

# Simplify The Paperwork Process

Tips to keep in mind when submitting New Business paperwork.

## Training

- You must complete the required **product-specific training and state approved continuing education course** before soliciting the sale of an annuity product. New business will be rejected and returned if your required training is not completed.

## Forms

- Be sure to use the **correct version** of each form based on the state in which the application is signed.
- The signature dates should be the same on all forms. Paperwork must be received within **30 days of the sign date**.
- If any sections are scratched out, the **client must initial the change**.
- If a separate beneficiary sheet will be submitted, it must be **dated and signed by the owner**.
- The following point-of-sale forms must be signed and dated by you and the client on or before the date the application was signed: Client Financial Disclosure (CFD), Replacement Notice and any other state-specific form(s) listed on the next page.
- For all transfer cases, please include the **transfer company's street address and phone number** on the Transfer/Rollover form.
- Visit New Business Kitting on our agent website for the most up-to-date forms.

## Checks

- Generally, a premium check should be drawn from our owner's checking account. We will accept:
  - Personal, starter or cashier check as long as the name and address of the account owner is pre-typed;
  - A check that is part of direct transfer or direct rollover; or
  - A check that was made payable to the owner of the contract that has been correctly endorsed to us by the owner.
- Funds must be made payable to "MassMutual Ascend FBO [annuity owner's name]" or the owner of the annuity must be pre-printed in the remitter. Otherwise, we will require a letter from the previous carrier or bank that identifies the MassMutual Ascend account to which the premium check should be applied. This letter must be on company letterhead and signed by an authorized representative of the transferring company or bank. We would also accept this information on the check stub.
- If you are submitting a premium check that will be drawn from a checking account that is owned by an individual or entity that is not the owner of our annuity, then we will require written instructions from the owner of the funds (please see the **Third Party Check Form** and instructions).

Continued →

### Suitability/Best interest

- A fully completed CFD is required for all IRA and non-qualified sales. Please note there are state-specific versions of the CFD and different versions for suitability and best interest states.
- Keep the **client information** you gather to make a product recommendation for the time period required by your state.
- For NAIC Best Interest states, if you are licensed to sell MassMutual Ascend's commissionable **and** fee-based products, then you must complete the Insurance Producer Disclosure for Annuities.

### Other considerations

- If the new contract is funded with tax-qualified funds, and the owner meets the Required Minimum Distribution (RMD) age, then the RMD must be satisfied **prior to funds being transferred**.
- Our overnight address is 191 Rosa Parks Street, Cincinnati, Ohio 45202.

### State-specific information

- The following state-specific point-of-sale forms must be signed and dated by you and the client on or before the date the application was signed:
  - **Arkansas:** Producer Signature Page and Comparison & Disclosure Form
  - **Delaware:** Producer Signature Page
  - **Florida:** Comparison & Disclosure Form
  - **Idaho:** Producer Signature Page and Idaho Annuity Disclosure
  - **Kansas:** Single Premium Deferred Annuity Disclosure
  - **Massachusetts:** Notice to Applicants for an Annuity Insurance Information Practices
  - **Minnesota:** Acknowledgment Disclosure
  - **Nevada:** Comparison & Disclosure Form
  - **Ohio:** Single Premium Deferred Annuity Disclosure
  - **Rhode Island:** Comparison & Disclosure Form
  - **Vermont:** Fixed-Indexed Annuity Overview
  - **Wisconsin:** Preliminary Contract Summary
  - **Wyoming:** Acknowledgment Disclosure
- A **replacement notice** replacement notice must be completed for all cases involving a replacement. For applicable states, a separate Comparison & Disclosure Form is required for each replacement transaction.
- In accordance with state requirements, residents in Minnesota and Utah are only permitted to purchase annuity products within their **resident state**.

Thank you for choosing MassMutual Ascend!

# MassMutual Ascend Life Insurance Company

P.O. Box 5420  
Cincinnati, Ohio 45201-5420  
Phone: (800) 438-3398, ext. 13521  
Fax: (855) 306-7113  
[www.MassMutualAscend.com](http://www.MassMutualAscend.com)  
[securecontact.massmutualascend.com](mailto:securecontact.massmutualascend.com)

Overnight Address:  
191 Rosa Parks Street  
Cincinnati, Ohio 45202



## Application for Individual Deferred Annuity

### 1 Owner Information

#### A Primary Owner

Is Owner a non-resident alien or a foreign legal entity? ☐ No ☐ Yes (If yes, then you are not eligible for this product.)

