



# Make your life a little bit simpler

It only takes a few minutes to create your secure MassMutual® online account, and the benefits can last a lifetime.

WHAT DOES AN ONLINE ACCOUNT GET YOU? LOTS.

**Secure  
24/7 access**

**Make payments  
with a few clicks**

**Skip paper  
forms, make  
changes online**

**Make address  
and contact  
updates  
anytime**

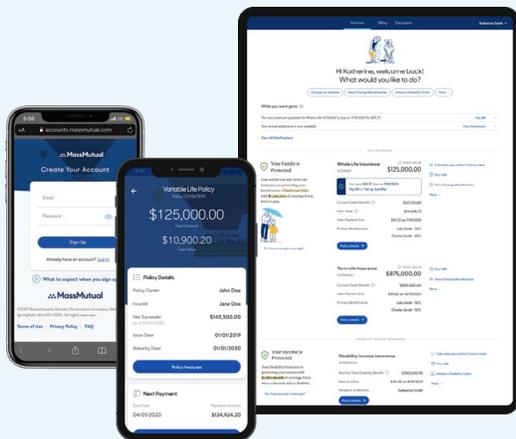
**Easily change  
beneficiaries**

**Manage  
paperless  
preferences  
and more**

Ready to get started? Just go to  
[MassMutual.com/online-account](https://www.massmutual.com/online-account)

OR

Download the MassMutual App



**Questions?**  
Consult with your financial professional  
on the best way to take advantage of  
online account management.

Use this form to change the name and/or address and change the mode of premium payment. For additional information, contact your personal financial representative or the applicable MassMutual Service Center as noted in section E – Submission & Contact Information.

A Policy Information

- 1. Policy number(s):
2. Insured full legal name (First, MI, Last, Suffix):

B Owner Information

- 1. Full legal name:
If the Owner's name and/or address has changed, complete section C – Change Request Information below.
2. Taxpayer Identification Number (SSN/ITIN/EIN):
3. Phone number: Home Work Cell
Receive a text message regarding the status of this request.
4. Email address:
Receive an email regarding the status of this request.
5. Is this Policy collaterally assigned? Yes No
If Yes, complete assignee information below. If No, skip to section C – Change Request Information.
Individual(s) Corporate Entity Trust

C Change Request Information

For a name change, complete questions 1-4. For an address change, complete questions 5-8. For a change of premium billing frequency, complete question 9.

Change of Name

Documentation of the name change must be submitted with this request. This form does not change the owner or beneficiary designation. If the name change is a life event, your beneficiary may need to be changed.

- 1. Role (Select one. If an individual occupies more than one role, the name will be updated in all roles): Beneficiary Insured Owner Payee Payer
2. Current full legal name (First, MI, Last, Suffix):
3. New full legal name (First, MI, Last, Suffix):
4. Reason (Select one): Court order Correction Marriage Divorce Other



