

Important information

- This form should be used to transfer Account Value between 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.
- Transfers must be indicated in Dollar Amounts or Whole Percentages, but not both.
- 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 transfer Account Value 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.
- Transfers from the GPA are limited to one per policy year and must occur within the 31-day period following your policy anniversary date. The transfer may not exceed the lesser of 25% of the non-loaned GPA Value at the time of the transfer; however, if in each of the previous three policy years 25% of the GPA Value 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 GPA Value may be transferred to the Separate Account.
- There is no limit on the number of transfers a Policy Owner may make; however, MassMutual reserves the right to charge a fee not to exceed \$10.00 per transfer if there are more than six transfers in a policy year.
- All transfer requests are subject to the 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 transfers. Refer to your Policy and Prospectus for further details.
- If the Fund Transfer 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 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 abbreviation(s). Each division should only be listed once. Use either whole percentages or dollars.
 - ◆ The total of the "Transfer To" column must equal either 100% if percentages were used or the total dollars from the "Transfer From" column.
4. 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.
5. 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.

Two Corporate Officers: 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 phone number _____ Owner email address _____

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 Policy.

Transfers must be indicated in dollar amounts or whole percentages, but not both.* Each division name or fund abbreviation should only be listed once in the “Transfer From” and/or “Transfer To” column. When using percentages, the total of the “Transfer To” column must equal 100% in whole percentages. When using dollars, the total of the “Transfer To” column must equal the total amount in the “Transfer From” column. 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 transfer Account Value 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 transfer.** Refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, the GPA, and for information regarding fund transfers.

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

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.

***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 <u>FROM</u> Dollar (\$) or Percent (%)	from Division	Transfer <u>TO</u> Dollar (\$) or Percent (%)	to Division
\$ _____ or _____ % FROM		TO \$ _____ or _____ %	
\$ _____ or _____ % FROM		TO \$ _____ or _____ %	
\$ _____ or _____ % FROM		TO \$ _____ or _____ %	
\$ _____ or _____ % FROM		TO \$ _____ or _____ %	
\$ _____ Total		Total: \$ _____ or 100%	

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

Policy Number(s): _____ Name(s) of Insured(s): _____

Section 3 – Authorized Signature

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

Name of Owner *(Please Print)*

Owner Signature

Date

Name of Corporation, Partnership or Trust including Title of Owner *(Please Print)*

Signature of Assignee

Company Name & Title of Assignee *(if corporate assignee) (Please Print)*

Date