☐ Owner is an Individual

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex ☐ Male ☐ Female

☐ Owner is a Trust, Custodian, Guardian/Conservator, Corporation/Partnership/LLC

Name \_\_\_\_\_

SSN/FEIN \_\_\_\_\_ Trust Date (If applicable) \_\_\_\_\_

If Inherited, Name of Decedent (not available for spouse) \_\_\_\_\_

Street Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### B Joint Owner

Is Joint Owner a non-resident alien? ☐ No ☐ Yes (If yes, then you are not eligible for this product.)

Relationship to Owner: ☐ Spouse under a legally recognized marriage ☐ Other (Non-Spouse Joint Owner Form must be completed.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex ☐ Male ☐ Female

☐ Same address as Owner

Street Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2 Annuitant Information

### A Primary Annuitant (Only if other than Owner, or if Owner is an entity)

Is Annuitant a non-resident alien? ☐ No ☐ Yes (If yes, then you are not eligible for this product.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex ☐ Male ☐ Female

Street Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### B Joint Annuitant (Only if other than Joint Owner)

Is Joint Annuitant a non-resident alien? ☐ No ☐ Yes (If yes, then you are not eligible for this product.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex ☐ Male ☐ Female

Street Address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3 Verification of Identification

Required by Federal law (Section 326 of the Patriot Act.)

### A Owner/Authorized Signer Verification (select one)

☐ Driver's License ☐ Passport ☐ State or Military Photo ID Card

ID Number \_\_\_\_\_ State/Country of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

### B Joint Owner Verification (select one)

☐ Driver's License ☐ Passport ☐ State or Military Photo ID Card

ID Number \_\_\_\_\_ State/Country of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### 4 Contract Information for New Annuity

##### A Purchase Payment(s)

Amount submitted with application

Transfer/Rollover/1035 amount  
(estimated amount)

Brokerage Account ordered funds  
(estimated amount)

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ =

Total Purchase Payment(s)

\$ \_\_\_\_\_

Make all checks payable to MassMutual Ascend Life Insurance Company. (Do not make checks payable to an agency, producer or leave blank.)

##### B Tax Qualification

- ☐ Non-Qualified      ☐ Traditional IRA      ☐ SEP IRA      ☐ TSA 403(b)      ☐ 457 (Owner must be employer)
- ☐ Roth IRA      ☐ SIMPLE IRA      ☐ Roth 403(b)      ☐ 401 (Owner must be employer or Plan Trust)
- ☐ Inherited IRA (Age 75 or younger. Must include RMD information/request form.)
- ☐ Inherited Non-Qualified (Age 75 or younger. Must include automated 72(s) payments form.)

Not all tax qualifications are available for all products.

##### C Annuity Products

Please check state approval chart to verify the product is available in the signature state.

###### Fixed-Indexed Annuities (must include Addendum for index strategy selection)

- ☐ American Legend® III      ☐ American Landmark® 3      ☐ Index Protector 4<sup>SM</sup>      ☐ Safe Return®
- ☐ American Legend® 7      ☐ American Landmark® 5      ☐ Index Protector 5 MVA<sup>SM</sup>      ☐ Premier Income Bonus®
- ☐ Index Protector<sup>SM</sup> 7

###### Fixed Annuities

- ☐ SecureGain® 3      ☐ SecureGain® 5\*      ☐ SecureGain® 7\*      ☐ Advantage 5<sup>SM</sup> Advisory

\* If multiple purchase payments you must include Multiple Purchase Payments form.

##### D Special Requests (Subject to Home Office approval)

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## E Optional Riders

Riders are not available for all ages and not available in all states. Only one rider may be selected. Annual charges apply. Please read your rider for definitions and complete terms, conditions and limitations that apply.

### American Legend III

☐ IncomeSecure® (Available for ages 40-85)

The Insured is the owner of the annuity contract on the issue date, disregarding any joint owner. If the owner is not an individual, then the Insured is the annuitant on this application, disregarding any joint annuitant.

### American Legend 7/Safe Return

☐ IncomeSecure® (Available for ages 40-85)

The Insured is the owner of the annuity contract on the issue date, disregarding any joint owner. If the owner is not an individual, then the Insured is the annuitant on this application, disregarding any joint annuitant.

☐ Inheritance Enhancer<sup>SM</sup> (Available for ages 40-85)

Designate an individual who is an owner or a joint owner. If the owner is not an individual, then designate an annuitant or a joint annuitant.

Name of Insured: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

### Index Protector 7

☐ IncomeDefender® (Available for ages 40-85)

The Insured is the owner of the annuity contract on the issue date, disregarding any joint owner. If the owner is not an individual, then the Insured is the annuitant on this application, disregarding any joint annuitant.

## 5 Existing Insurance/Replacement

Both questions are required to be completed.

