

[illegible]

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

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

C Change Request Information ::

Change of Name

☐ Other (Specify): _____



D Agreements & Signatures *continued*

Signature of Assignee: _____

Printed name: _____ Date: _____

Title (If applicable): _____ ☐ Sole Officer*

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.*

E Submission & Contact Information ::

For more information or general questions, use the resources below or visit www.massmutual.com. Once you have reviewed and completed this form, return all pages for processing.

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>