.∴ MassMutual

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.

| Α | Policy Information :::::::::::::::::::::::::::::::::::: | | | | | |
|--|--|--|--|--|--|----|
| 1. | Policy number(s): | | | | | |
| 2. Insured's full legal name (First, MI, Last, Suffix): B Owner Information:::::::::::::::::::::::::::::::::::: | | | | | | |
| | | | | | | 1. |
| 2. | Taxpayer Identification Number (SSN/ITIN/EIN): | | | | | |
| 3. | Phone number: Extension: | | | | | |
| | 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? | | | | | |
| 6. Is this Policy assigned? | | | | | | |
| | 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): | | | | | |
| С | Mailing Information :::::::::::::::::::::::::::::::::::: | | | | | |
| If s | 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 eparate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned olicies: Proceeds will only be payable to the Trust. For Qualified Plans: Proceeds will be made payable to the Plan trustee at the ddress 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 <u>not</u> include credit card information on this form.) | | | | | |
| | a. UPS account number: | | | | | |
| | b. Associated ZIP/Postal Code: | | | | | |

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.

| Doan Information :::::::::::::::::::::::::::::::::::: | |
|---|--|
| amount specified is more than the amount available, the loan will be processed for the maximum amount available. 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. If corporate-owned, the Corporate Resolution Form (FR2057) is required. For Variable Life policies only: If the difference is greater than \$100, the Owner will be | |
| contacted for value confirmation before the request can be processed. | |
| 1. Loan type (Select all that apply): | |
| ☐ Cash → Amount (Select one): ☐ Maximum ☐ Other (Specify): \$ | |
| Apply proceeds to pay existing MassMutual policy (Complete questions 1a-1e below) | |
| a. Policy number: | |
| b. Loan amount (Select one): | |
| c. Apply to premium: \$ | |
| d. Apply to loan interest: \$ | |
| e. Apply to loan principal: \$ | |

2. VUL GuardSM & SVUL GuardSM only. If a specified loan amount is being requested, state the dollar amount next to the corresponding investment division from which you would like the loan amount withdrawn. If a maximum loan amount is being requested, the amount of the loan will be deducted proportionately from the available divisions, including the non-loaned account value in the Guaranteed Principal Amount (GPA).

| Dollar Amount | Investment Option | Dollar Amount | Investment Option |
|----------------------|--|----------------------|------------------------------------|
| \$ | American Century VP Income & Growth | \$ | Janus Henderson Forty |
| \$ | American Century VP Value | \$ | Janus Henderson Global Research |
| \$ | American Funds® Asset Allocation | \$ | MFS® Investors Trust |
| \$ | American Funds® Growth-Income | \$ | MFS® New Discovery |
| \$ | DWS Small Cap Index ¹ | \$ | MML Blend |
| \$ | Fidelity® VIP Contrafund® | \$ | MML Blue Chip Growth |
| \$ | Franklin Small Cap Value VIP | \$ | MML Equity |
| \$ | Goldman Sachs Strategic Growth | \$ | MML Equity Index |
| \$ | Invesco Oppenheimer V. I. Capital Appreciation ² | \$ | MML Inflation-Protected and Income |
| \$ | Invesco Oppenheimer V.I. Discovery Mid Cap Growth ³ | \$ | MML Managed Bond |
| \$ | Invesco Oppenheimer V.I. Global ⁴ | \$ | MML Managed Volatility |
| \$ | Invesco Oppenheimer V.I. Global Strategic Income ⁵ | \$ | MML U.S. Government Money Market |
| \$ | Invesco Oppenheimer V.I. International Growth ⁶ | \$ | MML Small Cap Equity |
| \$ | Invesco Oppenheimer V.I. Main Street ® 7 | \$ | MML Small Cap Growth Equity |
| \$ | Invesco Oppenheimer V.I. Total Return Bond 8 | \$ | T. Rowe Price Blue Chip Growth |
| \$ | Invesco V.I. Diversified Dividend | \$ | T. Rowe Price Equity Income |
| \$ | Invesco V.I. Health Care | \$ | T. Rowe Price Mid-Cap Growth 9 |
| \$ | Invesco V.I. Technology | \$ | Templeton Foreign VP |
| \$ | Janus Henderson Balanced | \$ | Guaranteed Principal Account (GPA) |