- A Does the Owner have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- B Will this annuity replace or change any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

List all policies or contracts to be replaced:

Company	_____	Policy/Contract #	_____
Company	_____	Policy/Contract #	_____
Company	_____	Policy/Contract #	_____
Company	_____	Policy/Contract #	_____
Company	_____	Policy/Contract #	_____

Submit the appropriate state replacement form(s) if the Owner has existing life insurance policies or annuity contracts.  
All signature dates on the state replacement form(s) must match the Owner's signature on this application.

## 6 Beneficiary Designations

Unless otherwise specified, the surviving beneficiaries within a class will share equally. Percentages must total 100%.

**If this contract is to be owned by a trust, then the trust must be the sole beneficiary.** If the contract is to be owned by a guardianship, conservatorship or UTMA custodian, then the estate of the child or other ward must be the beneficiary unless a court order provides otherwise.

If a beneficiary below is not designated as Primary or Contingent, then it will automatically default to Primary.

The owner agrees that, in the event that the owner should die before the annuity contract is issued, this designation shall be treated as a transfer on death designation for any funds properly received by the Company intended for this annuity contract. Accordingly, it is agreed that the Company will pay such funds to the joint owner, or if none, then to the person(s) designated as beneficiary below.

(1) ☐ Primary ☐ Contingent Share Percent \_\_\_\_\_ % Relationship to Owner \_\_\_\_\_

### Beneficiary Name

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
OR  
Trust or Entity \_\_\_\_\_

### Beneficiary Information

Birth Date/Date of Trust \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell  
☐ Same address as Owner

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Beneficiary Designations continued

(2) ☐ Primary ☐ Contingent Share Percent \_\_\_\_\_ % Relationship to Owner \_\_\_\_\_

### Beneficiary Name

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
OR  
Trust or Entity \_\_\_\_\_

### Beneficiary Information

Birth Date/Date of Trust \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell  
☐ Same address as Owner  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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(3) ☐ Primary ☐ Contingent Share Percent \_\_\_\_\_ % Relationship to Owner \_\_\_\_\_

### Beneficiary Name

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
OR  
Trust or Entity \_\_\_\_\_

### Beneficiary Information

Birth Date/Date of Trust \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell  
☐ Same address as Owner  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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(4) ☐ Primary ☐ Contingent Share Percent \_\_\_\_\_ % Relationship to Owner \_\_\_\_\_

### Beneficiary Name

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
OR  
Trust or Entity \_\_\_\_\_

### Beneficiary Information

Birth Date/Date of Trust \_\_\_\_\_ SSN/FEIN \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_ ☐ Cell  
☐ Same address as Owner  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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If you wish to name additional beneficiaries, please attach an additional page signed and dated by the Owner(s).



## 7 Agreement

### Each Owner understands and agrees to the following statements

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge.
- I may return my contract within the Right to Cancel period (shown on the front page of my contract) if I am dissatisfied for any reason.
- I received the Disclosure Document from my agent/producer and that I have read and understand the disclosures set forth in the document.
- I understand annuities are not insured by the FDIC, or the NCUSIF, and are not a deposit or other obligation of, or guaranteed by a bank or similar institution.
- If this contract is an IRA and is being funded by an indirect rollover, I have complied with the requirement that only one rollover is permitted within a one year period from all of the IRAs I own.
- I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments and I do not own any shares of an index fund or any equity or bond investments.
- Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties.
- If the contract applied for is subject to a market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA. The MVA applies during the early withdrawal charge period.

Under penalty of perjury, each Owner certifies that the statements set out below are true:

- The Taxpayer Identification Number shown on this form is correct or I am waiting for a number to be issued to me.
- Unless I have checked the box below, I am not subject to backup withholding because one of the following statements applies.
  - I am exempt from backup withholding.
  - I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends.
  - The IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person.
- The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA is correct.

☐ Check here ONLY if the IRS has notified you that you are currently subject to backup withholding.

**State Law Notice.** State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued.

## 8 Signature

Each Owner or the Owner's authorized signer must sign and date in the appropriate space or we will not be able to process your request.

**Fraud Notice/Warning:** 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.

A Signed in (State) \_\_\_\_\_

*Must be signed in Owner's resident state if the Owner lives in Minnesota or Utah.*

B Owner's/Authorized Signer's Signature \_\_\_\_\_ Date \_\_\_\_\_

C Joint Owner's/Authorized Signer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional certification forms or documentation will generally be required to verify the authority of an authorized signer.

The product specific Addendum to Application (Index Strategy Selection) must be included with this Application if purchasing a fixed indexed annuity.

