

Use this form to authorize MassMutual to provide a third party with general contract/policy information.

A Terms and Conditions

This Authorization form, completed and signed properly by the owner, authorizes Massachusetts Mutual Life Insurance Company ("MassMutual") to provide the party/parties identified on this form with general contract/policy information about the below referenced contract(s)/policy(ies) over the phone or in writing for the duration specified on this form. Examples of general contract/policy information include but are not limited to value quotes, ownership/beneficiary designation, contract/policy status, insurance coverage amount and premium/payment information.

social security numbers (SSN), tax identification numbers (TIN), or medical information.

This authorization will become effective the date the form is received in our office in good order.

This authorization will become null and void upon a change in ownership or the death of the contract/policy owner or insured.

Submission of a new authorization form will supersede any existing authorization.

This form does not allow the authorized party/parties to exercise any contract/policy owner rights.

The owner of the contract/policy may cancel this authorization at any time by calling the Service Center or submitting a written request to MassMutual, Document Management Services, 1295 State Street, Springfield, MA 01111.

B Contract/Policy Information

1. Product type (Select all that apply):

- Annuity Disability Institutional Insurance (COLI/BOLI) Life Worksite Executive Group Life

2. List the contract(s)/policy(ies) to which this authorization applies. All contracts/policies listed must have the same owner. Attach a separate sheet to list more than four contracts/policies.

Contract/Policy Number(s)	Annuitant/Insured Name(s)

3. Contract/Policy owner email address: _____

4. Contract/Policy owner daytime phone number (888-888-8888): _____

C Authorization Information

1. Duration of Authorization (Select one): 120 days 1 year* 2 years Specified end date (mm/dd/yyyy) _____

*If an authorization duration is not affirmatively selected, the default will be one year.

2. Authorized Individual (example: spouse, child, etc.) Complete this section to identify the individual(s) authorized to receive information. Attach a separate sheet to list additional individuals.

←	Full legal name: _____ First MI Last Suffix
	Date of birth (mm/dd/yyyy): _____ Last four digits of SSN/TIN: _____
	Relationship to Owner: _____
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____
	Email: _____
	Fax number (888-888-8888): _____

Contract/Policy number(s): _____

C Authorization Information *continued*

~	Full legal name: _____
	First _____ MI _____ Last _____ Suffix _____
	Date of birth (mm/dd/yyyy): _____ Last four digits of SSN/TIN: _____
	Relationship to Owner: _____
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ _____
	Email: _____
	Fax number (888-888-8888): _____

3. Authorized Organization (Corporation or Trust). Attach a corporate resolution listing the names & titles of the individuals within the organization authorized to receive information.

Complete name of organization: _____
Last four digits of organization Tax Identification Number (TIN): _____
Organization mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____
Organization fax number (888-888-8888): _____
Authorized individual full legal name: _____
Authorized individual title: _____
Authorized individual email: _____
Additional authorized individual full legal name: _____
Additional authorized individual title: _____
Additional authorized individual email: _____

D Agreements & Signatures ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

Refer to MassMutual's Signature Guidelines (FR2068) for specific instructions on signature requirements.

By signing and dating below, I, the owner, acknowledge that I have read and agree to the Terms and Conditions on page 1 of this form.

I will indemnify and hold MassMutual, its affiliates and its directors, officers and employees harmless from any and all liabilities and costs, which may be incurred by relying upon this authorization.

► Signature of Owner: _____
 Printed name: _____ Date: _____
 Title (If applicable): _____ Sole Officer
 Printed name of Corporation/Partnership/Trust (If applicable): _____
 Trust date (Required for Trust owned policies. MM/DD/YYYY): _____

► Signature of Additional Owner (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable): _____
 Printed name of Corporation/Partnership/Trust (If applicable): _____
 Trust date (Required for Trust owned policies. MM/DD/YYYY): _____



Contract/Policy number(s): _____

E Submission Instructions ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

For more information or general questions, use the resources below or visit 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.

Life & Universal Life		
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
Variable Life (Including VUL GuardSM & SVUL GuardSM)		
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Attention: Life Hub PO Box 1865 Springfield, MA 01102-1865	Email: lifefax@MassMutual.com Fax^: Attention: Life Hub 1-866-329-4527
Worksite (Executive Group Life)		
Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: MassMutual Attention: LCM Hub 1295 State Street Springfield, MA 01111-0001	Email: LCMClientServices@MassMutual.com Fax^: Attention: Client Services 1-413-226-4054
Institutional Insurance (BOLI/COLI)		
Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: MassMutual Attention: BOLI/COLI Hub 1295 State Street P.O. Box 2488 Springfield, MA 01111-0001	Email: BoliColiService@MassMutual.com Fax^: Attention: Client Services 1-413-226-4054

^ Retain the original form and the fax machine confirmation statement for your files.

Use these guidelines to determine signature and title requirements for all products and forms.

Owner Type	Signature format and examples	Additional Information
Corporation	<p>[Full name of authorized officer], [title] <i>Example: John Doe, AVP</i></p> <p>Acceptable titles may include: Chief Executive Officer, Director, President, Vice President</p> <p><i>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.</i></p>	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Partnership Limited Liability Partnership (LLP) Limited Partnership (LP) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Partner</i></p> <p>Acceptable titles may include: Partner, General Partner, Managing Partner</p> <p><i>General Partner is the only acceptable title for Limited Partnerships.</i></p> <p><i>Limited Partner is not an acceptable title for any type of partnership.</i></p>	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Limited Liability Company (LLC) Professional Limited Liability Company (PLLC) Public Limited Company (PLC) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Director</i></p> <p>Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member</p> <p><i>(Member is not recognized in Colorado.)</i></p>	<ul style="list-style-type: none"> 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.

Owner Type	Signature format and examples	Additional Information
Trust	<p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011</i></p>	<ul style="list-style-type: none"> • A completed Certification of Trust Agreement (F6734) must be submitted or on file. • All required Trustees must sign.
Sole Proprietorship	<p>[Full name of individual sole proprietor] <i>Example: John Doe</i></p>	<ul style="list-style-type: none"> • Neither a title nor business name is required.
Qualified PLan	<p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan] <i>Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan</i></p>	<ul style="list-style-type: none"> • All required Trustees must sign.
Power of Attorney (POA) / Attorney-in-Fact (AIF)	<p>[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] <i>Example: John Doe, AIF for Jane Doe</i></p>	<ul style="list-style-type: none"> • A copy of the legal document that established authority must be submitted or on file.
Estate/Executor	<p>[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased <i>Example: John Doe, Executor for the Estate of Jane Doe, deceased</i></p>	<ul style="list-style-type: none"> • 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	<p>[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting] <i>Example: John Doe, Conservator for the Estate of Jane Doe</i></p>	<ul style="list-style-type: none"> • 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)	<p>[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA] <i>Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA</i></p>	<ul style="list-style-type: none"> • South Carolina and Vermont have UGMA instead of UTMA.
Collaterally assigned policy	<p>[Authorized officer], [title] of [assignee name], Assignee <i>Example: John Doe, Vice President of ABC Bank, Assignee</i></p>	<ul style="list-style-type: none"> • 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.