

Complete this form to directly transfer *Qualified assets* or liquidate and transfer or exchange *Non-Qualified assets* from another institution into a MassMutual, C.M. Life or MML Bay State contract.

MassMutual Contract Number (if existing) _____

I. Surrendering Company's Contract Information
Owner Information

Owner Name	Joint Owner Name (if applicable)
Owner Address (Street)	Owner Address (City, State, Zip)

Annuitant Information (If different from owner)

Annuitant Name	Annuitant Social Security Number
Joint Annuitant Name (if applicable)	Joint Annuitant Social Security Number (if applicable)

Contract Information

Surrendering Company Name	Surrendering Company Contract/Account Number
Attention/Contact Person	Telephone Number
Complete Address (Street, City, State, Zip) (Do not use a P.O. Box)	

Name of Plan Associated with Funds (If 403(b)) _____

The above contract is a: Individual Variable Annuity Contract Individual Fixed Annuity Contract
 Group Annuity Contract Life Insurance Policy Other

The above contract is: Misplaced Does Not Apply

Special Instructions: _____

II. Type of Withdrawal

Indicate whether the withdrawal from the surrendering institution is full or partial. Be sure to include anticipated dollar amounts and percentages when possible. Indicate whether the transfer should be done immediately or upon a maturity date.

Full liquidation: Specify amount (estimated) \$ _____

Partial liquidation:

Specify amount \$ _____

Specify percentage _____ %

Free amount

Liquidate: Immediately Upon Maturity Date of: _____ (not to exceed 90 days)

III. Source of Transfer (of the contract being surrendered)

Check the appropriate boxes. Please provide any applicable information as requested.

Traditional IRA

Tax Qualified Plan (Employer Sponsored)

Roth IRA

403(b) TSA

SEP IRA

1035 Exchange (Non-Qualified Only)

SIMPLE IRA

Non-Qualified Deferred Compensation Plan

Custodial IRA

CD/Mutual Fund

Beneficiary/Inherited IRA

Other

Texas ORP Amounts in a Texas ORP can be rolled into another Texas ORP, TSA, IRA, SEP IRA or tax-qualified plan.

Governmental 457(b) Deferred Compensation Plan Amounts in a governmental 457(b) deferred compensation plan may be rolled into an IRA, SEP IRA, TSA, tax-qualified plan, or into an existing governmental 457(b) deferred compensation plan.

Tax-Exempt 457(b) Deferred Compensation Plan Amounts in a tax-exempt 457(b) deferred compensation plan may be transferred into an existing tax-exempt 457(b) deferred compensation plan.

Applicable to Full 1035 Exchange (Absolute Assignment)

For 1035 exchanges involving the entire contract value, the Owner hereby assigns and transfers to the Company all rights, title and interest in the insurance policy or annuity contract described above. If the Company does underwrite and issue the new annuity contract applied for, or accept the payment to be applied to an existing contract, the company intends to surrender the contract for its cash surrender value and the contract will no longer be in force or effect as of the date it is surrendered.

Upon receipt of the surrender value by the Company, it will be applied to and considered part of the first premium or purchase payment for the new or existing annuity contract. If the Company does not receive the entire surrender value of the contract within six (6) months of the new annuity contract date applied for, or in the case of an exchange into an existing contract within six (6) months from the date of this transfer of assets form, the Company may elect to absolutely assign its rights under this assignment back to the Owner. If this occurs: (1) the Owner shall have the right to any surrender value of the contract, (2) this transaction may not qualify as a section 1035 exchange; and (3) any coverage under the annuity contract applied for shall cease unless the Company receives the premium for the new or existing contract within thirty (30) days of the date the Company assigns back its rights under this assignment.

The Owner represents and warrants that no person, firm or corporation has an interest in the contract, except the Owner, and no proceedings of either a legal or equitable nature have been instituted or are pending against the Owner. The Company assumes no responsibility or liability for the validity or effect of this assignment, nor tax treatment to the Owner under Internal Revenue Code Section 1035. The Owner agrees that the Company has made no representations concerning the tax treatment of this transaction.

Applicable to Partial 1035 Exchange

The Owner requests the transfer of a portion of the value of his/her existing variable annuity contract to an annuity contract issued by the Company as a nontaxable partial exchange under IRC Section 1035. The Company does not accept partial 1035 exchanges from an existing MassMutual life policy or annuity contract to another MassMutual annuity contract. Upon receipt of the partial surrender value by the Company, it will be considered part of the first premium or purchase payment for the new or existing annuity contract. The Company assumes no responsibility for the tax treatment to the owner under IRC Section 1035.