## 9 Producer's Statement

I certify that I have verified the owner(s)/annuitant's identity by reviewing an unexpired government issued photo ID as recorded above. I also certify that the statements of the applicant have been correctly recorded.

- The Owner statement regarding existing policies or annuity contracts is true and accurate to the best of my knowledge and belief.
- The Owner statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- During the sales presentation connected with the replacement transaction, I used only MassMutual Ascend Life Insurance Company approved sales materials and left a copy of each piece used with the applicant.

1<sup>st</sup> Producer's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Producer's Signature \_\_\_\_\_

Agent Number \_\_\_\_\_

Commission Split \_\_\_\_\_ %

Email \_\_\_\_\_

Phone \_\_\_\_\_

2<sup>nd</sup> Producer's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Agent Number \_\_\_\_\_

Commission Split \_\_\_\_\_ %

3<sup>rd</sup> Producer's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Agent Number \_\_\_\_\_

Commission Split \_\_\_\_\_ %

## 10 Producer Use Only (Commission Structure Codes)

Please select a commission option below that is available for your financial institution. Not all commission options are available for all financial institutions.

If a commission option is not selected below, then commission will default to HEAP, if available, for all products.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Heap (01)</u></b>	<b><u>Mod 3 (02)</u></b>	<b><u>25 Trail (25)</u></b>	<b><u>40 Trail (40)</u></b>	<b><u>50 Trail (50)</u></b>	<b><u>60 Trail (60)</u></b>	<b><u>75 Trail (75)</u></b>
Legend III	Legend III	Legend III	Legend III	Legend III	Legend III	Legend III
Legend 7	Legend 7	Legend 7	Legend 7	Legend 7	Legend 7	Legend 7
Landmark 3	Safe Return	Landmark 3	Landmark 5	Landmark 5	Landmark 5	Safe Return
Landmark 5		Landmark 5	Safe Return	Safe Return	Safe Return	
Safe Return		Safe Return	Premier Income Bonus	Premier Income Bonus	Premier Income Bonus	
Premier Income Bonus		Premier Income Bonus				
SecureGain 3						
SecureGain 5						
SecureGain 7						

**IMPORTANT NOTICE**  
**Replacement of Life Insurance or Annuities**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new life insurance policy or annuity contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing life insurance policy or annuity contract, or an existing life insurance policy or annuity contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing life insurance policy or annuity contract, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your life insurance policy or annuity contract. You may be able to make changes to your existing life insurance policy or annuity contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing life insurance policy or annuity contract? ☐ Yes ☐ No
2. Are you considering using funds from your existing life insurance policies or annuity contracts to pay premiums due on the new life insurance policy or annuity contract? ☐ Yes ☐ No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the contract or policy number if available) and whether each contract or policy will be replaced or used as a source of financing:

Existing Insurer Name	Contract or Policy #	Name of Insured or Annuitant	Replaced (R) or Financing (F)
1.			[R <input type="checkbox"/> F <input type="checkbox"/> or "Replaced" or "Financing"]
2.			[R <input type="checkbox"/> F <input type="checkbox"/> or "Replaced" or "Financing"]
3.			[R <input type="checkbox"/> F <input type="checkbox"/> or "Replaced" or "Financing"]

Make sure you know the facts. Contact your existing company or its agent/insurance producer for information about the old/existing life insurance policy or annuity contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent/producer in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant's Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's/Insurance Producer's Signature and Agent's/Producer's Printed Name

\_\_\_\_\_  
Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing life insurance policy or annuity contract and the proposed life insurance policy or annuity contract. One way to do this is to ask the company/existing insurer or agent/insurance producer that sold you your existing life insurance policy or annuity contract to provide you with information concerning your existing life insurance policy or annuity contract. This may include an illustration of how your existing life insurance policy or annuity contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS :**

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old/existing policy?

**POLICY VALUES :**

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

**INSURABILITY :**

- If your health has changed since you bought your old/existing policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD/EXISTING POLICY AS WELL AS THE NEW POLICY :**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old/existing policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT :**

- Will you pay surrender charges on your old/existing contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS :**

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old/existing policy under the federal tax code?
- Will the existing insurer be willing to modify the old/existing policy?
- How does the quality and financial stability of the new company compare with your existing company/insurer?

## Client Financial Disclosure (CFD)

Complete this form in its entirety for all IRAs and non-qualified sales. Please provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's overall income, assets and health. If the owner is to be an irrevocable trust, use form U2671620NW. If you are submitting an additional purchase payment to an existing contract, use form U2671120NW. Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

### Owner Information

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN	Age	Employment Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired

### Joint Owner Information (if applicable)

☐ Check here if joint owner is spouse

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN	Age	Employment Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired

### Client Profile

- What is your investment experience?
   