¹ Formerly known as Deutsche Small Cap Index

² Effective May 28, 2019, Oppenheimer Capital Appreciation merged into Invesco Oppenheimer V.I. Capital Appreciation

³ Effective May 28, 2019, Oppenheimer Discovery Mid Cap Growth merged into Invesco Oppenheimer V.I. Discovery Mid Cap Growth

⁴ Effective May 28, 2019, Oppenheimer Global merged into Invesco Oppenheimer V.I. Global

⁵ Effective May 28, 2019, Oppenheimer Global Strategic Income merged into Invesco Oppenheimer V.I. Global Strategic Income

⁶ Effective May 28, 2019, Oppenheimer International Growth merged into Invesco Oppenheimer V.I. International Growth

⁷ Effective May 28, 2019, Oppenheimer Main Street merged into Invesco Oppenheimer V.I. Main Street ®

⁸ Effective May 28, 2019, Oppenheimer Total Return Bond merged into Invesco Oppenheimer V.I. Total Return Bond

⁹The T. Rowe Price Mid-Cap Growth division is not available as an investment choice for contracts issued on May 1, 2004 or later

| Policy number(s): | | |
|--|---|--|
| E Withholding Election :::::::::::::::::::::::::::::::::::: | • • • • • • • • • • • • • | |
| Not applicable for Qualified Plans. Payments you receive from Massachusetts Mutual Life Insurance federal income tax withholding unless you elect not to have withholding apply. Withholding will apply is already included in your income subject to federal income tax. There will be no withholding on the return the Policy. If we do not know what portion of a distribution is taxable, we will withhold on the net amount made, the withholding election applicable to that payment cannot be changed. If you elect not to have or if you do not have enough federal income tax withheld from these payments, you may be responsite subject to estimated tax penalties. | ee Company ("MassMu only to the portion of y eturn of your own after- t after charges. Once a withholding apply to yo | our distribution that tax contributions to payment has been our other payments, |
| State income tax withholding may also apply. State income tax withholding requirements vary by state. If r you live, state income tax withholding will also apply. For more information on the withholding requires Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving p | ments in your state, see | e State Income Tax |
| Check the appropriate box below to make your withholding election for payments other than eligible rolle is affirmatively made, a 10% federal tax will be withheld. | over distributions. If no | withholding election |
| □ Do not withhold □ Withhold 10% □ Withhold more than 10% (Specify):% | | |
| Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the weight of the correct withholding is mandatory at the correct with the correct wit | ding. | |
| F Agreements & Signatures:::::::::::::::::::::::::::::::::::: | | • • • • • • • • • |
| Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (included code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <i>Strike</i> of | number shown in sectiling U.S. resident alien) | ion B is my correct; and (4) the FATCA |
| Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. acc not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person captured on the Form W-8. The Internal Revenue Service (IRS) does not require your consent to than the certifications required to avoid backup withholding. | , any applicable FATCA | information will be |
| By signing below, the Owner acknowledges that s/he has read the Loan Disclosure section on page policy loan. Each of the undersigned certifies that s/he is of legal age, and that the Policy is not pledged attachment, lien or other claim. If the Policy is assigned, the Assignee must sign this form. | | |
| Signature of Owner: | | |
| Printed name: | Date: | |
| Title (If applicable): | | ☐ Sole Officer |
| Printed name of Corporation/Partnership/Trust (If applicable): | | |
| Signature of Joint Policy Owner or former spouse (If applicable): | | |
| Printed name: | Date: | |
| Title (If applicable): | | |
| Printed name of Corporation/Partnership/Trust (If applicable): | | |
| Assignee (Required when the policy is assigned) | | Sole Officer |
| Assigned (Nequired when the policy is assigned) | | Sole Officer |
| | | Sole Officer |
| Signature of Assignee: | | Sole Officer |
| Signature of Assignee: Printed name: | Date: | Sole Officer |
| Signature of Assignee: Printed name: Title (If applicable): | Date: | Sole Officer Sole Officer |
| Signature of Assignee: Printed name: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable): | Date: | Sole Officer Sole Officer |
| Signature of Assignee: Printed name: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable): Signature of Additional Assignee (If applicable): | Date: | Sole Officer Sole Officer |
| Signature of Assignee: Printed name: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable): Signature of Additional Assignee (If applicable): Printed name: | Date: | Sole Officer Sole Officer |
| Signature of Assignee: Printed name: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable): Signature of Additional Assignee (If applicable): | Date: | Sole Officer Sole Officer Sole Officer |



