

SERFF Tracking Number: MASS-126143747 State: Arkansas  
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42534  
Company Tracking Number: MM-ASSIGNMENT  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: MM-Assignment  
Project Name/Number: MM-Assignment/MM-Assignment

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: MM-Assignment

SERFF Tr Num: MASS-126143747 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 42534

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: MM-ASSIGNMENT State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Diane Decoteau, Frances Henderson, Mary Ellen Smith,

Sandy Stanek, Amie Spaseff

Date Submitted: 05/28/2009

Disposition Date: 06/02/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: MM-Assignment

Status of Filing in Domicile: Pending

Project Number: MM-Assignment

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/02/2009

Explanation for Other Group Market Type:

State Status Changed: 06/02/2009

Deemer Date:

Created By: Amie Spaseff

Submitted By: Amie Spaseff

Corresponding Filing Tracking Number:

Filing Description:

RE: Massachusetts Mutual Life Insurance Company NAIC #65935; Group #435; TIN #04-1590850

Form #MM-Assignment – Contract Assignment Endorsement

The captioned Contract Assignment Endorsement form MM-Assignment is being submitted for your approval. This form is for use with our individual deferred variable annuity contracts TMLS, approved 12-13-01, and SPDVA06, approved 03-23-06, and will be issued on a going forward basis for new contract owners only.

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The MM-Assignment endorsement modifies existing contract assignment provisions to be in compliance with SEC Rule 12h-7 of the Securities Exchange Act of 1934 which requires that the issuer of the security reserve the right to refuse assignments or transfers of the security.

The only bracketed items in the endorsement are the officer titles to allow for future change in the titles of the officers authorized to sign the contract endorsement document; the officers' signatures are also bracketed to allow for future variability.

Since the enclosed form will be used exclusively for products that are registered with the Securities and Exchange Commission, we believe it is exempt from state mandated policy language simplification requirements.

At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced policy form. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance but not the text of the policy form.

If you have any questions regarding this filing, please call me, Amie Spaseff, at 1-800-234-5606, extension 41863 or my associate, Mary Ellen Smith at extension 41842. My email address is [aspaseff@massmutual.com](mailto:aspaseff@massmutual.com). We would appreciate your approval of this filing at your earliest convenience.

## Company and Contact

### Filing Contact Information

Amie Spaseff, Compliance Assistant      [Aspaseff@MassMutual.com](mailto:Aspaseff@MassMutual.com)  
1295 State Street      800-234-5606 [Phone] 24866 [Ext]  
M258  
Springfield, MA 01111-0001

### Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935      State of Domicile: Massachusetts  
1295 State Street      Group Code: 435      Company Type:  
MIP: M381      Group Name:      State ID Number:  
Springfield, MA 01111      FEIN Number: 04-1590850  
(800) 767-1000 ext. [Phone]

## Filing Fees

Fee Required?      Yes  
Fee Amount:      \$75.00

SERFF Tracking Number: MASS-126143747 State: Arkansas  
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Company Tracking Number: MM-ASSIGNMENT  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: MM-Assignment  
Project Name/Number: MM-Assignment/MM-Assignment  
Retaliatory? Yes  
Fee Explanation: Retaliatory fee is \$75.00 per endorsement.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	05/28/2009	28145556

SERFF Tracking Number: MASS-126143747 State: Arkansas  
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Company Tracking Number: MM-ASSIGNMENT  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: MM-Assignment  
Project Name/Number: MM-Assignment/MM-Assignment

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/02/2009	06/02/2009





SERFF Tracking Number: MASS-126143747 State: Arkansas  
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 Company Tracking Number: MM-ASSIGNMENT  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: MM-Assignment  
 Project Name/Number: MM-Assignment/MM-Assignment

## Form Schedule

### Lead Form Number: MM-Assignment

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	MM-Assignment	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	MM Contract Assignment Endorsement 05-2009.pdf

**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY**  
**Springfield, MA 01111-0001**

**CONTRACT ASSIGNMENT ENDORSEMENT**

This endorsement modifies the Contract to which it is attached. In case of a conflict with any provision in the Contract, the provisions of this endorsement will control. Where appropriate, the word "certificate" shall be substituted for the word "contract" and the word "participant" shall be substituted for the word "owner" or "contract owner". This endorsement hereby amends and supersedes the following sections in the Annuitant, Ownership, Assignment Provisions of the Contract:

**CONTRACT OWNER**

The Contract Owner has all rights under this Contract. The Contract Owner is designated as such on the Issue Date, unless changed.

The Contract Owner may change owners at any time prior to the Annuity Date by Written Request. However, the Contract Owner may not change owners without the Company's approval. The Company will refuse or accept any requested change on a non-discriminatory basis.

Any change of Contract Owner allowed by the Company will automatically revoke any prior designation of Contract Owner. The change will become effective as of the date the Written Request is signed. A new designation of Contract Owner will not apply to any payment made or action taken by the Company prior to the time it was received.

**ASSIGNMENT OF THE CONTRACT**

This Contract may not be assigned without the Company's approval. The Company will refuse or accept any request to assign this Contract on a non-discriminatory basis.

For any assignment the Company allows to be binding on us, a Written Request by the Contract Owner specifying the terms of an assignment of this Contract must be provided to the Annuity Service Center. The Company will not be responsible for the validity or tax consequences of any assignment. Any assignment made after the death benefit has become payable will be valid only with the Company's consent.

If this Contract is assigned, the Contract Owner's rights may only be exercised with the consent of the assignee of record.

**Signed for Massachusetts Mutual Life Insurance Company by:**

[ *Christine C. Peaslee* ] [ *My W. [Signature]* ]  
[SECRETARY] [PRESIDENT]

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification  
**Comments:**  
Please see attached Certification of Compliance.  
**Attachment:**  
AR Comp Cert-Def\_signed.pdf

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Application  
**Bypass Reason:** Not applicable to this filing.  
**Comments:**

**Item Status:** **Status**  
**Date:**

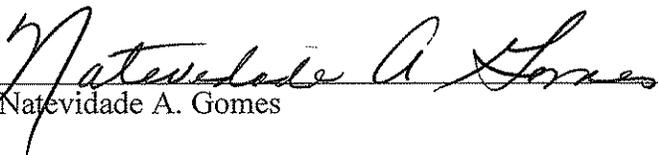
**Bypassed - Item:** Life & Annuity - Acturial Memo  
**Bypass Reason:** Not applicable to this filing.  
**Comments:**

STATE OF ARKANSAS

CERTIFICATION

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

I certify that the form and submission comply with all laws, regulations, bulletins and published guidelines applicable to this type of form.

  
\_\_\_\_\_  
Natévidade A. Gomes

Assistant Vice President and Compliance Officer  
\_\_\_\_\_  
Title of Responsible Officer

May 28, 2009  
\_\_\_\_\_  
Date