



DEPARTMENT OF FINANCIAL SERVICES
OF THE STATE OF NEW YORK
DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO ___
(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO ___
(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO ___
(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO ___
(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES ___ NO ___
(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES ___ NO ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE SIGNATURE OF APPLICANT

DATE SIGNATURE OF APPLICANT

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO ___

DATE SIGNATURE OF AGENT OR BROKER



Authorization for Disclosure of Information

Date: _____

Replaced Company:

Re: Proposed Insured: _____
Existing Contract Number: _____
Existing Plan Type: _____
Proposed Product: _____

We have been advised that policy(ies)/contract(s) in force with your Company may be replaced. The policy number(s)/contract(s) impacted are noted on the attached New York Replacement Disclosure Statement. In accordance with New York Regulation 60, we are asking that the information requested on the attached Disclosure Statement be provided within 20 days of receipt of this request. The Owner's signed authorization for release of this information is on the bottom portion of this page.

Please return the completed form and materials to the address noted below. **When the Agent's name is referenced as a recipient of the information, please send a copy to the Agent as well as our Home Office to the "Attention" checked below.**

**Massachusetts Mutual Life Insurance Company
NY Replacement Notification, M325
1295 State Street
Springfield, MA 01111-0001**

Agent's Name and Address:

Attention:

- Blue Chip New Business, M350
- Direct Brokerage, M352
- Direct Distribution Channel, M352
- Executive Benefits, M181
- Life New Business, M325

Agency Number: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Agreements and Signatures

I hereby authorize and request that _____ Insurance Company complete the enclosed New York Replacement Disclosure Statement(s) with respect to the policies and/or contracts specified on the form and provide any other information necessary for the completion of these forms to MassMutual Life Insurance Company as directed above.

X

Signature of Owner

Date

Printed Name of Owner

Social Security Number of Owner

Printed Name of Joint Owner

Social Security Number of Joint Owner

Please check one of the following:

- Home Office to obtain Disclosure information
- Agent to obtain Disclosure information for proposed life insurance sales only