☐ 0-3 years    ☐ 4-6 years    ☐ 7-10 years    ☐ 10+ years
- What is your marginal federal tax rate?
   
☐ 0%-15%    ☐ 16%-25%    ☐ 26%-34%    ☐ 35% and over
- What is your current housing arrangement?
   
☐ Rent    ☐ Own    ☐ Live with friend/family    ☐ Reverse mortgage
- What is the current state of your health?
   
☐ Good/Excellent    ☐ Fair/Poor    ☐ Chronic health problem    ☐ Nursing home dependent
- What is the current state of health of your spouse and/or joint owner?
   
☐ N/A    ☐ Good/Excellent    ☐ Fair/Poor    ☐ Chronic health problem    ☐ Nursing home dependent
- What is your general investment risk tolerance?
- What other financial products do you currently own? (please check all that apply)
   
☐ None    ☐ Fixed annuities    ☐ Variable annuities    ☐ Savings/checking
   
☐ Life insurance    ☐ CDs    ☐ Retirement plans    ☐ Stocks/bonds/mutual funds
   
☐ Other (please explain): \_\_\_\_\_

8. Do you intend to apply for means-tested government benefits (e.g. food stamps, housing assistance, SSI, Snap), including, but not limited to, a state Medicaid (Medi-Cal) program or the veteran's aid and attendance benefit?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

9. Are you currently paying off debt other than a home mortgage? (please check all that apply)

☐ None ☐ Car loan ☐ Student loan  
☐ Home equity loan ☐ Personal loan ☐ Credit cards  
☐ Other (please explain): \_\_\_\_\_

10. Do you have sufficient available cash, liquid assets or other sources of income for current and future living expenses, health care and emergencies other than the money that you plan to use to purchase this annuity contract?

☐ Yes ☐ No If no, please explain: \_\_\_\_\_

## Financial Status

11. What are your sources of income? (please check all that apply)

☐ Salary/Wages ☐ Social Security ☐ Pension/Retirement benefits ☐ Rental income ☐ Investments  
☐ Other (please explain): \_\_\_\_\_

12. Monthly income (net income from all sources)

\$

13. Monthly expenses

\$

14. Monthly spendable income (12 minus 13)

\$

15. Total debt (not including primary mortgage)

\$

## Assets Following Purchase of this Annuity *The purchase payment for this annuity must only be listed in Non-liquid assets*

Liquid assets	Non-qualified	Qualified	Non-liquid assets	Non-qualified	Qualified
Annuities (outside of surrender; do not include the purchase of this annuity)	\$	\$	<b>Purchase payment for this annuity</b>	\$	\$
Bank accounts/CDs/ money market	\$	\$	Annuities (surrender charges apply, not including this purchase)	\$	\$
Mutual funds (A and C shares)	\$	\$	Life insurance	\$	\$
Other	\$	\$	Mutual funds (B shares)	\$	\$
Retirement plans (please describe):			Other	\$	\$
		\$	Retirement plans (please describe):		\$
<b>Total liquid net worth (Non-qualified + Qualified)</b>	\$		<b>Total non-liquid net worth (Non-qualified + Qualified)</b>	\$	

## Needs and Objectives

16. Do you have any of the following insurable risks or needs that this annuity can address? (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Risk of outliving your assets (longevity risk) | <input type="checkbox"/> Principal risk due to market loss                                  |
| <input type="checkbox"/> Principal risk due to your untimely death      | <input type="checkbox"/> Need for lifetime income provided by optional rider, if applicable |

17. What are your financial objectives? (please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Death benefit/wealth transfer | <input type="checkbox"/> Accumulation                  | <input type="checkbox"/> Tax deferral                     |
| <input type="checkbox"/> Income planning               | <input type="checkbox"/> Guaranteed interest rate      | <input type="checkbox"/> Veterans Administration Benefits |
| <input type="checkbox"/> Principal protection          | <input type="checkbox"/> Medicaid/Medi-Cal eligibility |   |
| <input type="checkbox"/> Other (please explain):       |  |   |

18. Interest credited under the annuity may change from time to time. Does this uncertainty change your risk tolerance?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No change to my risk tolerance | <input type="checkbox"/> Increases my risk tolerance | <input type="checkbox"/> Decreases my risk tolerance |
|---|--|--|

19. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

20. When do you anticipate taking your first distribution? (please check one)

- |   |  |  |                                    |   |
|---|--|--|------------------------------------|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> Between 1 - 5 years | <input type="checkbox"/> Between 5 - 9 years | <input type="checkbox"/> 10+ years | <input type="checkbox"/> None anticipated |
|---|--|--|------------------------------------|---|

