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Use for Traditional, Roth, SEP and SIMPLE IRA contracts and Non-Qualified contracts.

Request for Full Surrender for IRA and Non-Qualified Contracts

MassMutual Annuity Service Center Hub PO Box 9067 Springfield MA 01102-9067 Questions: 1 (800) 366-8226

Overnight Address: MassMutual Annuity Service Center Hub 1295 State Street Springfield MA 01111-0001

*We will only accept responsibility for forms that are mailed to the address indicated above.

Please complete entire form to expedite this request

I. Product

Request will be processed at close of business of the New York Stock Exchange upon receipt in good order at the address above.

- CM Windows
- Flex Annuity
- Flex Extra
- Foundation
- LifeTrust
- MassMutual Odyssey
- Panorama
- Panorama Passage
- Panorama Plus
- Panorama Premier

II. Contract/Certificate Information

CONTRACT/CERTIFICATE NUMBER PIAS 9012816	ANNUITANT Stacy J. Calvaruso	
OWNER NAME Cal-Med Consulting, Inc.	JOINT OWNER NAME	
OWNER ADDRESS 1730 S. Range Avenue	OWNER SOCIAL SECURITY NO. 72-148179	JOINT OWNER SOCIAL SECURITY NO.
OWNER ADDRESS Dunham Springs, LA 70726	DAYTIME TELEPHONE NO. 225-791-2019	

III. Special Mail Information

Note - proceeds may not be sent to an agent/broker address. Complete if proceeds are to be paid or sent to party other than owner at the address on record.

- A. Please pay the proceeds to and mail to the following address:
- _____
- _____
- _____

Notice this ain't in deposit than when she put the money in the acct last under checkbook

- B. For direct rollover, trustee to trustee transfer, or 1035 exchange, pay the proceeds to (if not completed, the proceeds will be paid to the owner):

If this is a direct rollover or transfer, a signed letter of acceptance from the receiving company must be included. If this is a 1035 exchange, an absolute assignment is also required.

CONTRACT/CERTIFICATE NUMBER _____

CUSTODIAN/INSURER NAME _____

ADDRESS (Street) _____

ADDRESS (City, State, Zip-c) _____

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