

Strategic Variable Life® Future Net Premium Allocation Change Form

Important information

- This form should be used to change your allocation of future net premiums among the 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.

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

Fmail:

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.

Contract Number	Po	licy Number		
nsured Name				
Owner Name				
Owner Taxpayer Identification Number		Owner daytime phone number		
Owner email address		Owner daytime phone number		
Section 2 – Future Net Premium Allocation Change				
Complete this section to change only the allocation current allocation of policy value.	of your futu	re premium payments. Changes made will not o	hange yo	
Allocations must be to available Separate Account Division a maximum of twenty-one (21) Separate Account Division allocate net premium to a twenty-second Division, you mactive Separate Account Divisions. Your signature is Prospectus for additional information about the listed Separate of the properties of the separate of the properties of the separate of the sep	s and the Guanust transfer 1 required in	aranteed Principal Account (GPA) at any one time. It 100% of the Account Value from one or more of the Section 3 to effect this change . Refer to you	f you want e twenty-or r Policy ar	
Goldman Sachs Strategic Growth (GSSG)	%	LVIP American Century Disciplined Core Value (ACIG) ²	%	
Goldman Sachs Large Cap Value (GSLC)	%	LVIP American Century Value (ACVA) ³	%	
Goldman Sachs Mid Cap Value (GSMC)	%	MFS® Growth (MFEG)	%	
Goldman Sachs U.S. Equity Insights (GSSE)	%	MFS® New Discovery (MFND)	%	
Invesco V.I. Capital Appreciation (ICA)	%	MFS® Research (MFR)	%	
Invesco V.I. Core Plus Bond (ICPBD)	%	MML Blend (BL)	%	
Invesco V.I. Discovery Mid Cap Growth (IDMCG)	%	MML Blue Chip Growth (BCG)	%	
Invesco V.I. Equity & Income (IEI) 1	%	MML Equity (EQ)	%	
Invesco V.I. Global (IGL)	%	MML Equity Index (EQIN)	%	
Invesco V.I. Global Strategic Income (IGSI)	%	MML Managed Bond (BO)	%	
Invesco V.I. U.S. Government Money (IGMP)	%	MML U.S. Government Money Market (USMM)	%	
Invesco Oppenheimer V.I. International Growth (IING)	%	MML Small Cap Growth Equity (SCVE)	%	
Invesco V.I. Main Street® (IMS)	%	T. Rowe Price Mid-Cap Growth (TRMC) 4	%	
Invesco V.I. Main Street® Small Cap (IMSSC)	%	T. Rowe Price All-Cap Opportunities (TRAC)	%	
Janus Henderson Forty (JACA)	%	Guaranteed Principal Account (GPA)	%	
Janus Henderson Global Research (JAGR)	%	Total	100%	
Effective after the close of the New York Stock Exchange the Invesco V.I. Emerging & Income Fund. Formerly known as American Century VP Disciplined Co The T. Rowe Price Mid-Cap Growth Division is not availa Section 3 – Authorized Signature	re Value.	³ Formerly known as American Century VP Val	lue.	
The undersigned hereby requests that Massachusetts M	utual Life Insu	irance Company process the above changes.		
Name of Owner (Please Print)				
Owner Signature		Date	Date	

Company Name & Title of Assignee (if corporate assignee) Date

Signature of Assignee