21. How do you anticipate taking your first distribution from this annuity?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Annuitize               | <input type="checkbox"/> Free withdrawals   | <input type="checkbox"/> Activate Rider       | <input type="checkbox"/> Partial surrender |
| <input type="checkbox"/> Systematic withdrawal   | <input type="checkbox"/> Lump sum surrender | <input type="checkbox"/> Leave to beneficiary | <input type="checkbox"/> RMD               |
| <input type="checkbox"/> Loans                   | <input type="checkbox"/> Immediate income   |   |  |
| <input type="checkbox"/> Other (please explain): |   |   |  |

22. What is the intended use of this annuity? (please check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Asset accumulation      | <input type="checkbox"/> Tax-deferred growth         | <input type="checkbox"/> Guaranteed interest rate | <input type="checkbox"/> Wealth transfer |
| <input type="checkbox"/> Capital preservation    | <input type="checkbox"/> Avoid cost/delay of probate | <input type="checkbox"/> Supplement future income |  |
| <input type="checkbox"/> Other (please explain): |  |   |  |

## Source of Funds

23. What is your source for this annuity's purchase payment?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Another annuity  | <input type="checkbox"/> CD                      | <input type="checkbox"/> Checking/savings account  | <input type="checkbox"/> 401(k) plan    |
| <input type="checkbox"/> Home equity loan | <input type="checkbox"/> Life insurance          | <input type="checkbox"/> Stocks/bonds/mutual funds | <input type="checkbox"/> Death proceeds |
| <input type="checkbox"/> Reverse mortgage | <input type="checkbox"/> Other (please explain): |  |   |

24. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

- |                              |                             |   |    |
|------------------------------|-----------------------------|---|----|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please provide the total of such costs from all sources | \$ |
|                              |                             | and the percentage this represents                              | %  |

## Replacement/Exchange Information (includes inherited contracts)

25. Is another annuity (or annuities) a source for this annuity's purchase payment?

☐ Yes

☐ No

If yes, please answer questions 26-37.

	Transferring Contract 1	Transferring Contract 2
26. Name of transferring company		
27. Contract number		
28. Was the contract being replaced/exchanged purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Type of annuity being replaced/exchanged	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
30. Current accumulation value	\$	\$
31. Current surrender value	\$	\$
32. Approximate market value adjustment (+ or -)	\$	\$
33. Guaranteed minimum interest rate	%	%
34. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Will there be any lost benefits on the annuity being replaced/exchanged?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$

36. How is the MassMutual Ascend annuity substantially better than the contract(s) being replaced/exchanged? (check all that apply)

☐ Added/Increased rider benefits

☐ Greater income

☐ Higher fixed rate or cap/participation rates

☐ Decreased fees

☐ Enhanced death benefits

☐ Increased investment selection

☐ Reduced market risk

☐ Other (please explain):

37. Did your agent sell the replaced/exchanged contract(s)?

☐ Yes

☐ No



## Owner Signatures

To the best of my knowledge and belief, the information provided in this CFD is true and complete.

Owner's signature

Date (MM/DD/YYYY)

Joint owner's signature (if applicable)

Date (MM/DD/YYYY)

## Producer's Statement(s)

38. I have made a reasonable effort to obtain and accurately record information from my client(s) requested in this Client Financial Disclosure. Based on this information, I recommend the purchase of this annuity product for the following reasons (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Growth potential with minimal and limited downside risk            | <input type="checkbox"/> Estate administrative ease            |
| <input type="checkbox"/> Surrender charge period is within the purchaser's time horizon     | <input type="checkbox"/> Tax deferred growth                   |
| <input type="checkbox"/> Potential for lifetime income                                      | <input type="checkbox"/> Lifetime income as of a specific time |
| <input type="checkbox"/> Annual free-withdrawal allowance to help with unanticipated events | <input type="checkbox"/> Account value death benefit           |
| <input type="checkbox"/> Other (please explain): _____                                      |  |

39. I discussed any conflict of interest issues with my client: ☐ Yes ☐ No ☐ No conflict

40. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:  
☐ Yes ☐ No

Producer's signature

Date (MM/DD/YYYY)

Agent number

## Second Producer's Statement (if applicable)

41. I agree with the selected reasons in question 38: ☐ Yes ☐ No If No, print page 5 of the CFD, complete question 38 only, and submit it with this CFD.

42. I discussed any conflict of interest issues with my client: ☐ Yes ☐ No ☐ No conflict

43. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:  
☐ Yes ☐ No

Second producer's signature

Date (MM/DD/YYYY)

Agent number

## Third Producer's Statement (if applicable)

44. I agree with the selected reasons in question 38: ☐ Yes ☐ No If No, print page 5 of the CFD, complete question 38 only, and submit it with this CFD.

