

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax
Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

**CONTRACT/CERTIFICATE OWNERSHIP/ANNUITANT CHANGE FORM
(NON-QUALIFIED ANNUITIES ONLY)**

1. CURRENT OWNER/PARTICIPANT INFORMATION (Please print)

Owner/Participant	Contract/Certificate Number
Joint Owner/Participant (if applicable)	Owner/Participant Social Security Number or EIN
Address	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell

2. NEW OWNER/PARTICIPANT DESIGNATION (Please print) - **No Change (Skip to Next Section)**

- If this section is not completed, we will proceed as if no ownership change is intended.
- If new joint owner is not married to primary owner, must submit Non-Spouse Joint Owner Form (N6030810NW).
- If new owner is a trust, please **DO NOT send us the trust document**. To process the ownership change, we need (1) Trust Certification and Agreement (Form X6017907NW), (2) IRS Tax ID# for trust unless trust is revocable or a grantor-type trust, and (3) **Section 4 completed to name same trust as Beneficiary**.
- If current owner is a trust and new owner is a trust beneficiary, complete Trust Certification Change of Ownership to Trust Beneficiaries (Form X6057118NW).

I hereby transfer my rights, title, and interest as Owner/Participant of the contract/certificate designated herein as follows:

- New Owner(s)/Participant – Complete information for New Owner/Participant and New Joint Owner (if applicable)
 Add New Joint Owner with Existing Owner – Complete information for only the New Joint Owner.

NEW Owner/Participant Name (if applicable)	NEW Joint Owner Name (if applicable)
Relationship to Original Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Owner's Trust <input type="checkbox"/> Other:	Relationship to New or Continuing Primary Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Other:
Address	Address
Date of Birth	Date of Birth
Social Security/Tax ID #	Social Security/Tax ID #
Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Email Address
Verification of Identification (required by Section 326 of Patriot Act) Must provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____	Verification of Identification (required by Section 326 of Patriot Act) Must provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____

3. ANNUITANT CHANGE (Please print.) - No Change (Skip to Next Section)

NOTE: This change is subject to the annuity contract/certificate provisions and is not available on all annuity contracts/certificates. Please refer to your annuity contract/certificate or contact your agent or our office. If this section is not completed, we will proceed as if no annuitant change is intended.

The annuitant **cannot** be a non-natural person. Unless we agree, the annuitant **cannot** be changed if the owner or joint owner is a non-natural person.

I do hereby designate the Annuitant(s) of the contract/certificate designated herein as follows:

- Annuitant Change to New Owner(s)/Participant – Information below does not need to be completed.
- Annuitant Change as indicated below – Complete the New Annuitant information and New Joint Annuitant information (if applicable) below.

NEW Annuitant Name	NEW Joint Annuitant Name (if applicable)
Address	Address
Date of Birth	Date of Birth
Social Security/Tax ID #	Social Security/Tax ID #
Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Email Address

4. NEW BENEFICIARY DESIGNATION (Please print) – Applies to all ownership changes.

The New Owner(s)/Participant, hereby revoke(s) all prior primary and contingent Beneficiary designations and any elections of Optional Methods of Settlement. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with MassMutual Ascend or Affiliate. With respect to any trust designated as Beneficiary, MassMutual Ascend and Affiliates shall neither be obligated to inquire into the terms of the trust, nor shall MassMutual Ascend and Affiliates be chargeable with knowledge of the terms of the trust, and MassMutual Ascend and Affiliates will be fully discharged from all liability after payment of the Death Benefit proceeds under the contract/certificate to the trustee. ***If the owner of the contract is a trust, we may reject the designation of any Beneficiary other than the trust itself.***

The Death Benefit will be paid to the primary Beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent Beneficiaries or survivors of them in equal shares unless specified otherwise and only if there are no surviving primary Beneficiaries. **If the Beneficiary listed below is not designated as a primary or contingent Beneficiary, it will automatically default to a primary designation. If no primary Beneficiary is designated below, the contingent Beneficiary will be treated as the primary. If a new Beneficiary designation is not made with an ownership change, then the Beneficiary will be the estate of the new owner(s)/participant.** If percentages are specified, they must total 100% for Primary and 100% for Contingent, if any.

Please show full name, address, relationship to Owner(s)/Participant, date of birth, social security number, and phone number of all Beneficiaries. A failure to do so may result in the death benefit being escheated to the state. If the Beneficiary is a trust, please provide the trust’s name, the trustee name(s), and the trust agreement date.

If additional space is needed, attach a separate sheet signed and dated by the new owner(s)/participant.

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

5. SIGNATURE AUTHORIZATION (Current AND New Owner/Participant MUST complete)

An ownership change may be a taxable and reportable event to the current owner. The ownership change may also be subject to gift tax. Please consult a Tax Advisor. In addition, this transfer is subject to any loan or advance made by MassMutual Ascend or Affiliate on the security of the contract/certificate, and to any assignment of the contract/certificate in force and on file with MassMutual Ascend or Affiliate at its Administrative Office.

By signing this form, each current owner/participant hereby declares that no insolvency, divorce or bankruptcy proceedings are pending against him/her, and that he/she has not executed any assignment or transfer, which is not of record with MassMutual Ascend or Affiliate. Each new owner/participant hereby revokes all prior primary and contingent Beneficiary designations. In addition, the current and new contract owner(s)/participant(s)/plan administrator, as applicable, each agree and certify that MassMutual Ascend or Affiliate is authorized to make the changes to the contract/certificate as indicated on this form, and further agree to hold harmless and indemnify MassMutual Ascend and Affiliates as to any and all claims or demands which may be made by reason of the changes so made.

IMPORTANT NOTE: An ownership change may terminate riders to the contract. Income benefit riders, death benefit riders, extended care waiver riders, and terminal illness waiver riders generally provide that the rider terminates upon any transfer or assignment of an interest in the annuity contract, unless the transfer or assignment is to the Rider Insured (or in some specified circumstances, to the spouse of the Rider Insured). There are limited exceptions to this for certain transactions which include (1) **Custodial Accounts:** The rider will not terminate if the transfer is to a custodial account held FBO the Rider Insured; and (2) **Revocable Trusts:** The rider will not terminate if the transfer is to a revocable trust of which the Rider Insured is a grantor. However, the rider will terminate if transfer is to an irrevocable trust, even if that trust is a "grantor-type" trust.

Signature of Current Owner/Participant <small>(If Corporation, signature/title of authorized officer)</small>	Date	Signature of Current Joint Owner <small>(If applicable)</small>	Date
Signature of New Owner/Participant <small>(If Corporation, signature/title of authorized officer)</small>	Date	Signature of New Joint Owner <small>(If applicable)</small>	Date

6. OWNER/PARTICIPANT SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE

The Owner/Participant's signature on this Contract/Certificate Ownership/Annuitant Change Form must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
 _____) SS:
 COUNTY OF _____)

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Contract/Certificate Ownership/Annuitant Change Form and acknowledged to me that he/she/they signed the same.

My Commission expires:

 MM/DD/YYYY

 Signature of Notary Public
 SEAL

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).