The Owner recognizes that RS has announced through Revenue Procedure 2008-24 that a partial exchange from one annuity contract to another may be treated as a taxable exchange if a distribution takes place from either annuity contract within 12 months after the exchange. The occurrence of certain life events between the time of the exchange and the distribution, such as divorce, loss of employment, disability or turning 59 ½ may allow a distribution to be taken within the 12 month period without subjecting the original partial exchange to taxation. Taxpayers should consider this IRS guidance and the likelihood that a distribution will be taken within the 12 month period from either contract involved in a partial exchange before entering into a partial exchange. A partial exchange that is successful challenged by the IRS may subject the Owner to possible income tax liability, as well as liability for penalties and interest.

The Owner has consulted with a qualified tax advisor and accepts the risks associated with this partial exchange. The Owner acknowledges that the Company, its affiliates, officers, directors, and employees and agents has offered no advice or opinion nor made any representations regarding the legal or tax consequences of this partial exchange. The Owner agrees to indemnify and hold the Company, its affiliates, officers, directors, employees and agents harmless from any tax liabilities that may arise from this transaction.

The Company assumes no responsibility for the accuracy of cost basis information provided by the transferring company or for the failure of the transferring company to provide cost basis.

Applicable to TSA to TSA Exchange

New TSA regulations require TSA plans to impose certain distribution restrictions on employer contributions for contracts issued after 12/31/08. Based on your TSA plan's specific rules, exchanging a TSA contract with employer contributions for a new TSA contract after 12/31/08 may subject those employer contributions to distribution restrictions that do not apply to your current TSA contract.

IV. Signature(s)

Transferring companies normally require original signatures. Be sure that all applicable signatures are obtained. Transfers from mutual funds normally require a signature guarantee.

I, the undersigned Owner/Joint Owner of the above named account, request that you remit the full or partial liquidation and make the check payable to the company indicated below in order to fund an annuity contract. I am aware that income tax withholding is not required in a direct rollover, trustee to trustee transfer and full or partial section 1035 tax-free exchange. I am also aware that I should consult my tax advisor to ascertain whether any tax implications may arise as a result of the transfer contemplated herein. I acknowledge that any such tax consequences are my sole responsibility. I have read and understand this form in its entirety and acknowledge and accept any risks, which may be associated with this transaction.

▶ _____
 Account Owner Signature Social Security Number Date

▶ _____
 Joint Owner Signature *(if applicable)* Social Security Number Date

▶ _____
 Accepting Plan Administrator's Signature *(If going into a 403(b) Plan)* Date

 Printed name and title of authorized signor 403(b) Plan Name

▶ _____
 Medallion Signature Guarantee (If required by the relinquishing company. **Always required for mutual fund transfers.**)

V. Notification of Acceptance *(FOR HOME OFFICE USE ONLY)*

Type of plan funds are going to:		Pending Contract/Certificate Number
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Governmental 457(b) Deferred Comp Plan	MassMutual Owner
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Tax-Exempt 457(b) Deferred Comp Plan	MassMutual Joint Owner <i>(if applicable)</i>
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Non-Qualified Deferred Comp Plan	MassMutual Annuitant
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> Beneficiary/Inherited IRA	Joint Annuitant <i>(if applicable)</i>
<input type="checkbox"/> Custodial IRA	<input type="checkbox"/> Texas ORP	
<input type="checkbox"/> 403(b) TSA	<input type="checkbox"/> Non-Qualified	
<input type="checkbox"/> Qualified Plan		

This is to inform you that on the basis of the above authorization and/or assignment MassMutual, C.M. Life or MML Bay State agree to accept the assets on behalf of the above named individual(s) upon receipt of the check. Such assets are to be paid to MassMutual Financial Group and sent to the address below.

Information Sharing Agreement Certification:

This is to certify that MassMutual has entered into an Information Sharing Agreement in accordance with Treasury Regulation section 1.403(b)-10(b) with the participants plan, or agrees to do so by January 1, 2009. This allows participants of the plan to transfer assets as a TSA Exchange or change of investment within the plan, to a MassMutual annuity contract.

▶ _____
 Authorized Signature (Include Corporate Title) Date

Mailing Address
 MassMutual Financial Group
 Annuity Service Center Hub
 PO Box 9067
 Springfield, MA 01102-9067

Overnight Address
 MassMutual Financial Group
 Annuity Service Center Hub
 1295 State Street
 Springfield, MA 01111

Annuity Service Center Telephone Number
 (800) 272-2216 (press 2)