

Use this form to transfer Account Value between Separate Account Divisions and the Guaranteed Principal Account (GPA).

A Policy Information ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

- Contract number: _____
 Apply to all policies Apply to selected policies (see attached document/census - include policy numbers/insureds' names)
- Policy number/Insured name (for individual policyowners only): _____

B Policyowner Information ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

- Full legal name: _____
- Email address: _____
- Phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile

C Transfer Request ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

Complete this section using the Investment Options outlined in section G – Investment Options to transfer Account Value between Separate Account Divisions and/or the GPA. Completing this section will not change the allocation of future payments made to your Policy. Refer to your Prospectus for additional information about the Separate Account Divisions and the GPA.

- Investment Options. Each division should only be listed once. Use either whole percentages or dollars. The total of the "Transfer To" column must equal either 100% or the total dollars of the "Transfer From" column. 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 FROM

Transfer TO

Investment Option Name	Amount (\$ or %)		Investment Option Name	Amount (\$ or %)
		TO		
		TO		
		TO		
		TO		
		TO		
		TO		
		TO		
		TO		
Total:			Total:	

- If additional transfers are needed (Select one): Additional form attached Census attached

D Disclosures ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

You may maintain Account Value in a maximum of twenty five (25) Separate Account Divisions and the GPA at any one time.

Only one transfer from the GPA is permitted per policy year. The amount transferred may not exceed 25% of the non-loaned Account Value in the GPA at the time of the transfer. However, if in each of the previous three policy years 25% of the Account Value in the GPA 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 Account Value in the GPA may be transferred to the Separate Account Divisions.

All transfer requests are subject to 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 transfer. Refer to the Policy and Prospectus for further details.

Policy/Contract number(s): _____

E Agreements & Signatures ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

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.

I, the undersigned, request that MassMutual process the selections indicated above.

Policyowner (*Corporation, Trust, Partnership, LLC, Individual*)

Signature of Policyowner: _____

Printed name: _____ Date: _____

Title (*If applicable*): _____ Sole Officer

Printed name of Corporation/Partnership/Trust (*If applicable*): _____

Signature of Joint Policyowner (*If applicable*): _____

Printed name: _____ Date: _____

Title (*If applicable*): _____ Sole Officer

Printed name of Corporation/Partnership/Trust (*If applicable*): _____

Assignee (*Required when the policy is assigned*)

Signature of Assignee (*If applicable*): _____

Printed name: _____ Date: _____

Title (*If applicable*): _____ Sole Officer

Printed name of Corporation/Partnership/Trust (*If applicable*): _____

F Submission & Contact Information ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

For more information or general questions, contact the Service Center at 1-800-548-0073, Monday through Friday, 8am – 5pm Eastern time, or use the resources below. Once you have reviewed and completed the form, return pages 1-2 for processing. We will only accept responsibility for forms that are submitted as indicated below.

<p>Mail: MassMutual Attention: LCM Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488</p>	<p>Email: lcmclientservices@massmutual.com</p> <p>Fax: 1-413-226-4054 <i>Retain this original and the fax machine confirmation statement for your files.</i></p>
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