Life Insurance Company
LCM Document Hub
1295 State Street
P.O. Box 2488
Springfield MA 01101-2488

E-mail this form to:

Lcmclientservices@MassMutual.com

We will only accept responsibility for forms received in good order by fax, e-mail or mail to these addresses and numbers.

For additional information regarding your policy, please use 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. E.T.