

### 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 our 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. If the insured or the insured's family member is the sole officer then, in place of a second officer's signature, provide a signed statement, either notarized or with the corporate seal affixed, that she or he is the sole officer of the corporation.

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### 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](http://www.MassMutual.com)



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

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**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.

Delaware Ivy VIP Asset Strategy <sup>1</sup> (DIAS)	%	MML Global (MGL)	%
Fidelity <sup>®</sup> VIP Contrafund <sup>®</sup> (FCON)	%	MML Growth Allocation (MGRAF)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML High Yield (MHY)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Income & Growth (MIGR)	%
Invesco V.I. Global (IGL)	%	MML Inflation-Protected and Income (MIP)	%
Invesco V.I. Global Strategic Income (IGSI)	%	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 International (MIN)	%	MML Mid Cap Growth (MMCG)	%
MML American Funds Growth (MGR)	%	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 Sustainable Equity <sup>2</sup> (MSEQ)	%
MML Foreign (MFOR)	%	MML Total Return Bond (MTR)	%
MML Fundamental Equity (MFE)	%	MML U.S. Government Money Market (MMGM)	%
MML Fundamental Value (MFV)	%	Guaranteed Principal Account (GPA)	%
		<b>Total of both columns must equal</b>	<b>100%</b>

<sup>1</sup> Formerly known as Ivy VIP Asset Strategy

<sup>2</sup> Formerly known as MML Growth & Income

**\*\*\* 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 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.