



Application for Policy Loan

For use with life insurance policies

Use this Application to request a policy loan on a life insurance policy. Be sure to read the Loan Disclosure on page 5 and retain it for your records. Do not complete this form without understanding the implications. For additional information, contact your personal financial representative, tax advisor or the applicable MassMutual Service Center as noted in section H – Submission & Contact Information.

A Policy Information ::

1. Policy number(s): _____
2. Insured's full legal name (*First, MI, Last, Suffix*): _____

[illegible]

1. Full legal name: _____
2. Taxpayer Identification Number (SSN/ITIN/EIN): _____
3. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile
- ☐ **Receive a text message regarding the status of this form.** By checking this box, you agree to receive information regarding your form from MassMutual, which may be delivered to your mobile phone using an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel future notifications at any time.
4. Email address: _____
5. Is this Policy subject to a divorce decree? ☐ Yes ☐ No (Default) **If Yes, former spouse must sign in section F.**
6. Is this Policy assigned? ☐ Yes ☐ No

If Yes, complete questions 6a-6b. If No, skip to section C – Mailing Information.

- a. Assignee full legal name: _____
- b. Additional Assignee full legal name (If applicable): _____

C Mailing Information :::

If these questions are left blank, the loan check will be mailed to the address of record via U.S. Postal Service First Class Mail. A separate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned policies: Proceeds will only be payable to the Trust. For Qualified Plans: Proceeds will be made payable to the Plan trustee at the address of record. For Keogh Plans: Proceeds will only be payable to the Owner.

1. Payee (Select one): ☐ Owner (Default) ☐ Assignee
2. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):
- _____
- _____
3. Delivery method (Select one):
- ☐ U.S. Postal Service (Default – no charge; allow 10 business days for normal delivery)
- ☐ UPS Priority (The carrier charges a fee and cannot ship to a PO Box. If information below is not completed, the loan check will be mailed through the regular U.S. Postal Service. If you would like to pay your overnight billing charges by credit card, contact the applicable MassMutual Service Center as noted in section H. Do not include credit card information on this form.)
- a. UPS account number: _____
- b. Associated ZIP/Postal Code: _____



Policy number(s): _____

F Agreements & Signatures *continued*

Keogh (H.R. 10) Plans only

Signature of Insured: _____

Printed name: _____ Date: _____

G Notary Stamp/Seal

Complete this section for the Owner and Joint Owner (if applicable) if the distribution is greater than \$100,000 and one of the following applies: (1) proceeds are sent to an address other than the address of record; or (2) proceeds are sent to an address that has been changed in the past 90 days. Notary services are offered at most banks and credit unions. Faxes will be accepted if a Notary signature is present.

On _____, _____
(mm/dd/yyyy) (full legal name of Owner(s))

personally appeared before me and is known to me and/or satisfactorily proved to me to be the person who signed this document of his/her own free will and accord.

Signature of Notary Public: _____

State/County where signed: _____

My commission expires (mm/dd/yyyy): _____

Affix Notary
Stamp/Seal

H Submission & Contact Information

For more information or general questions, use the resources below or for additional information regarding your policy, visit www.massmutual.com. Once you have reviewed and completed this form, return pages 1-4 for processing. We will only accept responsibility for forms that are submitted as indicated below.

Life & Universal Life

Phone:

1-800-272-2216
Monday through Friday, 8 a.m. – 8 p.m.
Eastern Time

Mail:

MassMutual
Attention: Life Hub
1295 State Street
Springfield, MA 01111-0001

Email:

lifefax@massmutual.com

Fax:

Attention: Life Hub
1-866-329-4527
*Retain this original and the fax machine
confirmation statement for your files.*

Variable Life (Including VUL GuardSM & SVUL GuardSM)

Phone:

1-800-272-2216
Monday through Friday, 8 a.m. – 8 p.m.
Eastern Time

Mail:

MassMutual
Attention: Life Hub
PO Box 1865
Springfield, MA 01102-1865

Email:

lifefax@massmutual.com

Fax:

Attention: Life Hub
1-866-329-4527
*Retain this original and the fax machine
confirmation statement for your files.*

Executive Benefits

Phone:

1-800-548-0073
Monday through Friday, 8 a.m. – 5 p.m.
Eastern Time

Mail:

