MassMutual

Request to Surrender Policy

Not for use with Qualified Plan and
Keogh (H.R. 10) Plan Owned Policies

Complete and sign this form for all life insurance cash surrenders, excluding Qualified Plan and Keogh (H.R. 10) Plan owned policies. Do not complete this request to surrender the policy without understanding the implications. Once the surrender is processed, the policy and insurance coverage will be terminated. The policy cannot be reinstated once it has been surrendered, unless required by law. For additional information, contact your personal financial representative, tax advisor or the applicable MassMutual Customer Care Center as noted in section H. This form may print double sided. Be sure to print, complete and submit both sides of all pages for processing.

A Policy Information

1. Policy number(s) *(If group policy, indicate group number & name):* _____
2. Insured(s) full legal name *(First, MI, Last, Suffix):* _____

B Owner Information

1. Full legal name: _____

If the Owner's name has changed since the policy was issued, also complete a Change Request (F6070).

2. Taxpayer Identification Number *(SSN/ITIN/EIN):* _____
3. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile

☐ **Receive a text message regarding the status of this request.** By checking this box, you agree to receive text messages regarding this request to your mobile phone. These messages may be sent through 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 notifications at any time.

4. Email address: _____

☐ **Receive an email regarding the status of this request.** By checking this box, you agree to receive emails regarding this request to your email address. These emails may be sent through an automated system.

5. Is this Policy subject to a divorce obligation? ☐ Yes ☐ No *(Default)*

If Yes, former spouse must sign in section G. *Note: If the MassMutual Policy is subject to a divorce obligation (for example, a court order or a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties.*

6. Is this Policy collaterally assigned? ☐ Yes ☐ No

If Yes, complete assignee information below. If No, skip to section C – Mailing Information.

☐ Individual(s) → Print individual's full legal name *(First, MI, Last, Suffix):* _____

☐ Corporate Entity → Print Entity name: _____

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

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.

C Mailing Information

If these questions are left blank for policies on a Pre-Authorized Payment Plan (PAPP), payment will be sent via ACH to the account on record. If direct deposit fails, a check will be mailed to the address of record via U.S. Postal Service First Class Mail. If these questions are left blank for policies not on a Pre-Authorized Payment Plan (PAPP), a 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. How would you like to receive your payment? *(Select one):*

☐ Direct Deposit via ACH/EFT ***(Complete the One-Time ACH/EFT for Disbursements Form, FR2130, and skip to section D)***

☐ U.S. Postal Service First Class Mail *(Default – allow 10 business days for normal delivery.* ***Complete question 3 below)***

3. Mailing address *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

_____

_____

D Policy Surrender Information

A request to surrender a policy must be made in accordance with the policy terms and provisions, and your policy must be paid current in order to surrender if your policy is not paid up or lapsed to extended term. If corporate-owned, the Corporate Resolution Form (FR2057) is required. If a rider* that provides benefits for qualified long term care services is attached to the policy, surrender of the policy may result in loss of benefits for all future long term care services received. You should review the terms and conditions of your rider to understand the impact that a policy surrender will have on the availability of benefits for long term care services.

1. Did the Agent/Broker recommend this surrender? ☐ Yes ☐ No

For Florida contracts only: If you do not answer question 1 above, we will treat it as if you answered Yes to the question. If your response is Yes and the proceeds from the surrender are not used to purchase another life policy or annuity contract, Florida requires that we provide you additional information in a letter regarding the policy/contract that you are surrendering. Once you receive this information, you may instruct us not to process your surrender request. If we do not hear from you, your surrender will be processed 5 business days after the date of our letter to you.

2. Pay the proceeds *(Select one - If no election is affirmatively made, default payment will be cash):*

☐ As a cash payment *(Default)*

☐ To a new MassMutual policy *(For an internal 1035 exchange, indicate policy number):* _____

☐ Toward an existing MassMutual policy:

Policy number: _____

Apply to premium: $ _____

Apply to loan interest: $ _____

Apply to loan principal: $ _____

☐ To a new replacing company (non-MassMutual) under an External 1035 exchange:

a. New non-MassMutual policy *(If group policy, indicate group number & name):* _____

b. Will there be carryover of an existing policy loan, if product allows? ☐ Yes ☐ No

If Yes, provide loan amount (including accrued interest) to be assumed under the new policy issued through the exchange.

