



MMSD Agent Change Request Form

Please use this form as authorization to change the Representative of Record on the policy number listed below. This form must be completed in its entirety to ensure the request is processed within 7 business days.

1. Owner Name (First, MI, Last, Suffix): _____

2. Owner SSN: _____

3. Brokerage General Agency (If Applicable): _____

4. Broker Dealer (If Applicable): _____

5. Producer Name: _____

6. Producer SSN: _____

7. Policy#: _____

Annuity Only

If a policy is to be linked to a brokerage account number, please indicate the account number:

8. Contact Email: _____

Signature of Account Owner: _____

Printed name and Date: _____

Signature of Account Co-Owner: _____

Printed name and Date: _____

Mailing Address:

MassMutual
1295 State Street
Springfield, MA 01111

Email Form To:

MMSDBrokerServicesHub@MassMutual.com

Fax Number:

1-800-343-5629

For questions regarding this form, please contact:

MMSD: Email MMSDBrokerServicesInquiry@MassMutual.com or call 1-800-601-9983, Opt. 3