MassMutual
Attention: EB Hub
1295 State Street
Springfield, MA 01111-0001

Email:

LCMClientServices@massmutual.com

Fax:

Attention: Client Services
1-413-226-4054
*Retain this original and the fax machine
confirmation statement for your files.*



I Loan Disclosure ::**Read and retain this page for your records.**

This disclosure provides you with general information that may be relevant to your decision on whether to take a loan against your policy. The terms and conditions of your specific policy control when you can take a loan, how much the loan can be, and what effects such a loan may have on your policy's benefit, values, and premiums. Additionally, policy loan provisions will vary depending upon the type of policy you have and the state law governing the issuance of your policy. The Policy Loan Date (the date from which interest begins accruing) is the date that this request is received in good order at MassMutual's administrative office.

Before requesting a loan, we strongly recommend that you:

- Review the loan provisions of your policy. **If loan interest is not paid when due, it will be added to the principal balance and will bear interest at the rate payable on the loan.**
- Read the discussion of policy loans in the prospectus if the policy is a Variable Life policy.
- Seek the advice of your tax advisor and personal financial representative.
- Obtain a personalized illustration that will demonstrate the impact of a loan on your policy values and benefits.

We strongly recommend that you monitor the status of your policy and review your policy values, benefits and risks with your financial representative at least annually and take the appropriate action necessary to prevent or minimize any possible adverse consequences discussed below. The release of policy values may affect guaranteed and non-guaranteed elements, the face amount, or the surrender value of your policy.

General consequences. A policy loan affects important policy features, benefits, and values as a loan will reduce the death benefit and surrender value by the amount of the loan and any accrued but unpaid interest. Note: If your policy is a variable life policy, the portion of the account value equal to the loan is transferred to the loan section of the Guaranteed Principal Account.

If your policy is a VUL GuardSM or SVUL GuardSM, a policy loan may require you at some later date to make substantial premium payments or loan repayments to keep your policy in force. If you elect to take any portion of the loan from the Guaranteed Principal Account (GPA), the policy's Guaranteed Death Benefit (GDB) measure will also be reduced and consequently impact the GDB safety test. If the loan results in a reduction to the GDB measure, your policy will not meet the GDB safety test on the next monthly charge date. Additionally, the GDB premium will increase as a result of the unpaid loans. The portion of the account value equal to the loan is invested in the Guaranteed Principal Account.

Once we have processed the loan request and deducted the proportionate amounts from the investment divisions and/or the guaranteed principal account, we consider the loan effective and outstanding. If after we process the loan request you decide not to cash the check, you may submit a written request to our Administrative Office to repay the loan amount. The loan repayment will be effective on the valuation date the written request is received in good order at our Administrative Office. Loan interest begins to accrue as soon as the loan is effective. Therefore, loan interest will accrue even if the loan check is not cashed. If the LISR/SIPR Rider is attached to your policy, failure to pay loan interest when due may cause recommended and minimum rider premiums to increase. The LISR/SIPR face amount will be reduced if you do

not pay the minimum rider premium. Electing to take a loan when the policy is on the APO strategy may also jeopardize the LISR/SIPR rider.

Potential adverse tax consequences. You may incur a significant income tax liability if your policy terminates before the death of the Insured. Specifically, you will have to include in your taxable income the excess, if any, of the outstanding loan amount (including loan interest due) and any cash distributed over your cost basis in the policy. Cost basis is equal to the sum of the premiums and other considerations paid for the policy less any prior withdrawals that were not subject to income taxation. If your policy carries an outstanding loan, the amount to be included in your taxable income may exceed any cash distribution you receive upon the termination of the policy. You may need to make substantial premium payments or loan repayments to keep your policy in force and to avoid this potential and significant income tax liability. Warning! If your policy has been designated a Modified Endowment Contract (MEC), any loan you take will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable gain will incur a 10% penalty in addition to the income tax. If loan interest is not paid when due, it will be added to the principal balance and will be subject to income tax under the same rules.

For Keogh Plans: This loan does not meet the requirements of Code Section 72(p). Proceeds will only be payable to the Owner. If the Owner is an individual (i.e. not a trustee Keogh Plan) it will be reported as a taxable distribution and will not be eligible for rollover to an IRA or another Qualified Plan. If this loan is used to pay premium on or is applied to a policy not owned by a Keogh Plan, it will be reported as a taxable distribution.

