MassMutual

Life Insurance Service Request Form

A Personal Information

1. Certificate number(s): _____
2. Insured full legal name *(First, MI, Last, Suffix):* _____
3. Certificateowner full legal name *(First, MI, Last, Suffix):* _____
4. Certificateowner Phone Number: ( ) _____ Extension: _____ ☐ Home ☐ Cell ☐ Work
5. Certificateowner E-mail Address: _____
6. Is this certificate assigned? ☐ Yes ☐ No _____
7. Assignee full legal name *(First, MI, Last, Suffix):* _____
8. Additional Assignee full legal name *(First, MI, Last, Suffix):* _____
9. Is this Certificate subject to a divorce decree? ☐ Yes ☐ No (Default) If Yes, former spouse must sign in section D
   Only applicable in the following States: AK, AZ, CA, CO, CT, DE, HI, ME, MA, MN, MT, NH, NY, OK, OR, RI, SD, TN, VT)

B Change Request

The undersigned hereby requests and directs MassMutual to make the following changes or take the action requested below.
(Check the section you want changed and complete the required information.)

☐ Section 1. Request to Add/Remove Automatic Premium Loan Feature

To: ☐ Add Automatic Premium Loan ☐ Remove Automatic Premium Loan

☐ Section 2. Change Dividend Option

To: ☐ Cash ☐ Premium **(not available with PAC/Payroll Deduction)**
☐ Accumulations ☐ Paid-Up Additions

☐ Section 3. Cash Loan Request

☐ Maximum Available ☐ _____ Cash (Up to Maximum Available)

In consideration of the advance by MassMutual of this requested loan, all rights, title, and interest in this Certificate is assigned to MassMutual as sole security for the repayment of the loan with interest, subject to the loan provisions of the Certificate. The loan provisions are made a part of this agreement. The undersigned declares that no bankruptcy proceedings are now pending.

☐ Section 4. Cancel / Surrender of Certificate

For the Cash Surrender Value, the undersigned surrenders this Certificate, and all claims thereunder, and directs that a check be forwarded for the proceeds after deduction of Certificate Debt, if any. The undersigned declares that no bankruptcy proceedings are now pending.

☐ Section 5. Withholding Notice

The federal tax law provides that any non-periodic distribution to you from a Certificate or rider by MassMutual will be subject to Federal Income Tax. There will be no withholding on the portion of distribution, which represents the return of your own premium contributions. You may elect not to have withholding apply to your distribution by completing the section below and returning it to us. **If your election is not returned, we will process your distribution request with the withholding of Federal Income Tax at the rate of 20% from the taxable portion of the withdrawal.** If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Please check the appropriate box.

☐ I elect to have no income tax withheld from any distribution made from my Certificate.
☐ I elect to have withholding from distribution made from my Certificate.

☐ **Section 6. Special Instructions**

C Delivery Information

Checks are mailed through the U.S. Postal Service (USPS) First Class Mail; allow 10 business days for delivery. Only complete this section if you would prefer UPS delivery for an additional fee. The carrier cannot ship to a PO Box. If information is not provided, your check will be mailed through the regular USPS.

1. UPS Priority account name *(First, MI, Last, Suffix):* _____

2. UPS account number: _____ **3.** Associated ZIP/Postal Code: _____

D Agreements & Signatures

If the Certificate is assigned, the Assignee must also sign this form. Each of the undersigned certifies that s/he is of legal age, and that the Certificate is not assigned, pledged or subject to any bankruptcy proceeding, attachment, lien or other claim.

I, the undersigned, agree the information provided on this form is true, complete and correctly recorded to the best of my knowledge and belief.

Signature of Certificateowner: _____ Date: _____

Title *(Required when applicable)*: _____

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

Certificateowner's Mailing Address: _____

Signature of Current Additional Owner or **former spouse** *(If applicable):* _____

Printed name _____ Date: _____

Title *(If applicable):* _____

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

Signature of Assignee (if Required): _____

If the amount specified is more than the amount available, the loan will be processed for the maximum amount available.

Important: Do Not Use Correction Fluid On This Form. If You Have Made An Error, Mark Through It And Initial Your Change.

E Notary

A Notary Public stamp is required for the Certificateowner if distribution is $50,000 or more and one of the following applies: (1) checks are made payable to someone other than the Certificateowner (non-qualified plans only); (2) proceeds are sent to an address other than the address of record; or (3) proceeds are sent to an address that has been changed in the past 30 days. A Notary Public stamp can be obtained from most banks or credit unions. Faxes will be accepted if a Notary signature is present

Acknowledged before me this _____ day of _____, 20_____, by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature: _____

Notary Printed Name: _____

Notary Public Commission No. _____

Seal

Serial Number, if any: _____