

[illegible]

- B** Owner Information:.....

- ☐ Trust → Print full name & date of Trust (mm/dd/yyyy): _____

C Change Request Information ::

Change of Name

Documentation of the name change must be submitted with this request. This form does not change the owner or beneficiary designation. If the name change is a life event, your beneficiary may need to be changed.

- F6070-US 0919

C Change Request Information *continued*

8. If permitted by the terms of the policy, send future premium notices to person/address listed in questions 5-7 of this section: ☐ Yes ☐ No

Warning: If your policy has been designated a **Modified Endowment Contract (MEC)**, any automatic premium loan will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable premium loan may be subject to a 10% tax penalty. Consult your tax advisor.

D Agreements & Signatures ::

By signing below, the Owner acknowledges that s/he has read this form and understands the implications of their request. Each of the undersigned certifies that s/he is of legal age, and that the Policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. If the Policy is assigned, the Assignee must sign this form.

Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (including U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. *Strike out any of these statements if incorrect.*

Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. account owned by a U.S. person, so we have not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person, any applicable FATCA information will be captured on the Form W-8.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

**If the Sole Officer box is selected and the signer is the only officer, a signed letter on company stationery to that effect or the signer's signature with the corporate seal affixed is required.*

D Agreements & Signatures *continued*

Signature of Assignee: _____

Printed name: _____ Date: _____

Title (If applicable): _____ ☐ Sole Officer*

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

Signature of Additional Assignee (If applicable): _____

Printed name: _____ Date: _____

Title (If applicable): _____

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

E Submission & Contact Information ::

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 <i>Retain this original and the fax machine confirmation statement for your files.</i>
Disability Income		
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Attention: DI Hub 1295 State Street Springfield, MA 01111-0001	Email: DIFax@Massmutual.com Fax: Attention: DI Hub 1-413-226-4024 <i>Retain this original and the fax machine confirmation statement for your files.</i>