Accelerated Death Benefit for Long Term Care Services Rider (LTCR) or Qualified Long Term Care Insurance Rider (QLTCIR).

If the LTCR or QLTCIR rider is attached to your policy and there is an outstanding loan at the time a rider benefit payment is to be paid, a pro-rata portion of the benefit payment will be used to reduce the amount of the outstanding loan. A smaller benefit payment will be paid.

Possible Policy termination. Factors that may contribute to the termination of any life insurance policy prior to the death of the insured(s) include but are not limited to the following: (1) the amount of the outstanding policy debt (e.g., if the policy debt is at or near the maximum loan value or debt limit); (2) failure to pay policy premiums and loan interest; and (3) an increase in the policy loan rate if the adjustable policy loan rate is in effect.

Additional factors may contribute to termination of your policy if your policy is a universal or variable universal life policy, such as: (1) investment results, as applicable, that adversely affect your policy's account value; (2) an increase in monthly policy charge rates due to the increasing attained age of the insured; or (3) a high or increased amount of insurance risk which may depend on the Death Benefit Option you have selected and changes in your account value.

For example, your policy will terminate whenever the total policy debt (which includes accrued unpaid interest) equals or exceeds a limit specified in your policy. If this limit is reached, we will send you a notice specifying the amount needed to bring the policy debt back within the limit. If you fail to make the payment in a timely manner, the policy will terminate without value. If the policy is a variable life policy, the debt limit may also be exceeded if the policy value falls below the debt limit due to adverse investment performance of the division of the Separate Account in which the account value is allocated.

Use these guidelines to determine signature and title requirements for all products and forms. If you have additional questions regarding signature requirements, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am – 8pm Eastern Time).

Owner Type	Signature format and examples	Additional Information
Corporation	<p>[Full name of authorized officer], [title] <i>Example: John Doe, AVP</i></p> <p>Acceptable titles may include: Chief Executive Officer, Director, President, Vice President</p> <p><i>Members of the Board of Directors, including Chairman of the Board, are not acceptable unless they are also Officers of the corporation or the raised corporate seal is affixed.</i></p>	<ul style="list-style-type: none"> A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.
<ul style="list-style-type: none"> Partnership Limited Liability Partnership (LLP) Limited Partnership (LP) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Partner</i></p> <p>Acceptable titles may include: Partner, General Partner, Managing Partner</p> <p><i>General Partner is the only acceptable title for Limited Partnerships.</i></p> <p><i>Limited Partner is not an acceptable title for any type of partnership.</i></p>	<ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another partner who is not related. If all partners are related, the signature of two partners is required. If the Insured/Annuitant is the only partner, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.
<ul style="list-style-type: none"> Limited Liability Company (LLC) Professional Limited Liability Company (PLLC) Public Limited Company (PLC) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Director</i></p> <p>Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member</p> <p><i>(Member is not recognized in Colorado.)</i></p>	<ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.

Owner Type	Signature format and examples	Additional Information
Trust	<p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011</i></p>	<ul style="list-style-type: none"> • A completed Certification of Trust Agreement (F6734) must be submitted or on file. • All required Trustees must sign.
Sole Proprietorship	<p>[Full name of individual sole proprietor] <i>Example: John Doe</i></p>	<ul style="list-style-type: none"> • Neither a title nor business name is required.
Qualified PLa	<p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan] <i>Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan</i></p>	<ul style="list-style-type: none"> • All required Trustees must sign.
Power of Attorney (POA) / Attorney-in-Fact (AIF)	<p>[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] <i>Example: John Doe, AIF for Jane Doe</i></p>	<ul style="list-style-type: none"> • A copy of the legal document that established authority must be submitted or on file.
Estate/Executor	<p>[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased <i>Example: John Doe, Executor for the Estate of Jane Doe, deceased</i></p>	<ul style="list-style-type: none"> • A copy of the death certificate and a copy of the currently certified court appointment of Executor/ Administrator must be submitted or on file.
Legal Guardian/Conservator	<p>[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting] <i>Example: John Doe, Conservator for the Estate of Jane Doe</i></p>	<ul style="list-style-type: none"> • A copy of the court appointment that established authority must be submitted or on file.
Custodian under Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)	<p>[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA] <i>Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA</i></p>	<ul style="list-style-type: none"> • South Carolina and Vermont have UGMA instead of UTMA.
Collaterally assigned policy	<p>[Authorized officer], [title] of [assignee name], Assignee <i>Example: John Doe, Vice President of ABC Bank, Assignee</i></p>	<ul style="list-style-type: none"> • The owner and assignee must both sign. However, if the right being exercised is granted to the assignee, only the assignee's signature is required.