Loan amount: $ _____

c. Payee full legal name: _____

d. 1035 mailing address *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

_____

_____

Complete question 3 if surrendering a CareChoice Series product. Otherwise, skip to section E – Withholding Election.

3. Select one: ☐ Partial return of rider premium *(Default)* ☐ Reduced paid-up LTC coverage

**These riders include the Accelerated Death Benefit for Long Term Care Services Rider (known as the Long Term Care Insurance Accelerated Death Benefit Rider in Florida), the Accelerated Death Benefit for Qualified Long Term Care Insurance Rider, the Extended LTC Benefits Rider, or the Qualified Long Term Care Insurance Rider.*

E Withholding Election

Not required for Section 1035 Exchanges. Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is already included in your income subject to federal income tax. There will be no withholding on the return of your own after-tax contributions to the policy. If we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable to that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough federal income tax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.

State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your election.

MassMutual will apply default withholding of 10%, unless (a) you check the box below to opt-out of withholding; or (b) a completed IRS Form W-4R accompanies this request. You can obtain this form here: www.irs.gov/pub/irs-pdf/fw4r.pdf. If the IRS Form W-4R is received after a disbursement is processed, MassMutual cannot change the withholding on that disbursement.

Check the box below if you do not want any Federal income tax withheld from your distribution for payments other than eligible rollover distributions.

☐ I do not want to have Federal income tax withheld from my disbursement.

Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.

F Disclosures

Important Information Regarding Surrenders. In consideration for payment of the surrender value, 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, and liabilities in connection with the policy. This includes any agreements, provisions, or riders relating to the policy. The undersigned represents that he or she has the authority to surrender 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. The undersigned is returning the policy or represents that the policy is not able to be located. This agreement shall be binding on the estate, successors, and assigns of the undersigned. Unless a later date is requested, the surrender will be effective on the date the surrender form is received at MassMutual's Administrative Office in good order. For the purpose of this form "policy" also means "contract." Each of the undersigned certifies that he or she is of legal age and that the policy is not assigned, pledged, or subject to any bankruptcy proceeding, attachment, lien, or other claim. If this policy is assigned as collateral, the collateral assignee must also sign this form. The full surrender of your policy results in the distribution of all of your surrender value, including both guaranteed and non- guaranteed elements, and the termination of all rights and benefits, including all of the life insurance coverage previously provided under the terms of the policy.

Tax Warning. Upon surrender, you must include in gross income any gain that has accumulated in your policy. If your policy carries a loan, the amount you must include in gross income could be much higher than the net payment you actually receive. This Company must report the taxable income to the Internal Revenue Service (IRS). Once you surrender your policy, you cannot reduce the reportable income even if you return the unendorsed surrender check to us. Before surrendering your policy, you should consider requesting a calculation of the income that will be reported to the IRS.

If you would like to obtain this information prior to surrender, do **not** submit this surrender request until you have received written confirmation of the amount includable in your income. Once we receive a surrender request, we must process it under our standard procedures and your policy could be surrendered before you know the income amount. To obtain this information, contact the MassMutual Customer Care Center at 1-800-272-2216.

Note: The above provision may not apply if you are surrendering your policy in connection with a 1035 exchange and any existing loan is carried over in full to your new policy.

Warning: If your policy has been designated a Modified Endowment Contract (MEC), and you are under the age of 59½, any taxable gain may be subject to a 10% tax penalty. This information is not written or intended as specific tax or legal advise and cannot be relied on for purposes of avoiding any federal tax penalties. You are encouraged to seek advice from a qualified tax or legal advisor.

Section 1035 Exchange. If this surrender is part of a Section 1035 exchange for a policy to be issued by another insurance company, this surrender form must be signed by an officer of the other insurer. If the person executing the surrender request is not an officer, we require evidence of authority to sign. We must also be provided with the policy owner's absolute assignment of this policy to the other insurer for purposes of the Section 1035 exchange. The Company has no liability or responsibility for the tax treatment of any surrender proceeds paid to another insurance company, whether as part of an exchange of contracts or for any other purpose. Not all exchanges qualify for tax-deferral under Section 1035 of the Internal Revenue Code. You should consult your own tax advisor. Unless a later date is requested, the surrender will be effective on the date the surrender form is received at MassMutual's Administrative Office in good order. **Note:** If the policy has an attached rider that provides benefits for qualified long term care services as listed above in section D, you should review the terms of your rider to understand the impact that a policy surrender will have on the availability of benefits for long term care services.

