



# Term Policy Cancellation Request

***Use this form to cancel a Term Life insurance policy. Once this policy is cancelled, it cannot be reinstated, unless required by law. For additional information, contact your personal financial representative, tax advisor or the MassMutual Service Center at 1-800-272-2216, Monday through Friday, 8 a.m. – 8 p.m. Eastern Time.***

## A Policy Information ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

1. Policy number(s): 38616898
2. Insured's full legal name (First, MI, Last, Suffix): Stephen Boerner

<p><b>B</b> Owner Information :::::::::::::::::::::::::::::::::::</p>	
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1. Full legal name: Stephen Jeffrey Boerner
2. Phone number: ( 215 ) 530 - 0545      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.
3. Email address: Stephen.Boerner@gmail.com
4. Is this Policy subject to a divorce decree?   ☐ Yes   ☒ No (Default)   ***If Yes, former spouse must sign in section D.***
5. Is this Policy assigned?   ☐ Yes   ☒ No

***If Yes, complete questions 5a-5b. 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 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.***

1. Payee (Select one): ☒ Owner (Default) ☐ Assignee
2. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):  
21090 W Sharp St  
Unit 132
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 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 at 1-800-272-2216. Do not include credit card information on this form.)
- a. UPS account number: \_\_\_\_\_
- b. Associated ZIP/Postal Code: \_\_\_\_\_

By signing below, the Owner represents that s/he has the authority to cancel the policy and, to the best of the knowledge of the undersigned, the Policy has not been given to and is not in the possession of any other person. This agreement shall be binding on the estate, successor, and assigns of the undersigned. 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.

If the listed Term Policy is cancelled, we will refund the pro rata portion of any premiums paid, and this insurance coverage with MassMutual will terminate. Cancellation will be effective on the date we receive this request in good order. In consideration for payment of the premium refund, the undersigned releases all right, title and interest in the policy and agrees to hold the Company harmless from any and all claims, actions, causes of action, suits or liabilities in connection with the policy, including any agreements, provisions, or riders relating to the Policy.

DocuSigned by:  
Signature of Owner: Stephen Boerner  
3E08DC9E565F44A...

Printed name: Stephen Jeffrey Boerner Date: 4/9/2025

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): \_\_\_\_\_ ☐ Sole Officer  
 Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

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): \_\_\_\_\_ ☐ Sole Officer

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

*For more information or general questions, use the resources below or for additional information regarding your policy, visit [www.massmutual.com](http://www.massmutual.com). Once you have reviewed and completed this form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.*

**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.*



## Certificate Of Completion

Envelope Id: 98825D5A-3662-42EA-85B7-F448FE3322CB

Status: Completed

Subject: Term Policy Cancellation Request (FR1249)

Source Envelope:

Document Pages: 2

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

MassMutual Customer Care

AutoNav: Enabled

MassMutual Account #12983334

Envelopeld Stamping: Enabled

Massachusetts Mutual Life Insurance Company,  
1295 State Street

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Springfield, MA 01111-0001

no-reply@coverpath.com

IP Address: 24.206.88.25

## Record Tracking

Status: Original

Holder: MassMutual Customer Care

Location: DocuSign

4/9/2025 11:59:02 AM

no-reply@coverpath.com

## Signer Events

Stephen Boerner

stephen.boerner@gmail.com

Security Level: Email, Account Authentication  
(None), Access Code

## Signature

DocuSigned by:  
  
3E08DC9E565F44A...

Signature Adoption: Pre-selected Style

Using IP Address: 50.243.56.81

## Timestamp

Sent: 4/9/2025 11:59:03 AM

Viewed: 4/9/2025 11:59:30 AM

Signed: 4/9/2025 12:04:10 PM

## Electronic Record and Signature Disclosure:

Accepted: 4/9/2025 11:59:30 AM

ID: 44e26d96-767f-4216-8db0-b90af889081e

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

MassMutual Support

MRollet67@massmutual.com

Security Level: Email, Account Authentication  
(None)

**COPIED**

Sent: 4/9/2025 11:59:02 AM

Viewed: 4/9/2025 11:59:02 AM

Signed: 4/9/2025 11:59:02 AM

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

MassMutual DMS

lifefax@MassMutual.com

Security Level: Email, Account Authentication  
(None)

**COPIED**

Sent: 4/9/2025 12:04:11 PM

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/9/2025 11:59:03 AM
Certified Delivered	Security Checked	4/9/2025 11:59:30 AM
Signing Complete	Security Checked	4/9/2025 12:04:10 PM
Completed	Security Checked	4/9/2025 12:04:11 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## Consent to Use Electronic Signatures and/or Receive Documents Electronically ("Consent")

Thank you for using the electronic signature and document delivery process offered by Massachusetts Mutual Life Insurance Company and certain of its subsidiaries (collectively "MassMutual").

This Consent addresses the circumstances under which you are agreeing to use electronic signatures and/or to receive documents electronically in connection with an insurance transaction. If you consent, we will transmit any documents relating to this transaction to you by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. This Consent to use electronic signatures and to receive documents electronically only applies to this transaction.

Any document that we send by electronic means will have the same force and effect as if that document was sent in paper form.

Please read the information below carefully and thoroughly before consenting.

### 1. Right to Consent

Your consent to use electronic signatures and/or to receive your documents electronically is voluntary. You do not have to agree to this Consent. If you do not wish to consent to the use of electronic signatures and/or electronic delivery, you can decline this Consent, and we will provide a paper copy.

### 2. Method and Timing of Delivery

If you agree to this Consent, you should promptly access your documents and/or execute any required electronic signatures. Even if you consent to receive the documents electronically, we reserve the right to provide a paper copy rather than an electronic version.

### 3. Right to Request Paper Copies

You have the right, at any time, to request a paper copy of any electronic document we deliver to you by calling us at 1-800-272-2216. You have the right to receive the requested document(s) via U.S. mail. We will not charge you a fee for sending paper copies of documents.

### 4. Withdrawing Consent

You may change your mind and withdraw your consent to the use of electronic signatures and/or electronic delivery by contacting us or your financial professional. We will not impose any fees as a condition or consequence of the withdrawal of your consent.

### 5. Updating Your Information

You agree to keep us informed of any change in your email address during the electronic signature and/or electronic delivery process. You may update your email address by contacting us or your financial professional. If your email address proves to be invalid or the notice we send is undeliverable, we will consider your consent to have been withdrawn, and we will provide a paper copy of the documents.

### 6. Hardware and Software Requirements

By agreeing to this Consent, you represent that you have the ability to view and save documents through electronic means and the equipment necessary to receive documents electronically. To access, view, and retain electronic documents, you need: (1) a computer or mobile device with access to the Internet; (2) a current version of an Internet browser (e.g., Google Chrome®, Safari®, or equivalent); (3) the ability to download and/or print documents; (4) a current version of a Portable Document Format (PDF) reader such as Adobe Acrobat Reader®; and (5) a valid email address.

By checking the "I agree" box, you:

- Agree to the terms and conditions of this Consent;
- Agree to sign electronically;
- Acknowledge that documents delivered electronically may contain information regarding your personal, health, and financial matters and agree to the electronic delivery of such information; and

- Confirm that you can access and print/save this Consent and the documents we deliver electronically for future reference.

*Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.*