



Strategic Variable Life® Plus Future Net Premium Allocation Change Form

Important Information

- This form should be used to change your allocation of future net premiums among Separate Account Divisions and the Guaranteed Principal Account (GPA).
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at our Administrative Office.
- Only one allocation change request is allowed for each Valuation Date.
- You may maintain Account Value in a maximum of twenty-one (21) Separate Account Divisions and the GPA at any one time. If you want to allocate net premium to a twenty-second Division, you must transfer 100% of the Account Value from one or more of the twenty-one active Separate Account Divisions.
- If the Future Net Premium Allocation request is for a subset of Insureds under the Contract, attach a census with the Insureds and Policy Numbers listed.

Instructions to complete this Form

1. Print the Contract Number, the Policy Number, the Insured's Name(s), the Owner's Name, the Owner's Taxpayer Identification Number, the Owner's Daytime Telephone Number and E-mail address in the spaces provided at the top of the form.
2. Enter the new premium allocation percentage in the space provided for the Divisions. Percentages must be in whole numbers and must equal 100%.
3. The Policy Owner must sign the form. If more than one Owner exists, then all Owners must sign the form. If the Owner is a Corporation, refer to the Corporate Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
4. Fax, e-mail or mail page two of this form per the instructions listed below under "Customer Service."

Corporate Signature Requirements – For Policies owned by or assigned to a Corporation

If the Owner or Assignee is a Corporation, Partnership or Trust, then the title of the Owner(s) or Assignee must be included and the Name of the Corporation, Partnership or Trust must be printed in the space provided.

We require the signature of two different corporate officers. Their corporate titles must be included. One signature will be accepted only if the officer is not the insured or a family member of the insured.

Submission and Contact Information

Phone:

1-800-665-2654
Monday through Friday, 8 a.m. – 5 p.m.
Eastern Time

Mail:

MassMutual
Attention: BOLI/COLI Hub
1295 State Street
PO Box 2488
Springfield, MA 01101-2488

Email:

BoliColiService@MassMutual.com

Fax:

1-413-226-4054
Retain this original and the fax machine confirmation
statement for your files.

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

*Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company,
1295 State Street, Springfield, MA 01111-0001.*

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

Contract Number _____ Policy Number _____ Insured Name _____
 Owner Name _____ Owner Taxpayer Identification Number _____
 Owner daytime telephone number _____ Owner email address _____

Section 2 – Future Net Premium Allocation Change

Complete this section to change the allocation of your future premium payments. Changes made will not change your current allocation of policy value.

Allocations must be to available Separate Account Divisions and total 100% in whole percentages. You may maintain Account Value in a maximum of twenty-one (21) Separate Account Divisions and the Guaranteed Principal Account (GPA) at any one time. If you want to allocate net premium to a twenty-second Division, you must transfer 100% of the Account Value from one or more of the twenty-one active Separate Account Divisions. **Your signature is required in Section 3 to effect this change.** Refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, and the GPA, and for information regarding investment choice changes.

Fidelity® VIP Contrafund® (FVIP)	%	Janus Henderson Global Research (JAGR)	%
Fidelity® VIP Growth (FGRO)	%	LVIP American Century Disciplined Core Value (ACIG) ²	%
Goldman Sachs International Equity Insights (GSIE)	%	LVIP American Century International (ACIN) ³	%
Goldman Sachs Large Cap Value (GSLC)	%	LVIP American Century Value (ACVA) ⁴	%
Goldman Sachs Mid Cap Value (GSMC)	%	MFS® Growth (MFEG)	%
Goldman Sachs Strategic Growth (GSSG)	%	MFS® New Discovery (MFND)	%
Goldman Sachs U.S. Equity Insights (GSSE)	%	MFS® Research (MFR)	%
Invesco Oppenheimer V.I. International Growth (IING)	%	MML Blend (BL)	%
Invesco V.I. Capital Appreciation (ICA)	%	MML Blue Chip Growth (BCG)	%
Invesco V.I. Core Plus Bond (ICPBD)	%	MML Equity (EQ)	%
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Equity Index (EQIN)	%
Invesco V.I. Equity & Income (IEI) ¹	%	MML Managed Bond (BO)	%
Invesco V.I. Global (IGL)	%	MML Managed Volatility (MMMV)	%
Invesco V.I. Global Strategic Income (IGSI)	%	MML Small Cap Equity (MSCE)	%
Invesco V.I. U.S. Government Money Portfolio (IGMP)	%	MML Small Cap Growth Equity (SCVE)	%
Invesco V.I. Main Street® (IMS)	%	T. Rowe Price All-Cap Opportunities (TRAC)	%
Invesco V.I. Main Street Small Cap® (IMSSC)	%	T. Rowe Price Limited-Term Bond (TRLB)	%
Janus Henderson Balanced (JAB)	%	T. Rowe Price Mid-Cap Growth (TRMC) ⁵	%
Janus Henderson Forty (JACA)	%	Guaranteed Principal Account (GPA)	%
100%			

¹ Effective after the close of the New York Stock Exchange on April 26, 2024, the Invesco V.I. Conservative Balanced Fund merged into the Invesco V.I. Equity & Income Fund.

² Formerly known as American Century VP Disciplined Core Value.

³ Formerly known as American Century VP International.

⁴ Formerly known as American Century VP Century Value.

⁵ The T. Rowe Price Mid-Cap Growth Division is not available as an investment choice for policies issued on May 1, 2004 or later.

Section 3 – Authorized Signature

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

Owner Printed Name _____

Owner Signature _____

Date _____

Printed Name of Corporation, Partnership or Trust including Title of Owner _____

Signature of Assignee _____

Printed Company Name & Title of Assignee _____

Date _____