G Agreements & Signatures

Only eSignatures generated through approved MassMutual processes will be accepted. Personal accounts may not be used.

Taxpayer Identification *(Not required for Section 1035 Exchanges).* 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.**

Owner *(Required for all policies)*

By signing below, the Owner acknowledges that they have read section F – Disclosures and understands the implications of a policy surrender. Each of the undersigned certifies that they are 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 there is not sufficient space for all required signatures, make a copy of this Agreements & Signatures section. Submit the additional page of signatures with the completed form.

Signature of Policy Owner/Officer/Trustee: _____

Printed name: _____ Date: _____

Title *(If applicable, e.g. Trust or Corporate owned):* _____

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

Date of Trust *(If applicable):* _____

Signature of Additional Policy Owner/Officer/Trustee or former spouse *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable, e.g. Trust or Corporate owned):* _____

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

Date of Trust *(If applicable):* _____

Assignee *(Required when the policy is assigned)*

Signature of Assignee *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable, e.g. Trust or Corporate owned):* _____

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

Date of Trust *(If applicable):* _____

Signature of Additional Assignee *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable, e.g. Trust or Corporate owned):* _____

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

Date of Trust *(If applicable):* _____

H Submission Instructions

For more information or general questions, use the resources below or visit www.MassMutual.com. This form may print double sided. Be sure to print, complete and submit both sides of all pages for processing. We will only accept responsibility for forms that are returned to an address indicated below.

Phone:	**Mail:**	**Fax:**
1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	Attention: Life Hub 1-866-329-4527 *Retain this original and the fax machine confirmation statement for your files.*

MassMutual

Signature Guidelines

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* 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.*	• 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.
• Partnership • Limited Liability Partnership (LLP) • Limited Partnership (LP)	[Full name of authorized officer], [title] *Example: John Doe, Partner* Acceptable titles may include: Partner, General Partner, Managing Partner *General Partner is the only acceptable title for Limited Partnerships.* *Limited Partner is not an acceptable title for any type of partnership.*	• 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.
• Limited Liability Company (LLC) • Professional Limited Liability Company (PLLC) • Public Limited Company (PLC)	[Full name of authorized officer], [title] *Example: John Doe, Director* Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member *(Member is not recognized in Colorado.)*	• 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.

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.

continued

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] *Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan*	• All required Trustees must sign.
Power of Attorney (POA) / Attorney-in-Fact (AIF)	[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] *Example: John Doe, AIF for Jane Doe*	• A copy of the legal document that established authority must be submitted or on file.
Estate/Executor	[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 our Customer Care Center at 1-800-272-2216 (Monday through Friday, 8 a.m. - 8 p.m. Eastern Time).

State Withholding Requirements

If you are a resident of...	State income tax rules are...
Alabama, Arizona, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Jersey, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	State income tax will be withheld, if requested.
Alaska, Florida, Illinois *(non-periodic payments only)* Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	State income tax will not be withheld.
Arkansas, North Carolina	• State income tax will always be withheld on Eligible Rollover Distributions from Qualified Plans. • For other distributions, state income tax will be withheld if federal taxes are withheld. • You may opt-out of state withholding even if federal withholding applies. • You may elect state withholding even if opting-out of federal withholding.
California, Delaware, Kansas, Oklahoma, Oregon	• State income tax will be withheld if federal taxes are withheld. • You may opt-out of state withholding even if federal withholding applies. • You may elect state withholding even if opting-out of federal withholding.
Connecticut, Michigan, Minnesota	State income tax will always be withheld, unless you provide us the appropriate state-specific withholding form opting out of / claiming exemption or electing a different amount/percentage from state withholding.
District of Columbia	• State income tax will always be withheld on full surrenders of qualified contracts, or eligible rollover distributions. • State income tax will be withheld, if requested, on other distributions.
Georgia	• State income tax will be withheld from periodic payments, unless you opt-out of withholding. • State income tax will be withheld, if requested, from non-periodic distributions
Illinois	State income tax will be withheld from periodic payments only, if requested.
Iowa	• State income tax will be withheld if federal income tax is withheld. • You may opt-out of state income tax withholding. • You may elect state withholding even if opting-out of federal withholding. • Certain taxpayers may not be subject to withholding. Refer to Iowa tax form IA W-4P.
Maine	Periodic payments • State income tax will be withheld if federal taxes are also withheld. • You may opt-out of state by providing form W-4ME. Non-periodic payments • You can only opt-out of state withholding if also opting-out of federal. • You may elect state withholding even if opting-out of federal withholding.

