

Indicate usage below:

- At time of application, use this form to designate multiple Beneficiaries.**
- After issue, use this form to change the Beneficiary on existing MassMutual certificates.**

A Personal Information

1. Insured full legal name (First, MI, Last, Suffix): _____
2. Insured date of birth (mm/dd/yyyy): _____
3. Certificate Number (After issue): _____
4. Certificateowner full legal name (First, MI, Last, Suffix): _____
5. Certificateowner phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
6. Certificateowner email: _____ After issue, check to have confirmation sent by email.
7. If beneficiary change requested is after issue, is Policy subject to a divorce decree? Yes No (Default)

If yes, former spouse must sign in Section D at second signature

Note: Only applicable in these states: AK, AZ, CA, CO, CT, DE, HI, ME, MA, MN, MT, NH, NY, OK, OR, RI, SD, TN & VT

B Beneficiary Information

1a. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full legal name: _____	
Mailing address: _____	
Phone number: (_____) _____ - _____	Social Security Number/Tax ID: _____
Date of birth/Trust (mm/dd/yyyy): _____	Distribution (If not equal shares): %/\$ _____
Relationship to Insured: _____	
1b. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full legal name: _____	
Mailing address: _____	
Phone number: (_____) _____ - _____	Social Security Number/Tax ID: _____
Date of birth/Trust (mm/dd/yyyy): _____	Distribution (If not equal shares): %/\$ _____
Relationship to Insured: _____	
1c. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full legal name: _____	
Mailing address: _____	
Phone number: (_____) _____ - _____	Social Security Number/Tax ID: _____
Date of birth/Trust (mm/dd/yyyy): _____	Distribution (If not equal shares): %/\$ _____
Relationship to Insured: _____	
1d. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	
Full legal name: _____	
Mailing address: _____	
Phone number: (_____) _____ - _____	Social Security Number/Tax ID: _____
Date of birth/Trust (mm/dd/yyyy): _____	Distribution (If not equal shares): %/\$ _____
Relationship to Insured: _____	

Current Owner

I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the transfer of ownership and/or beneficiary arrangement as indicated on this form.

▶ Signature of Current Owner: _____
Printed name: _____ Date: _____
Title (*If applicable*): _____ Sole Officer
Printed name of Corporation/Partnership/Trust (*If applicable*): _____

▶ Signature of Current Additional Owner or **former spouse** (*If applicable*): _____
Printed name: _____ Date: _____
Title (*If applicable*): _____
Printed name of Corporation/Partnership/Trust (*If applicable*): _____

Witness (*Complete in Massachusetts at time of Owner signature(s) for Beneficiary changes; signature dates must match*)

I, the undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary and have witnessed the above signature(s))

▶ Signature of Witness: _____
Printed name: _____ Date: _____