

Request for Policy Loan

Not for use with Qualified Plan or Keogh (H.R. 10) Plan owned, VUL Guard, or SVUL Guard Policies

Policy Number(s) _____
 Insured(s) Name(s) _____
 Insured(s) Name(s) _____
 Owner's Daytime Phone Number _____
 Owner's Email Address _____

1 Loan – In accordance with the policy terms and provisions, I request the following:

CASH LOAN – For loans over \$50,000, please see the Notary Public section on page 2 of this form.

Maximum Amount OR
 Specified Amount \$ _____

NOTE: The Policy Loan Date (the date from which interest begins accruing) is the date that this request is received in good order at the issuer's administrative office.

LOAN TO PAY PREMIUM, INTEREST OR PRINCIPAL

Apply to existing MassMutual policy number
 Policy Number: _____
 Apply to premium: \$ _____
 Apply to loan interest: \$ _____
 Apply to loan principal: \$ _____

2 Payee/Mailing Address

This section must be completed if the proceeds are to be made payable to and mailed to someone other than the policy owner at the address of record. Notary Public may be required, see Page 2. **Exception: proceeds will only be payable to the trust itself on a trust-owned policy.**

Payee Name: _____
 Payee Address: _____
 Payee Address: _____
 City, State, Zip: _____

3 Delivery Options

Loan checks are mailed through the U.S. Postal Service First Class Mail unless otherwise requested.
 U.S. Postal Service - Mail (No charge – please allow 10 business days for normal delivery).
 UPS Priority (The carrier charges a fee and cannot ship to a P.O. Box. Please provide the information requested below. If not provided, your loan check will be mailed through the regular U.S. Postal Service).
 UPS Account Name _____
 UPS Account Number _____
 Zip Code associated with account # _____

BEFORE SUBMITTING THIS FORM!

Please do not complete this request unless you are sure that you understand the implications of the policy loan. If you need additional information, please consult your personal financial representative and/or tax advisor, or call us at 1-800-272-2216.

4 Withholding Election – Required Notice

The distributions you receive from this policy 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 includable in your income subject to Federal Income Tax. There will be no withholding on the return of your own after-tax contributions to your policy. If you elect no withholding or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. **If no election is made, any applicable taxes will be withheld. If taxes are withheld, receipt of your payment may be delayed by the calculations required.**

NOTE! If you elect Federal Income Tax withholding, you are also electing State Income Tax withholding if applicable under relevant State law.

I have read the above notice regarding Federal Income Tax withholding and:

- I do not want Federal Income Tax withheld from my payment.
- I want Federal Income Tax withheld from my payment.

Request for Policy Loan

Policy Number(s): _____
Name(s) of Insured(s): _____

5 Signature Requirements – Please refer to specific instructions and information on pages 3 and 4

By signing below, the owner(s) acknowledge(s) that they have received and read the Important Information Regarding Loans on page 3 of this form and the implications of a policy loan. **If the policy is assigned**, the assignee must sign this form. Each of these parties 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, except as follows:

Owner Tax ID (REQUIRED) Please enter your tax identification number (SSN or EIN as applicable)

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Is the owner an individual Yes No

Under penalties of perjury, I certify that the above is my correct Taxpayer Identification Number, and I am a U.S. person (U.S. citizen or resident alien), and the Internal Revenue Service (IRS) has NOT notified me that I am subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Individual, Joint or Multiple Owners Signature Section (All owners must sign.)

_____ Printed Name of Owner	_____ Signature of Owner	_____ Date Signed	
_____ Printed Name of Additional Owner	_____ Signature of Additional Owner	_____ Date Signed	
_____ Printed Name of Additional Owner	_____ Signature of Additional Owner	_____ Date Signed	
Residency Address of Owner (Apt/House Number & Street Name, City State Zip)			

Corporate, Partnership or Trust Owned Signature Section

_____ Printed Name of Corporation, Partnership or Full Name of Trust			_____ Date of Trust
_____ Printed Name of Corporate Officer or Trustee	_____ Signature of Corporate Officer or Trustee <input type="checkbox"/> I am the sole officer of the corporation listed.	_____ Title	_____ Date Signed
_____ Printed Name of Corporate Officer or Trustee	_____ Signature of Corporate Officer or Trustee	_____ Title	_____ Date Signed

Assignee Signature Section

_____ Printed Name of Assignee	_____ Signature & Title	_____ Date Signed
_____ Printed Name of Assinee	_____ Signature & Title	_____ Date Signed

6 Notary Public (If applicable)

A Notary Public is required for distributions greater than \$50,000 only if in conjunction with one of the following:
• Checks are made payable to someone other than the policy owner, or
• Proceeds are sent to an address other than the address of record, or
• 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.

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public (Official stamp/seal required)	My commission expires
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MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives

This disclosure provides you with general information that may be relevant to your decision on whether to take a loan against your policy. The terms and conditions of your specific policy control when you can take a loan, how much the loan can be, and what effects such a loan may have on your policy's benefit, values, and premiums. Additionally, policy loan provisions will vary depending upon the type of policy you have and the state law governing the issuance of your policy.

Before requesting a loan, we strongly recommend that you:

- Review the loan provisions of your policy.
- Read the discussion of policy loans in the prospectus if the policy is a Variable Life policy.
- Seek the advice of your tax adviser and personal financial representative.
- Obtain a personalized illustration that will demonstrate the impact of a loan on your policy values and benefits.

Once you have taken a loan, we strongly recommend that you **monitor the status of your policy and review your policy values, benefits and risks with your financial representative at least annually** and take the appropriate action necessary to prevent or minimize any possible adverse consequences discussed below. The release of policy values may affect guaranteed and non-guaranteed elements, the face amount, or the surrender value of your policy.