State Withholding Requirements *continued*

If you are a resident of ...	State income tax rules are ...
Maryland	• State income tax will be withheld if requested, only from annuities, pensions, IRAs. • State income tax will be withheld if federal taxes are withheld on eligible rollover distributions from qualified plans.
Massachusetts	• State income tax will be withheld if federal taxes are withheld. • You may opt-out of state withholding only if also opting-out of federal withholding.
Nebraska	• State income tax will be withheld on premature distributions from IRAs, if requested. • State income tax will be withheld if federal taxes are withheld for other distributions. • You may elect state withholding even if opting-out of federal withholding.
New York	State income tax will be withheld only from annuities, if requested.
New Mexico	• State income tax will be withheld, if requested. • MassMutual will NOT withhold from entity-owned contracts
Vermont	• State income tax will be withheld if federal taxes are withheld. • You may elect state withholding even if opting-out of federal withholding
Virginia	• State income tax will be withheld if federal income tax is withheld for all contracts other than IRAs or SEP-IRAs. • State income tax will be withheld only if requested for IRAs or SEP-IRAs. • State taxes *will not be withheld* on annuity lump sum death benefits.

Continue to page 3 for details about

State Income Tax Withholding requirements, if withholding applies.

If Withholding Applies

State	If withholding is required or requested, MassMutual will withhold	
	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, or West Virginia	the amount you request	
Arizona	the rate you choose from the following: 0.5%, 1.0%, 1.5%, 2.0%, 2.5%, 3.0%, 3.5%, plus any additional amount you request.	
Arkansas	• 5% on eligible rollover distributions • 3% on all other distributions	• 5% on eligible rollover distributions • an amount based on Wage Withholding for all other distributions
California	10% of the federal withholding or the amount you request, minimum $10	
Connecticut	6.99% of the taxable amount, unless you provide Form CT W-4P	
Delaware	5%, or more if requested	
District of Columbia	• 10.75% on Qualified distributions (full surrenders and eligible rollover distributions) • the amount you request for all other distributions	
Georgia, Massachusetts, South Carolina, Utah	an amount based on Wage Withholding	
Illinois	N/A	the amount requested
Indiana, Missouri, Montana, New Jersey or New Mexico	• the amount you request • minimum $10	
Iowa	• 5% through 12/31/2024 • 3.8% effective 1/1/2025	
Kansas, Maine	5%, unless you request a greater amount	an amount based on Wage Withholding
Maryland	• 7.75% on eligible rollover distributions • the amount you request for all other distributions	
Michigan	4.25%, unless you provide Form MI W-4P	
Minnesota	6.25%, unless you provide Form MN-4P	
Nebraska*	5%	• 5% on eligible rollover distributions • an amount based on Wage Withholding for all other distributions
New York, Wisconsin	• the amount you request • minimum $5	
North Carolina, Virginia*	4%, unless you request a greater amount	an amount based on Wage Withholding
Oklahoma*	4.75%, unless you request a greater amount	an amount based on Wage Withholding
Oregon	• 8%; you may request up to 10% • minimum $10	• an amount based on Wage Withholding • minimum $10
Vermont	30% of federal withholding, unless you request a greater amount	an amount based on Wage Withholding

*These states require you to submit a state withholding form to MassMutual in order to make withholding elections, including requesting state withholding if you have opted out of federal withholding.