45. I discussed any conflict of interest issues with my client: ☐ Yes ☐ No ☐ No conflict

46. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:  
☐ Yes ☐ No

Third Producer's signature

Date (MM/DD/YYYY)

Agent number

MassMutual Ascend Life Insurance Company  
Exchange/Rollover/Transfer Request  
into an IRA or non-qualified annuity



**1. Owner/annuitant information for account to be exchanged/rolled over/transferred (please complete all sections)**

Owner name \_\_\_\_\_

Joint owner name \_\_\_\_\_

Owner EIN/SSN \_\_\_\_\_

Joint owner SSN \_\_\_\_\_

☐ Check here if owner and annuitant are the same, or complete information below

☐ Check here if joint owner and joint annuitant are the same, or complete information below

Annuitant/participant name \_\_\_\_\_

Joint annuitant/participant name \_\_\_\_\_

Annuitant/participant SSN \_\_\_\_\_

Joint annuitant/participant SSN \_\_\_\_\_

**2. Transferring institution information**

Existing carrier name \_\_\_\_\_

Existing account number \_\_\_\_\_

Carrier phone \_\_\_\_\_

Send paperwork: ☐ By mail ☐ By fax \_\_\_\_\_

Existing carrier address (required) \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Complete section 3 for qualified accounts. Complete section 4 for non-qualified accounts.

**3. Qualified accounts**

<b>From:</b>	<input type="checkbox"/> Traditional 403(b)	<input type="checkbox"/> Traditional IRA	<b>To:</b>	<input type="checkbox"/> Traditional IRA
	<input type="checkbox"/> Roth 403(b)	<input type="checkbox"/> SEP IRA		<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Governmental 457(b)	<input type="checkbox"/> SIMPLE IRA		<input type="checkbox"/> SEP IRA
	<input type="checkbox"/> Roth Governmental 457(b)	<input type="checkbox"/> Roth IRA		<input type="checkbox"/> SIMPLE IRA
	<input type="checkbox"/> Pension/Profit Sharing/401(k)	<input type="checkbox"/> Inherited IRA		<input type="checkbox"/> Inherited IRA ( <i>not available for spouse</i> )
	<input type="checkbox"/> Roth 401(k)			

**RMD status:** Select one box if you will be over age 72 in the year of the exchange/rollover/transfer.

- ☐ No RMD is required for the current year, because I am still employed by the plan sponsor and the existing account is **not** an IRA.
- ☐ I have already requested or taken my RMD for the current calendar year from the surrendering company account.
- ☐ This is an IRA-to-IRA direct transfer, and I will be responsible for calculating and taking my RMD after the transfer.

**4. Non-qualified accounts**

- ☐ Standard 1035 exchange (*non-qualified annuity or life insurance to a non-qualified annuity*)  
*If the owner is a corporation or other entity and the annuity contract is subject to IRC Section 72(u), the owner understands that the transfer will not qualify as a tax-free 1035 exchange.*
- ☐ Post death 1035 exchange (*non-qualified annuity into a non-qualified annuity; not available for a spouse*)
- ☐ I certify that the exchange is occurring before the first anniversary of the decedent's death.
- ☐ I certify that a 72(s) payment was taken before the exchange and before the first anniversary of the decedent's death.
- ☐ Non-qualified transfer from CD, stock, brokerage account or other

*In exchange for the contract issued by the Company, I hereby make a complete and absolute assignment and transfer to the Company all of my rights, title, and interest of every nature and character in and to the existing contract or account and its proceeds, or to the specified portion thereof.*

## 5. Amount to be exchanged/rolled over/transferred

☐ New contract      ☐ Existing contract # \_\_\_\_\_

I wish to rollover/exchange/transfer:

☐ Full amount \$ \_\_\_\_\_

☐ Partial amount \$ \_\_\_\_\_

Effective date of transfer: ☐ Immediately ☐ Transfer on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer window/renewal period ends on \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing annuity contract is: ☐ Attached ☐ Lost

## 6. Agreement and authorization

I understand and agree that: (1) No amount will be credited to my annuity with the Company until funds are received by the Company in cash; (2) the Company is not responsible for the consequences of any delay in payment by the existing provider, or for any lapse of the existing contract for nonpayment of premiums; (3) the Company and its representatives cannot provide legal and tax advice; (4) neither the Company nor the existing account provider can be responsible for the tax qualification of the other's account or for the exchange/rollover/transfer; and (5) the Company does not accept responsibility for tracking after-tax funds in a qualified contract.