General Consequences

A loan affects important policy features, benefits, and values as a loan will reduce the death benefit and surrender value by the amount of the loan and any accrued but unpaid interest.

NOTE: If your policy is a variable life policy, the portion of the account value equal to the loan is transferred to the loan section of the Guaranteed Principal Account.

Potential Adverse Tax Consequences

You may incur a significant income tax liability if your policy terminates before the death of the insured. Specifically, you will have to include in your taxable income the excess, if any, of the outstanding loan amount (including loan interest due) and any cash distributed over your cost basis in the policy. Cost basis is equal to the sum of the premiums and other considerations paid for the policy less any prior withdrawals that were not subject to income taxation. If your policy carries an outstanding loan, the amount to be included in your taxable income may exceed any cash distribution you receive upon the termination of the policy. **You may need to make substantial premium payments or loan repayments to keep your policy in force and to avoid this potential and significant income tax liability.**

WARNING! If your policy has been designated a **Modified Endowment Contract (MEC)**, any loan you take will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59 1/2, any taxable gain will incur a 10% penalty in addition to the income tax. If loan interest is not paid when due, it will be added to the principal balance and will be subject to income tax under the same rules.

Possible Policy Termination

Factors that may contribute to the termination of **any life insurance policy** prior to the death of the insured(s) include but are not limited to the following:

1. the amount of the outstanding policy debt (e.g., if the policy debt is at or near the maximum loan value or debt limit);
2. failure to pay policy premiums and loan interest;
3. an increase in the policy loan rate if the adjustable policy loan rate is in effect.

Additional factors may contribute to termination of your policy if your policy is a **universal or variable universal life policy**, such as:

1. investment results, as applicable, that adversely affect your policy's account value;
2. an increase in monthly policy charge rates due to the increasing attained age of the insured;
3. a high or increased amount of insurance risk which may depend on the Death Benefit Option you have selected and changes in your account value.

For example, your policy will terminate whenever the total policy debt (which includes accrued unpaid interest) equals or exceeds a limit specified in your policy. If this limit is reached, we will send you a notice specifying the amount needed to bring the policy debt back within the limit. If you fail to make the payment in a timely manner, the policy will terminate without value. If the policy is a **variable life policy**, the debt limit may also be exceeded if the policy value falls below the debt limit due to adverse investment performance of the division of the Separate Account in which the account value is allocated.

8 Signature Instructions

- The following descriptions explain the signature requirements for each type of ownership arrangement.
- Corporation, partnership, limited partnership** Include the full name of the corporation. Print or type the full name and corporate title of each officer who signs. If the officer is the insured or a family member, we require the signature of another officer who is not related or, if all officers are related, the signature of two officers. If the insured is the only officer, we require either a letter on company stationary to that effect or the insured's signature with the corporate seal affixed. **EXAMPLE** – John Doe, President/Partner/General Partner, ABC Corporation
- Trust **** Those trustees required to sign under the trust agreement. Include the full name of the trust, the date of the trust agreement and the title(s) of the officer(s), if corporate trust, signing. **EXAMPLE** – Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy
- Custodian**
- In all states except South Carolina and Vermont, include the full name of the custodian "as custodian for (*insert name of minor*) under the (*name of state*)'s UTMA." **EXAMPLE** – Joan Doe as custodian for Alice Doe under the Massachusetts UTMA.
 - In South Carolina and Vermont, include the name of the custodian "as custodian for (*insert name of minor*) under the (*name of state*)'s UGMA." **EXAMPLE** – Joan Doe as custodian for Alice Doe under the Vermont UGMA.
- Executor**** Include the full name of the appointed executor, administrator, or personal representative, as "executor, administrator, or personal representative (*list only one capacity*) for the estate of (*insert name of deceased*), deceased." If not previously submitted, a copy of the death certificate is required. **EXAMPLE** – Joan Doe, executor for the estate of Sam Doe, deceased.
- Legal Guardian /Conservator**** Include the full name of the legal guardian/conservator, "as guardian/conservator of the estate of (*insert name of person affected*)."**EXAMPLE** – Joan Doe as Guardian/Conservator of the Estate of Sam Doe.
- Attorney-in-Fact** (Power of Attorney)** Include the full name of the attorney-in-fact as "Attorney-in-Fact for (*insert name of person*)."**EXAMPLE** – Joan Doe, Attorney-in-Fact for Sam Doe.
- Assigned Policy** The owner and assignee must sign. Include the full name of the assignee. If the assignee is a corporation, also include the title(s) of all officer(s) signing. NOTE: If the right being exercised is granted to the assignee, only the assignee's signature is required.

**** Copies of the legal document that established authority must be submitted with this form unless already on file.**

9 Customer Service Information

Once you have reviewed and completed this form, please return pages 1 and 2 for processing. To submit your request, please mail or fax this to:

For Traditional Life and Universal Life policies mail to:

MassMutual Financial Group
Enterprise Document Management Hub
1295 State Street
Springfield MA 01111-0001

For Variable Life policies mail to:

Massachusetts Mutual Life Ins Co
Life Customer Service Center Hub
P.O Box 1865
Springfield MA 01102-1865

For Executive Benefits policies mail to:

Massachusetts Mutual Life Ins Co
LCM Document Management Hub
1295 State Street
P O Box 2488
Springfield MA 01101-2488

MassMutual Customer Service Center:
1-800-272-2216
Monday through Friday, 8 a.m. – 8 p.m.
Eastern Time

Internet Service Connection:
www.massmutual.com

Fax Information:
Attention Life Hub
1-866-329-4527

Executive Benefits Customer Service Center:
1-800-548-0073
Monday through Friday, 8 a.m. – 5 p.m.
Eastern Time

Fax Information for Executive Benefits:
1-860-562-6154