

Important Information:

- This form should be used to transfer account value between Separate Account divisions and the Guaranteed Principal Account (GPA).
- Transfers must be indicated in dollar amount or whole percentages, but not both.
- You may maintain account value in a maximum of 25 Separate Account Divisions and the GPA at any one time.
- Only one transfer from the GPA is permitted per policy year. The amount transferred may not exceed 25% of the non-loaned account value in the GPA at the time of transfer. However, if in each of the previous three policy years 25% of the account value in the GPA 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 account value in the GPA may be transferred to the Separate Account divisions.
- All transfer requests are subject to 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 transfer. Refer to your Certificate and Prospectus for further details.
- The requested transaction will take effect as of the Valuation Date we receive this administrative form, in good order, at MassMutual's Administrative Office.

Instructions to complete this form:

1. Complete the requested information 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 abbreviation(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% or the total dollars of the "Transfer From" column.
 - The form must be signed by the certificate owner, and if assigned then also signed by the assignee on page 2. 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. Fax, e-mail or mail page 2 of this form per the instructions listed below under "Customer Service".

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 for 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. We will only accept responsibility for forms that are faxed, emailed, or mailed in accordance with the above instructions.

**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

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

Certificate number: _____ Insured name: _____

Owner name: _____

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 Certificate. Refer to your Prospectus for additional information about the Separate Account divisions.

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

***Choose mode of transfer to be used throughout** *(Select 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 (%)\$ _____ or _____ % **FROM** _____ Division\$ _____ or _____ % **FROM** _____ Division\$ _____ or _____ % **FROM** _____ Division\$ _____ or _____ % **FROM** _____ Division\$ _____ or _____ % **FROM** _____ Division\$ _____ or _____ % **FROM** _____ Division\$ _____ **Total****Transfer TO Dollar (\$) or Percent (%)****TO** \$ _____ or _____ % _____ Division**TO** \$ _____ or _____ % _____ Division**TO** \$ _____ or _____ % _____ Division**TO** \$ _____ or _____ % _____ Division**TO** \$ _____ or _____ % _____ Division**TO** \$ _____ or _____ % _____ Division**Total \$** _____ **or 100 %**

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

Certificate number: _____ Insured name: _____

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 authorized signer	Date signed
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Additional Officer, Trustee Partner Printed Name <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	Date signed
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