



Strategic Group Universal Life Insurance® II / Strategic Variable Universal Life Insurance® II

Certificate Change Form

Insured(s): _____

Address: _____

Owner (if not the Insured): _____

Preferred phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile

Alternate phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile

Email address: _____

Certificate Number: _____ Group Number: _____

Section 1 – Face Amount Decrease Request

Any Face Amount in effect after a decrease may never be less than the Minimum Face Amount indicated in your certificate or rider (if applicable); and future requests for an increase in Selected Face Amount will require additional evidence of insurability which could include full underwriting.

WARNING! Decreases in Face Amounts may result in your certificate becoming a Modified Endowment Contract (MEC).

I hereby request MassMutual to decrease my Base Selected Face Amount from \$ _____ to \$ _____

I hereby request MassMutual to decrease my Supplemental Selected Face Amount from \$ _____ to \$ _____

I hereby request MassMutual to decrease my Spouse Level Term Selected Face Amount from \$ _____ to \$ _____

Section 2 – Individual Name Change

Please note this form is not to be used to change the ownership or beneficiary arrangement of a certificate.

You are hereby requested to adjust your records to show that the (select one): Owner Insured Beneficiary Payor

under said certificate wishes to change name: **From:** _____

To: _____

NOTICE: Legal name changes must be recorded with the Social Security Administration to assure a match between the name and the Taxpayer Identification Number. Failure to do so may result in a tax penalty.

Section 3 – Change of Address

I hereby authorize MassMutual to change my address of record (select one): Owner Insured Beneficiary Payor

Date of change: _____

Street address: _____

Apt/Suite #: _____

City: _____

State, Zip Code: _____

Phone number (Optional): _____ Email address: _____

Additional MassMutual policies: _____

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.

Certificate Number(s): _____ Name(s) of Insured(s): _____

Section 4 – Death Benefit Option Change

Change Death Benefit Option: From Option B to Option A

Please Note: For any other death benefit option changes, see MassMutual contact information on page 3 of this form.

Section 5- Rider Changes

Add the following rider(s) on certificate (available only for life changes after certificate issue)

Childrens Level Term Insurance

Youngest Child Date of Birth (mm/dd/yyyy): ____/____/____

Spouse Level Term Life Insurance

Date of Marriage (mm/dd/yyyy): ____/____/____ Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Male Female

Terminate the following rider(s) on certificate:

Accidental Death Benefit Waiver of Monthly Charges Childrens Level Term Insurance Spouse Level Term Life Insurance

Section 6 – Signature Requirements – Please refer to specific instructions and requirements on page 3

By signing below, the owner(s) acknowledge(s) that they have received and read the disclosures set forth in this form and the withdrawal provisions in the certificate. If the certificate is assigned, the assignee must sign this form. Each of these parties certifies that he or she is of legal age and that the certificate is not assigned, pledged or subject to a bankruptcy proceeding, attachment, lien or other claim, except as follows: _____

Owner Tax ID (REQUIRED) Please enter your tax identification number (SSN or EIN as applicable)

Is the owner an individual? Yes No If yes, what is the owner's date of birth? ____/____/____

Under penalties of perjury, I certify that the above is my correct Taxpayer Identification Number, and I am a U.S. person (U.S. citizen or resident alien), and the Internal Revenue Service (IRS) has NOT notified me that I am subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Individual Signature Section

Printed name of Owner _____ Signature of Owner _____ Date Signed _____

Owner Address of Record (Apt/House Number & Street Name, City, State, Zip) _____

Corporate, Partnership or Trust Owned Signature Section

Printed name of Corporation, Partnership or Trust _____ Date of Trust _____

Signature of Corporate Officer, Partner or Trustee _____ Title _____ Date Signed _____
 I am the sole officer of the corporation listed.

Signature of Corporate Officer, Partner or Trustee _____ Title _____ Date Signed _____

Signature of Corporate Officer, Partner or Trustee _____ Title _____ Date Signed _____

Owner Address of Record (Apt/House Number & Street Name _____ City _____ State _____ Zip _____)

Assignee Signature Section

Printed Name of Assignee _____ Signature & Title _____ Date Signed _____

Signature Instructions

The following descriptions explain the signature requirements for each type of ownership arrangement.

Corporation, partnership, limited partnership	Include the full name of the entity. Print or type the full name and title of each officer who signs. If the officer is the insured or a family member, we require the signature of another officer who is not related or, if all officers are related, the signature of two officers. If the insured or family member is the only officer, his/her signature is acceptable if accompanied by a notarized statement to that effect, or if the corporate seal is affixed. EXAMPLE - John Doe, President/Partner/General Partner, ABC Corporation.
Trust **	Those trustees required to sign under the trust agreement. Include the full name of the trust and the title(s) of the trustee(s). EXAMPLE – Mary Smith as Trustee under the ABC Trust Agreement.
Custodian	<u>In all states except South Carolina and Vermont</u> , include the full name of the custodian “as custodian for (<i>insert name of minor</i>) under the (<i>name of state</i>)’s <u>UTMA</u> .” EXAMPLE –Joan Doe as custodian for Alice Doe under the Massachusetts UTMA. <u>In South Carolina and Vermont</u> , include the name of the custodian “as custodian for (<i>insert name of minor</i>) under the (<i>name of state</i>)’s <u>UGMA</u> .” EXAMPLE –Joan Doe as custodian for Alice Doe under the Vermont UGMA.
Executor**	Include the full name of the appointed executor, administrator, or personal representative, as “executor, administrator, or personal representative (<i>list only one capacity</i>) for the estate of (<i>insert name of deceased</i>), deceased.” If not previously submitted, a copy of the death certificate is required. EXAMPLE – Joan Doe, executor for the estate of Sam Doe, deceased.
Guardian/ Conservator**	Include the full name of the legal guardian/conservator, “as guardian/conservator of the estate of (<i>insert name of person affected</i>).” EXAMPLE – Joan Doe as Guardian/Conservator of the Estate of Sam Doe.
Attorney-in-Fact** (Power of Attorney)	Include the full name of the attorney-in-fact as “Attorney-in-Fact for (<i>insert name of person</i>).” EXAMPLE – Joan Doe, Attorney-in-Fact for Sam Doe.
If the certificate is assigned	The owner and assignee must sign. Include the full name of the assignee. If the assignee is a corporation, also include the title(s) of all officer(s) signing. NOTE: If the right being exercised is granted to the assignee, only the assignee’s signature is required.

**** Copies of the legal document that established authority must be submitted with this form unless already on file.**

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.



Mail this form to:

Massachusetts Mutual Life Insurance Company
LCM Document Management Hub
1295 State Street

E-mail this form to:

lcmclientservices@massmutual.com

PO Box 2488

Springfield MA 01101-2488

For additional information regarding your certificate, 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