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am-8pm Eastern Time).

State Withholding Requirements ::

If you are a resident of...	State income tax will....
Alabama, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York*, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	Not be withheld unless you request state income tax withholding.
Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	Not be withheld.
Arizona, Illinois	Be withheld from periodic payments (i.e. annuitized payments) only if you request state income tax withholding. State income tax will not be withheld from any other distribution.
Arkansas, California, Maine, North Carolina, or Oregon	Be withheld if federal income tax is withheld, unless you opt out of state income tax withholding. However, even if federal income tax is not withheld, you may request that state income tax be withheld. In Arkansas and North Carolina, you may not opt-out of eligible rollover distributions.
Connecticut	Be withheld, unless you claim exemption on form CT-W4P.
Delaware, Iowa, Kansas, Massachusetts, Nebraska, Oklahoma, or Vermont	Be withheld if federal income tax is withheld. However, even if federal income tax is not withheld, you may request that state income tax be withheld.
District of Columbia	Be withheld only on a full surrender of a qualified contract. State income taxes will not be withheld from any other distribution, unless you request state income tax withholding.
Georgia	Be withheld from periodic payments (i.e. annuitized payments), unless you opt-out of withholding. State income taxes will not be withheld from any other distributions, unless you request state income tax withholding.
Maryland	Be withheld from eligible rollover distributions, if federal income tax is withheld. You may request withholding on distributions from qualified contracts and non-qualified Annuities.
Michigan	Be withheld, unless you opt out of withholding by submitting form MI W-4P.
Virginia	Be withheld if federal income tax is withheld, unless your contract is an IRA or SEP-IRA. If your contract is held as an IRA or SEP-IRA, state income taxes will not be withheld unless you request state income tax withholding. State taxes will not be withheld on a lump sum distribution of a death benefit payable under an annuity contract, unless requested

*** Residents of New York may elect withholding on distributions from Annuities only.**

If Withholding Applies

State	For non-periodic (i.e non-annuitized) payments	For periodic (i.e. annuitized) payments
Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah, West Virginia	Will be the amount requested	
Arizona	N/A	You may choose from the following rates: 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, and 5.1%. You may also request additional withholding.
Arkansas	Must be at least 3% of the taxable amount Will be 5% on eligible rollover distributions	Will be calculated as if the payment were wages Will be 5% on eligible rollover distributions
California	Must be at least 10% of the federal withholding amount	
Connecticut	Must be at least 6.99% of the taxable amount, unless you claim exemption (may not claim exemption from lump sum distribution)	Will be calculated as if the payment were wages, unless you claim exemption
Delaware, Iowa	Must be at least 5% of the taxable amount	
District of Columbia	<ul style="list-style-type: none"> Will be 8.95% on full surrenders of a qualified contract Will be the amount requested for all other distributions 	Will be the amount requested
Georgia	Must be at least as much as would be withheld if the payment were wages	Will be calculated as if the payment were wages
Illinois	N/A	Will be the amount requested
Indiana, Missouri, Montana, New Jersey, New Mexico	Must be at least \$10	
Kansas, Maine, Nebraska, Oklahoma	Must be at least 5% of the taxable amount	Will be calculated as if the payment were wages. In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount.
Maryland	<ul style="list-style-type: none"> Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts. Must be at least \$5 for all other payments. 	
Massachusetts	Must be at least 5.05% of the taxable amount	
Michigan	Must be at least 4.25% of the taxable amount	
Minnesota, South Carolina	Will be calculated as if the payment were wages	
New York, Wisconsin	Must be at least \$5	
North Carolina, Virginia	Must be at least 4% of the taxable amount	Will be calculated as of the payment were wages
Oregon	Must be at least 8% of the taxable amount	Will be calculated as if the payment were wages
Utah	Will be the amount requested	Will be calculated as if the payment were wages
Vermont	Must be at least 30% of the federal withholding amount	Will be calculated as if the payment were wages