



Administrative Office  
P.O. Box 19015  
Greenville, SC 29602-9015

## Life Insurance Service Request Form

Phone: 1-844-975-7522  
Fax: 1-877-888-2677  
Email: [MassMutualService@illumifin.com](mailto:MassMutualService@illumifin.com)  
Online: [www.MassMutual.com/retirement/worksites-benefits](http://www.MassMutual.com/retirement/worksites-benefits)

### A Personal Information ::::::::::::::::::::::::::::::::::::

1. Certificate number(s): \_\_\_\_\_
2. Insured full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Certificateowner full legal name (First, MI, Last, Suffix): \_\_\_\_\_
4. Certificateowner Phone Number: (        ) Extension: \_\_\_\_\_  Home  Cell  Work
5. CertificateOwner Last 4 of Taxpayer Identification Number: \_\_\_\_\_
6. Certificateowner E-mail Address: \_\_\_\_\_
7. Is this certificate assigned?  Yes  No **If Yes, continue to questions 8-9; otherwise skip to question 10.**
8. Assignee full legal name (First, MI, Last, Suffix): \_\_\_\_\_
9. Additional Assignee full legal name (First, MI, Last, Suffix): \_\_\_\_\_
10. Is this Certificate subject to a divorce decree?  Yes  No (Default) **If Yes, former spouse must sign in section D**  
Only applicable in the following States: AK, AZ, CA, CO, CT, DE, HI, ME, MA, MN, MT, NH, NY, OK, OR, RI, SD, TN, VT)

### B Change Request ::::::::::::::::::::::::::::::::::::

By signing below, the Certificate Owner requests and directs MassMutual to make the following changes or take the action requested below. **(Check the section you want changed and complete the required information.)**

#### Section 1. Request to Add/Remove Automatic Premium Loan Feature

To:  Add Automatic Premium Loan  Remove Automatic Premium Loan

#### Section 2. Change Dividend Option

To:  Cash  Premium (not available with PAC/Payroll Deduction)  
 Accumulations  Paid-Up Additions

#### Section 3. Cash Loan Request

Maximum Available  Specific Amount (Up to Maximum Available) \$ \_\_\_\_\_

In consideration of the advance by MassMutual of this requested loan, all rights, title, and interest in this Certificate are assigned to MassMutual as sole security for the repayment of the loan with interest, subject to the loan provisions of the Certificate, which are incorporated by reference into this Form.

#### Section 4. Cancel / Surrender of Certificate

By signing below, the Certificate Owner requests to surrender the Certificate(s) identified in Part A and agrees to surrender all claims under the Certificate(s). The Certificate Owner also requests payment of the Cash Surrender Value as indicated below and agrees that Certificate Debt, if any, will be deducted from the Cash Surrender Value.

#### Section 5. Withholding Notice

The federal tax law provides that any non-periodic distribution to you from a Certificate or rider by MassMutual will be subject to Federal Income Tax. There will be no withholding on the portion of distribution, which represents the return of your own premium contributions. You may elect not to have withholding apply to your distribution by completing the section below and returning it to us. **If your election is not returned, we will process your distribution request with the withholding of Federal Income Tax at the rate of 20% from the taxable portion of the withdrawal.** If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**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](http://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**

**Section 6. Special Instructions**

## **C Delivery Information**

*Your distribution checks will be mailed through the U.S. Postal Service (USPS) First Class Mail; allow 10 business days for delivery.*

*If you would prefer a check to be mailed to you through UPS, complete information below. Additional fees may apply and by electing this option you agree to pay such fees. NOTE: UPS does not ship to a PO Box.*

1. UPS Priority account name (First, MI, Last, Suffix): \_\_\_\_\_

2. UPS account number: \_\_\_\_\_ 3. Associated ZIP/Postal Code: \_\_\_\_\_

## **D Agreements & Signatures**

I certify that my responses below are true:

(1) I am a US person (including US resident alien)  Yes  No  
(2) I am not subject to backup tax withholding  Yes  No  
(3) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting  Yes  No

Additionally, I understand and agree that:

(1) In consideration of and exchange for the value, if any, payable under its terms upon surrender, the above-numbered Certificate(s) is hereby surrendered for cancellation. Any value payable upon surrender of the Certificate, as described in Section 4, is accepted in full settlement and complete satisfaction of any rights, claims and demands under that Certificate(s).  
(2) No proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.  
(3) The number shown in Section A is my correct Taxpayer Identification Number.  
(4) All undersigned are of legal age.  
(5) No other person, except the undersigned, has any interest in the Certificate(s).

If the Certificate is assigned, the Assignee must also sign this form..

I, the undersigned, agree the information provided on this form is true, complete and correctly recorded to the best of my knowledge and belief.

► Signature of Certificateowner: \_\_\_\_\_ Date: \_\_\_\_\_

Title (Required when applicable): \_\_\_\_\_

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

Certificateowner's Mailing Address: \_\_\_\_\_

► Signature of Current Additional Owner or **former spouse** (If applicable): \_\_\_\_\_

Printed name \_\_\_\_\_ Date: \_\_\_\_\_

Title (If applicable): \_\_\_\_\_

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

► Signature of Assignee (if Required): \_\_\_\_\_

***If the amount specified is more than the amount available, the loan will be processed for the maximum amount***

*available.*

**Important: Do Not Use Correction Fluid On This Form. If You Have Made An Error, Mark Through It And Initial Your Change.**

E

A Notary Public stamp is required for the Certificateowner if distribution is \$50,000 or more and one of the following applies: (1) checks are made payable to someone other than the Certificateowner (non-qualified plans only); (2) proceeds are sent to an address other than the address of record; or (3) proceeds are sent to an address that has been changed in the past 30 days. A Notary Public stamp can be obtained from most banks or credit unions. Faxes will be accepted if a Notary signature is present.

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

Such person is known to me or has produced \_\_\_\_\_ as identification.

Notary Signature:

Notary Printed Name:

Notary Public Commission No. \_\_\_\_\_

Seal

Serial Number, if any: \_\_\_\_\_