

The Insurer identified below will be referred to herein as the "Company":

Massachusetts Mutual Life Insurance Company (MassMutual) 1295 State Street, Springfield, Massachusetts 01111-0001

Unless subsidiary designated below:

[] MML Bay State Life Insurance Company 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981

[] C.M. Life Insurance Company 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981

Use this supplement if the Proposed Insured is contemplating foreign residence or travel in the next two years. "You" and "your" refer to the Proposed Insured.

A Personal Information

- 1. Policy number(s) (If known):
2. Full legal name (First, MI, Last, Suffix):
3. Date of birth (mm/dd/yyyy):
4. Place of birth (Country & State/Province):

B Citizenship & Residency Information

- 1. Country of citizenship: If U.S., skip to section C; otherwise, continue to question 1a.
a. Visa symbol/type:
b. Number:
c. Expiration date (mm/dd/yyyy):
2. How long have you resided in the U.S. on a continuous basis?
If residence has not been continuous, provide dates and explanation in section D - Additional Information.
3. Do you intend to reside in the U.S. permanently?
4. Are any members of your immediate family currently residing in the U.S. or citizens of the U.S.?
If Yes, provide relationship & citizenship/visa status of family member in section D.
5. Do you own a home in the U.S.?
a. Is the address the same as the residential address provided on the Part 1 Application?
If Yes, skip to question 6. If No, continue to question 5b.
b. Provide explanation:
c. Property address - do not use PO Box
6. Do you own a business in the U.S.?
a. Type of business:
b. Company name:
c. Business address - do not use PO Box
7. Do you own other personal assets such as stocks, bonds, savings, securities or real estate in the U.S.?

C Travel & Residency Information

1. In the next two years, do you plan to travel or reside outside of the U.S.? Yes No

If Yes, complete the table below (for more than 4 trips, provide details in section D – Additional Information). If No, skip to section E.

a	Type (Select one): <input type="checkbox"/> Travel <input type="checkbox"/> Residence Purpose (Select all that apply): <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Missionary* <input type="checkbox"/> Other (Specify): _____ Country/province/city to be visited: _____ Frequency of travel to this country per year: _____ Length of stay (Per trip): ____ months ____ weeks ____ days Dates of travel: _____
b	Type (Select one): <input type="checkbox"/> Travel <input type="checkbox"/> Residence Purpose (Select all that apply): <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Missionary* <input type="checkbox"/> Other (Specify): _____ Country/province/city to be visited: _____ Frequency of travel to this country per year: _____ Length of stay (Per trip): ____ months ____ weeks ____ days Dates of travel: _____
c	Type (Select one): <input type="checkbox"/> Travel <input type="checkbox"/> Residence Purpose (Select all that apply): <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Missionary* <input type="checkbox"/> Other (Specify): _____ Country/province/city to be visited: _____ Frequency of travel to this country per year: _____ Length of stay (Per trip): ____ months ____ weeks ____ days Dates of travel: _____
d	Type (Select one): <input type="checkbox"/> Travel <input type="checkbox"/> Residence Purpose (Select all that apply): <input type="checkbox"/> Business <input type="checkbox"/> Vacation <input type="checkbox"/> Missionary* <input type="checkbox"/> Other (Specify): _____ Country/province/city to be visited: _____ Frequency of travel to this country per year: _____ Length of stay (Per trip): ____ months ____ weeks ____ days Dates of travel: _____

**If Missionary is selected, provide name of the organization sponsoring the trip and describe your planned activities while abroad in section D.*

D Additional Information

Details. Indicate section letter and question number. If additional space is required, attach another sheet.

E Agreements & Signatures

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I, the undersigned, have read all statements and answers and affirm that these statements and answers are true, complete, and correctly recorded to the best of my knowledge and belief.

 Signature of Proposed Insured (If actual age under 16, signature of parent): _____
 Printed name: _____ Date: _____
 City/State where being signed: _____