| Policy number(s): | | |
|---|--|---|
| F Agreements & Signatures co. | ntinued • • • • • • • • • • • • • • • • • • • | • |
| Keogh (H.R. 10) Plans only | | |
| Signature of Insured: | | |
| | | |
| G Notony Ctomp/Cool | | |
| Complete this section for the Owner and Jo plies: (1) proceeds are sent to an address of | oint Owner (if applicable) if the distributio other than the address of record; or (2) pr | n is greater than \$100,000 and one of the following roceeds are sent to an address that has been changaxes will be accepted if a Notary signature is pres |
| | (C.11) | |
| (mm/dd/yyyy) | · • | ame of Owner(s)) |
| personally appeared before me and is known free will and accord. | to me and/or satisfactorily proved to me to | be the person who signed this document of his/her of |
| Signature of Notary Public: | | |
| | | Affix Notary |
| · | | Stamp/sear |
| | | |
| for forms that are submitted as indicated l | | 1-4 for processing. We will only accept responsible |
| 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 Guard SM & SV | /UL Guard sm) | |
| 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 | | 1 |
| 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. |

Policy number(s):

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. <u>Note</u>: 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 trusteed 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.

... MassMutual

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 | [Full name of authorized officer], [title] Example: John Doe, AVP | A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file. |
| | Acceptable titles may include: Chief Executive Officer, Director, President, Vice President 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. | If the officer is the Insured/Annuitant or a family member, we require the signature of another offi- cer 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. |
| PartnershipLimited Liability Partner- | [Full name of authorized officer], [title] Example: John Doe, Partner | A completed copy of the Entity Certification (F7833) must be submitted or on file. |
| ship (LLP) Limited Partnership (LP) | Acceptable titles may include: Partner, General Partner, Managing Partner | If the officer is the Insured/Annuitant or a family member, we require the signature of another part- |
| | General Partner is the only acceptable title for Limited Partnerships. | ner who is not related. If all partners are related, the signature of two partners is required. |
| | Limited Partner is not an acceptable title for any type of partnership. | 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. |
| Limited Liability Company (LLC) | [Full name of authorized officer], [title] Example: John Doe, Director | A completed copy of the Entity Certification (F7833) must be submitted or on file. |
| Professional Limited Liability Company (PLLC) Public Limited Company (PLC) | Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member | If the officer is the Insured/Annuitant or a family member, we require the signature of another offi- cer who is not related. If all officers are related, the signature of two officers is required. |
| | (Member is not recognized in Colorado.) | 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. |

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.

| Owner Type | Signature format and examples | Additional Information |
|---|---|---|
| Trust | Individual trustees [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011 Company trustees [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011 | A completed Certification of Trust Agreement (F6734) must be submitted or on file. All required Trustees must sign. |
| Sole Proprietorship | [Full name of individual sole proprietor] Example: John Doe | Neither a title nor business name is required. |
| Qualified PLan | Individual trustees [Full name of Trustee], Trustee under [full name of Qualified Plan] Example: John Doe, Trustee under XYZ Company Retirement Plan Company trustees [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan] | All required Trustees must sign. |
| Power of Attorney (POA) / Attorney-in-Fact (AIF) | Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan [Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] | A copy of the legal document that established authority must be submitted or on file. |
| Estate/Executor | Example: John Doe, AIF for Jane Doe [Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased Example: John Doe, Executor for the Estate of Jane Doe, deceased | 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 | [Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting] Example: John Doe, Conservator for the Estate of Jane Doe | 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) | [Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA] Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA | South Carolina and Vermont have UGMA instead of UTMA. |
| Collaterally assigned policy | [Authorized officer], [title] of [assignee name], Assignee Example: John Doe, Vice President of ABC Bank, Assignee | 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. |

.∴ MassMutual

State Income Tax Withholding Disclosure

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).

If you are a resident of...

State income tax will....

| ii 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.

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.

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 | You may choose from the followin N/A 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, a may also request additional withh | |
| 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 | of the taxable amount |
| District of Columbia | 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 | | t least \$10 |
| Kansas, Maine, Nebraska, Oklahoma | Must be at least 5% of the taxable amount Will be calculated as if the payment were was In Nebraska, except for eligible rollover distritions, must be at least 5% of the taxable amount | |
| Maryland | 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 | |