

Important information

- You may maintain Account Value in a maximum of twenty-five Separate Account Divisions and the GPA at any one time.
- This election will remain in effect until we receive your written request to change the election on our administrative form, in good order, at MassMutual's administrative office.

Instructions to complete this Form

- Complete all requested information. In section 2, enter the percentage of future net premium to be allocated to each of your selected Separate Account divisions and/or the GPA. Percentages must be in whole numbers and the sum must total 100%.
- The form must be signed by the certificate owner. If the certificate owner is a corporation, trust, partnership, limited partnership, LLC or similar entity then refer to the Special Signature Requirements section below.
- Submit page 2 of this form via fax, e-mail or mail using the Customer Service information below.

Special Signature Requirements for certificates owned by a corporation, trust, partnership, limited partnership, LLC or similar entity

Provide the entity's name and the title of the authorized representative(s) signing on its behalf. In addition, for a:

- **Trust:** Provide a completed Certification of Trust Agreement form, which may be requested from Customer Service contacts below.
- **Partnership, Limited Partnership, LLC or similar entity:** Provide a completed Certificate of Partnership, LP or LLC form, which may be requested from Customer Service contacts below.
- **Corporation:** If the insured or the insured's family member is signing as a corporate officer, an additional corporate officer must also sign.

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.

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

Certificate number: _____ Insured name: _____

Owner Name: _____

Owner Phone: _____ Owner email: _____

Section 2 – Future Net Premium Allocation Change

Using whole numbers that total 100%, complete this section to allocate your future net premiums among as many as 25 Separate Account divisions and/or the GPA. Refer to your prospectus for information about the Separate Account divisions.

Fidelity® VIP Contrafund® (FCON)	%	MML Growth Allocation (MGRAF)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML Income & Growth (MIGR)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Inflation-Protected and Income (MIP)	%
Invesco V.I. Global (IGL)	%	MML International Equity (MINEQ)	%
Invesco V.I. Global Strategic Income (IGSI)	%	MML Large Cap Growth (MLCG)	%
Invesco V.I. Main Street (IMS)	%	MML Managed Bond (MMB)	%
Macquarie VIP Asset Strategy (MASS)	%	MML Managed Volatility (MMV)	%
MML Aggressive Allocation (MAAF)	%	MML Mid Cap Growth (MMCG)	%
MML American Funds Core Allocation (MCA)	%	MML Mid Cap Value (MMCV)	%
MML American Funds Growth (MGR)	%	MML Moderate Allocation (MMAF)	%
MML Balanced Allocation (MBAF)	%	MML Short-Duration Bond (MSDB)	%
MML Blend (MBL)	%	MML Small Cap Equity (MSCEQ)	%
MML Blue Chip Growth (MBCG)	%	MML Small Cap Growth Equity (MSCGE)	%
MML Conservative Allocation (MCAF)	%	MML Small Company Value (MSCV)	%
MML Equity (MEQ)	%	MML Small/Mid Cap Value (MSMC)	%
MML Equity Income (MEQI)	%	MML Sustainable Equity (MSEQ)	%
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 Global (MGL)	%	Total of both columns must equal	100%

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

Certificate Number: _____ Insured Name: _____

Section 3 – Authorized Signature(s)

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

Individual Owner & Assignee Signature Section

Printed Name of Owner	Signature of Owner	Date signed
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Printed Name of Assignee	Signature of Assignee & Title (<i>if corporate Assignee</i>)	Date signed
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Corporation, Trust, Partnership, Limited Partnership, LLC or Similar Entity Signature Section

Printed Name of Owner	Signature & Title of Owner	Date signed
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Printed Name of Additional Officer, Trustee Partner (<i>If applicable</i>)	Signature & Title Additional Officer, Trustee, Partner (<i>If applicable</i>)	Date signed
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Printed Name of Assignee	Signature of Assignee & Title (<i>if corporate Assignee</i>)	Date signed
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