



Large Case Variable Life Plus® (SL6) 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.
- If the Future Net Premium Allocation request is for a subset of Insureds under the Contract, please attach a census with the Insureds and Policy Numbers listed.

Instructions to complete this Form

1. Print the Contract Number, Policy Number, the Insured’s Name(s), the Owner’s Name, the Owner’s Taxpayer Identification Number, the Owner’s Daytime Telephone Number and Email 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, email 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.

Sole Corporate Officer: If the insured or family member is the sole officer, his/her signature is acceptable if accompanied by a notarized statement indicating that the corporation has a sole officer, or if the corporate seal is affixed.

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

<p>Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time</p>	<p>Mail: MassMutual Attention: BOLI/COLI Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488</p>	<p>Email: BoliColiService@MassMutual.com</p> <p>Fax: 1-413-226-4054 Retain this original and the fax machine confirmation statement for your files.</p>
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We will only accept responsibility for forms that are faxed, email or mailed in accordance with the above instructions.

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.

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

Contract Number _____ Policy Number _____

Insured Name _____

Owner Name _____

Owner Taxpayer Identification Number _____

Owner daytime phone number *optional* _____

Owner email address *optional* _____

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. **Your signature is required in Section 3 to effect this change.** Please 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.

MML Blend (BL)	%
MML Equity (EQ)	%
MML Equity Index (EQIN)	%
MML Managed Bond (BO)	%
MML U.S. Government Money Market (USMM)	%
Invesco V.I. Discovery Mid Cap Growth ¹ (IDMC)	%
Invesco V.I. Global ² (IGLB)	%
Invesco V.I. Global Strategic Income ³ (IGSI)	%
Guaranteed Principal Account (GPA)	%
Total	100%

¹ Formerly known as Invesco Oppenheimer V.I. Discovery Mid Cap Growth Fund.

² Formerly known as Invesco Oppenheimer V.I. Global Fund.

³ Formerly known as Invesco Oppenheimer V.I. Global Strategic Income Fund.

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