

### Important Information

- After the first Certificate Year, this form is used to request a withdrawal from your Certificate's account value.
- The minimum withdrawal amount is \$500. The maximum withdrawal amount cannot exceed the account value less the sum of any outstanding Certificate Debt and the amount equal to (i) one plus the number of Monthly Calculation Dates remaining until the next Planned Premium Due Date, multiplied by (ii) the most recent monthly charges.
- If the requested withdrawal amount exceeds the maximum withdrawal amount, the withdrawal amount will be reduced to the maximum withdrawal amount.
- A withdrawal charge of up to 2% of the withdrawal amount but not more than \$25 will be deducted from the withdrawal amount.
- You may direct that the withdrawal be taken from specific Separate Account divisions and the Guaranteed Principal Account (GPA). If no directions are provided, the withdrawal will be taken pro rata from the Separate Account divisions and the GPA based on the account value in each.
- The Total Selected Face Amount may be reduced automatically by the amount of any withdrawal.
- A withdrawal request received in good order, at our Administrative Office, prior to the close of the New York Stock Exchange (NYSE) on a Valuation Date will take effect on that date. Withdrawal requests received on a date that is not a Valuation Date or after the close of the NYSE will take effect on the next Valuation Date.

### Instructions to complete this Form

1. Complete the requested information at the top of the form.
2. In Section 2, either print the amount of the requested withdrawal or request the maximum allowable withdrawal amount.
3. The form must be signed on page 3 by the certificate owner, and if assigned then also signed by the assignee. A notary public witness of the signature may be required. 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.
4. Fax, e-mail, or mail 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 (unless previously provided), 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 (unless previously provided), 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.

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

### Customer Service

**To submit your request, use one of the following. We will only accept responsibility for forms that are faxed, e-mailed 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.*



#### **Mail this form to:**

Massachusetts Mutual Life Insurance Company  
LCM Document Management Hub  
1295 State Street  
PO Box 2488  
Springfield, MA 01101-2488

#### **E-mail this form to:**

lcmclientservices@MassMutual.com

**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

## Section 1 – Policy Information

Certificate number: \_\_\_\_\_ Insured name: \_\_\_\_\_  
 Owner name: \_\_\_\_\_  
 Owner phone number: \_\_\_\_\_ Owner email: \_\_\_\_\_

## Section 2 – Withdrawal Amount

**A. Please check ONE to indicate withdrawal amount:**

- Total amount of withdrawal \$ \_\_\_\_\_  
 Maximum allowable withdrawal amount

**B. Payment of proceeds:** If the proceeds are to be mailed to an address other than the address of record for the Certificate owner or assignee then complete this Part B and the Notary Public Stamp section on page 3.

\_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Note:** Any taxable proceeds will be reported as income of the Certificate owner (Form 1099), including any proceeds paid to a third party. Any additional tax reporting required to be made to a third party is the responsibility of the Certificate owner.

## Section 3 - Withdrawal Options

**Please indicate withdrawal source:**

- Withdraw the amounts indicated from the Separate Account divisions and/or the GPA as indicated below. If you do not indicate a withdrawal source, the withdrawal will be taken pro rata from the Separate Account divisions and the GPA based on the account value in each.

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</b>	\$

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

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

Certificate number(s): \_\_\_\_\_ Insured name(s): \_\_\_\_\_

**Section 4 – Withholding Election – Required Notice**

Payments you receive from Massachusetts Mutual Life Insurance Company (“MassMutual”) are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is includable in your income subject to Federal Income Tax. There will be no withholding on the return of your own after-tax contributions to your Policy. If you elect no withholding or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. If taxes are withheld, receipt of your payment may be delayed by the calculations required. *State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure.*

**MassMutual will apply default withholding of 10%, unless (a) you check the box below to opt-out of withholding; or (b) a completed IRS form W-4R accompanies this request.** You can obtain this form here: [www.irs.gov/pub/irs-pdf/fw4r.pdf](http://www.irs.gov/pub/irs-pdf/fw4r.pdf). If the IRS form W-4R is received after a disbursement is processed, MassMutual cannot change the withholding on that disbursement.

Check the box below if you do not want any Federal income tax withheld from your distribution for payments other than eligible rollover distributions.

I do not want to have Federal income tax withheld from my disbursement.

**MEC Warning:** If your policy has been designated a Modified Endowment Contract (MEC), and you are under age 59<sup>1/2</sup>, any taxable gain may be subject to a 10% tax penalty. Please contact your advisor.

**Section 5 – Signature Requirements – Please refer to specific instructions and requirements on page 1**

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 also 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)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is the owner an individual?  Yes  No If yes, what is the owner’s date of birth? \_\_\_/\_\_\_/\_\_\_

Taxpayer Identification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown above is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; and (3) I am a US person (including US resident alien). Strike out any of these statements if incorrect. The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

**Notary Stamp**

A Notary Public stamp is required for withdrawals that are (1) greater than \$50,000; (2) sent to an address other than the address of record; or (3) sent to an address that has been changed within the last 30 days. Notary public services can be obtained from most banks, credit unions or law offices.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the county of \_\_\_\_\_, \_\_\_\_.

Signature of Notary Public (Official Stamp/seal required) \_\_\_\_\_ My commission expires \_\_\_\_\_