I represent and warrant that no prior request or bankruptcy, insolvency, levy, judgement or other pending legal proceeding limits or affects my right to make this exchange/rollover/transfer.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS RELATED TO THIS ROLLOVER/ EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

I hereby direct the provider of my existing account to liquidate the amount indicated and forward to the Company, and share information relation to the amount transferred.

\_\_\_\_\_  
*Owner signature (required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Joint owner signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature guarantee (if required)*

\_\_\_\_\_  
*Date*

## 7. Acceptance *(completed by Home Office)*

The Company accepts this exchange/rollover/transfer and requests that the amount to be transferred or rolled over be liquidated and forwarded to it.

Owner/Annuity information for accepting annuity:

Owner Name: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Joint Annuitant Name: \_\_\_\_\_

\_\_\_\_\_  
*Authorized signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Ext.*

\_\_\_\_\_  
*Date*

Make check(s) payable to:

☐ Annuity Investors Life Insurance Co.

☐ MassMutual Ascend Life Insurance Co.

FBO \_\_\_\_\_

Contract # \_\_\_\_\_

P.O. Box 5420

Cincinnati, OH 45201-5420

(800) 854-3649

For overnight: 191 Rosa Parks Street, Cincinnati, OH 45202

Annuity contract: \_\_\_\_\_

## Multiple Purchase Payments Form

I wish to purchase a new annuity contract (the "new Contract") to be issued by MassMutual Ascend Life Insurance Company ("MassMutual Ascend"). The purchase payment for the new Contract is to come from exchanges, transfers, or rollovers from multiple sources ("transfer payments").

The new Contract is a single premium annuity. I understand that it is typically issued upon receipt of the purchase payment. I understand that it does not accept purchase payments after the effective date of the contract.

In order to allow all of the funds to be applied to the new Contract as a single purchase payment, I wish to delay the issue date of the new Contract to a date (the "delayed effective date") that is the earlier of (1) the date that the last of the identified transfer payments is received by MassMutual Ascend, or (2) the date that is 90 days after the first funds are received by MassMutual Ascend. I hereby direct MassMutual Ascend:

- To hold transfer payments received by it until the last of such transfer payment is received; and
- Upon receipt of the last transfer payment, to apply all of the transfer payments as a single purchase payment for the new Contract.

In connection with this transaction, I understand and agree:

- the new Contract will not be issued until the last transfer payment is received by MassMutual Ascend;
- the issue or effective date of the new Contract will be the date that the last transfer payment is received by MassMutual Ascend;
- no interest will be paid or credited by MassMutual Ascend with respect to a transfer payment held by it for any period that is before the effective date of the new Contract; and
- interest will only begin to accrue on the issue or effective date of the new Contract.

I further understand the interest crediting rate for the new Contract is subject to change and will not be determined until the issue or effective date. I assume the risk that such interest crediting rate may decrease between the date I sign the transfer request and the issue or effective date of the new Contract.

Print name of owner \_\_\_\_\_

Signature of owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of joint owner (if any) \_\_\_\_\_

Date \_\_\_\_\_

# Insurance Producer Disclosure for Annuities

***Do not sign unless*** you have read and understand the information in this form.

Date: \_\_\_\_\_

## Insurance Agent/Producer Information (“Me,” “I,” “My”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business/Agency Name: \_\_\_\_\_ Website: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

National Producer Number \_\_\_\_\_ in the state of \_\_\_\_\_

## Customer Information (“You,” “Your”)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## What types of products can I sell You?

I am licensed to sell annuities to you in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs.

I offer the following products:

☐ Fixed or Fixed-Indexed Annuities ☐ Variable Annuities ☐ Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

☐ Mutual Funds ☐ Stocks/Bonds ☐ Certificates of Deposit

## Whose annuities can I sell to You?

I am authorized to sell:

☐ Annuities from only one (1) insurer ☐ Annuities from two or more insurers

☐ Annuities from two or more insurers, although I primarily sell annuities from: \_\_\_\_\_

## How I’m paid for My work:

It’s important for You to understand how I’m paid for My work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company, while fees are generally paid to Me by the consumer. If You have questions about how I’m paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

☐ Commission, which is usually paid by the insurance company or other sources. If other sources, describe: \_\_\_\_\_

☐ Fees (such as fixed amount/hourly rate/percentage of your payment), which are usually paid directly by the customer.

☐ Other (describe): \_\_\_\_\_

***If you have questions about the above compensation I will be paid for this transaction, please ask me.***

I may also receive other indirect compensation resulting from this transaction (sometimes called “noncash” compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources. By signing below, You acknowledge that You read and understand the information provided to You in this document.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_