MassMutual

One-time ACH/EFT for Disbursements

For use with life policies only

Use this form to authorize MassMutual to deposit funds payable from a policy disbursement into a designated bank account through Automated Clearing House (ACH)/Electronic Funds Transfer (EFT).

The corresponding transaction form is required in addition to this form.

A Policy Information

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

B Transaction Information

Complete this section to receive an ACH/EFT deposit into your bank account. A voided check or signed specification (spec) sheet/ letter of instruction from the bank must be submitted with this form. Deposit slips and starter checks will not be accepted. To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing an ACH/EFT. If we are unable to independently validate the bank and customer account information to support the ACH/EFT, we will mail a check via U.S. Postal Service First Class Mail to the Owner at the address of record. Refer to the Disclosures in section C for further information. ACH/EFT deposits will not be made into the bank account of an Assignee.

1. Type of transaction *(Select one):* ☐ Dividend withdrawal ☐ Loan ☐ Surrender ☐ Universal Life/Variable Life partial withdrawal
2. Transfer amount *(Select one):* ☐ Maximum ☐ Other *(Specify):* $ _____
3. Bank account type *(Select one):*
   - ☐ Checking *(Submit a voided check or submit a signed spec sheet/letter of instruction from the financial institution)*
   - ☐ Savings *(Submit a signed specification (spec) sheet/letter of instruction from the financial institution)*
4. Full legal name on bank account: _____
5. Name of bank/financial institution: _____
6. Bank routing/ABA transit number *(9 digits):* | | | | | | | | | |
7. Bank account number: | | | | | | | | | | | | | | | | | | | | |

The ACH/EFT will only be accepted and processed if the policy Owner's name matches the name on the bank account. If the policy Owner is a Trust, Estate or Corporation/Partnership, deposits cannot be made into the personal account of a trustee, executor or officer. If the policy Owner is an individual, deposits cannot be made into bank accounts owned by a Trust, Estate or Corporation/Partnership. For example, if ABC Trust is the policy Owner and John Doe is the trustee, a deposit can only be made into a bank account that has the name ABC Trust, and not a bank account that has the name John Doe. Similarly, if John Doe is the policy Owner, a deposit cannot be made into a bank account that has the name ABC Trust. ACH/EFT deposits will not be made into the bank account of an Assignee.

C Disclosures

- MassMutual shall incur no liability as a result of a deposit being dishonored by your bank.
- If MassMutual cannot make a deposit into the designated bank account via ACH/EFT for any reason, we reserve the right to mail a check to the Owner at the address of record via U.S. Postal Service First Class Mail.
- ACH/EFT is only available for U.S.-based banks or participating credit unions.
- MassMutual does not accept requests to deposit funds to For Further Credit (FFC) accounts, foreign bank accounts or brokerage accounts.
- If MassMutual is not able to validate the bank and customer account information, there may be a delay processing your request.
- Some banks may charge a fee to process the ACH/EFT.
- It may take up to 2-3 business days from the date the disbursement is processed for your bank to reflect the deposit.

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.

Policy number(s): _____

D Agreements & Signatures

I authorize the bank named above to confirm (orally or in writing) that: (1) the bank account is in good standing and can accept deposits; and (2) the Owner named in section A above is an authorized account holder on the bank account.

This authorization will remain in effect during the processing of the transfer of funds identified on this form.

I authorize MassMutual to deposit funds payable from the requested transaction into the designated bank account through an ACH/EFT. I also authorize MassMutual to debit the designated bank account to recover any over-payments made to me.

Signature of Owner/Officer/Trustee: _____

Printed name: _____ Date: _____

Title *(If applicable):* _____

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

Signature of Joint Policy Owner *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable):* _____

Name of Corporation/Partnership or Trust (include date of trust) *(If applicable):* _____

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 the form, return both pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Life		
Email: lifefax@MassMutual.com **Fax*:** Attention: Life Hub 1-866-329-4527	**Mail:** MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	**Phone:** 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time
Worksite (Executive Group Life)		
Email: LCMClientServices@MassMutual.com **Fax*:** Attention: Client Services 1-413-226-4054	**Mail:** MassMutual Attention: LCM Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488	**Phone:** 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time

**Retain this original and the fax machine confirmation statement for your files.*