

# Producer Guide to Suitability – Florida

## Finding the right fit

MassMutual Ascend Life Insurance Company offers a wide array of retirement products to help your clients reach their financial goals. As a producer, you play a key role in helping clients find solutions to meet their long-term or future needs. Helping clients achieve their goals begins with suitability.

## What is suitability?

Suitability means knowing your customer to tailor your product recommendation.

Suitability within the insurance industry refers to the relationship between your product recommendation and your client. When a product is suitable for your client's long-term or future goals, it's appropriate. In other words, it's a fit.

A thorough suitability analysis is an expected component of quality customer service and allows you to establish yourself as a competent, trustworthy professional. In doing so, it paves the way to client loyalty and building future relationships.

## Regulatory requirement

Many insurance regulators have established parameters for the sales process of all types of annuities including expectations regarding suitability. In most states suitability is a regulatory requirement.

The National Association of Insurance Commissioners (NAIC) issued a model regulation to address suitability concerns for all annuities (including traditional fixed, fixed-indexed and variable) and forms the basis for most state suitability regulations.

MassMutual Ascend requires fairness, integrity and honesty in all customer interactions.

## MassMutual Ascend's view on suitability

MassMutual Ascend requires its producers to fully discuss and evaluate each client's current financial situation and future objectives prior to recommending an annuity product.

We are dedicated to ensuring that our producers have the information and resources available to make a suitable sale. Some of these tools include:

### Fixed annuity training

With our fixed annuity training, you will learn about our traditional fixed and fixed-indexed annuities. This training can be found on the agent secured website. Product training must be completed before you make a recommendation.

## Florida Annuity Suitability Questionnaire and Client Financial Disclosure (CFD)

A Suitability Questionnaire or CFD must be submitted for all IRA and non-qualified sales, including transfers and rollovers to existing contracts. The forms help you capture the client's information, so you can make a suitable determination. Sales will be held as not in good order until we receive the fully completed form. There are multiple versions of the forms, including:

- **Florida Annuity Suitability Questionnaire (pages 5-10):** The Suitability Questionnaire is required for new IRA and non-qualified sales.
- **Client Financial Disclosure Supplement (pages 11-12):** The CFD Supplement is required when submitting an additional purchase payment to an existing contract. If it has been more than two years since completing the Suitability Questionnaire, then you must complete a new one.
- **Florida Annuity Suitability Questionnaire for Irrevocable Trusts (pages 13-18):** Use this version of the Suitability Questionnaire if an irrevocable trust is to own the contract.
- **Client Financial Disclosure Supplement for Irrevocable Trusts (pages 19-21):** Use this version of the CFD supplement if submitting an additional purchase payment to an existing contract owned by an irrevocable trust. If it has been more than **two years since completing the Suitability Questionnaire** for Irrevocable Trusts, then you must complete a new one.
- **Additional Information Required by Florida (pages 22-25):** This form is required to be completed by all owners and joint owners.

## Product guides and other resources

Detailed product guides and other resources are available to help you fully understand the benefits and features of our various products.

## Questions to ask your clients

### What is their current financial situation?

- What is their monthly spendable income after tax and monthly expenses?
- Are their financial objectives being met with their current financial product portfolio?

### What are their future objectives?

- Financially, where do they want to be in five years? 10 years? 20 years?
- How much time do they have until they need their money?
- How would they like to access funds in the future?
- What assets do they possess to cover anticipated needs and emergencies (after purchasing the proposed annuity)?

### Other considerations

- What is their risk tolerance?
- What are their lifestyle goals?
- How do they want death benefits paid to their beneficiaries?
- What is their health history?
- Is there a need to address lifestyle changes such as extended care?
- Do they anticipate a significant reduction in spendable income or a significant increase in future expenses?

### Your role

Because no single product is right for everyone, you must develop a thorough understanding of the annuity products you are selling and of your client's current and future expenses. Also consider their current and future income needs, time horizon, lifestyle expectations and upcoming life events. Only after obtaining and analyzing all of the client's objectives and information is it possible to make a suitable recommendation.

At the time of sale you should make a record of all recommendations you have made.

### Replacements

When your recommendation involves the exchange or replacement of another insurance product, you must have a reasonable basis to believe that the transaction as a whole is suitable, taking into consideration all of the following:

- Whether the client will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living or other contractual benefits), or be subject to increased fees, investment advisory fees or charges for riders and similar product enhancements;
- Whether the client will benefit from the enhancements and improvements of the new product; and

- Whether the client has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding five years.

### Internal Replacements

A CFD is required for all tax qualifications in all states.

### Special considerations for older clients

Clients ages 65 and older with lower incomes tend to have a higher liquidity need. The length of early withdrawal charges, free withdrawal privileges and the ability to annuitize the contract when needed are important considerations.

Encourage the participation of adult children or other family members in the sales process to help ensure that:

- The suitability information gathered is complete and accurate;
- All objectives and lifestyle events have been thoroughly considered; and
- There is a common understanding of the costs, benefits and features of the product recommendation.

### Step-by-step instructions for completing the Suitability Questionnaire/CFD (forms on pages 5-25)

Important information:

- The fully completed Suitability Questionnaire/CFD must be submitted with all IRA and non-qualified sales, including transfers and rollovers to existing contracts.
- The Suitability Questionnaire/CFD will assist you in capturing the suitability information that you will need to make a reasonable recommendation.
- All IRA and non-qualified sales will be held as not in good order until we receive the completed form signed and dated on or prior to the application date.
- The form may be found in the New Business Kit section of the agent secured website.
- If you are submitting multiple applications for the same client or irrevocable trust at the same time, the client or trust's financial information and the purchase payments of the annuities should be combined, and one Suitability Questionnaire/CFD should be submitted.

### A. Owner Information

List the person or trust who will own the annuity.

- Specify the contract owner's name, social security number, age and employment status. Repeat these steps if there is a joint owner. If the joint owner is the owner's spouse, check the box.
- If the owner of the contract is different from the annuitant, the form must be completed based on the owner's information.
- If the owner of the contract is not an individual, complete the form based on the annuitant's information.
- If the owner is a revocable trust, complete the form based on the trust settlor's overall income, assets and health.

- If the owner of the contract is an irrevocable trust, use the Suitability Questionnaire/CFD for Irrevocable Trusts. Specify the trust name, tax ID number and date at which the trust became irrevocable.

## B. Client Profile

In order to recommend products that satisfy your client's or the trust's needs and financial objectives, you must discover a complete picture of their financial status. Use the questions and tips below to help your client/the trustee complete the remaining sections of the form. If there is a joint owner, combined information must be provided.

- **Investment experience:** Ask if your client/the trustee has invested before and for how long.
- **Marginal federal income tax rate:** Use the table on page 3 to help determine your client's/the trust's marginal federal income tax rate.
- **Housing:** Ask about your client's housing arrangement.
- **Health of owner:** Ask about your client's/the settlor's current health condition.
- **Risk tolerance:** Find out the risk tolerance for the client/trust.
- **Termination of trust (irrevocable trusts only):** Determine the terms on which the trust will be terminated and the estimated number of years until termination. Additionally, find out how the annuity will be handled upon termination of the trust.
- **Other products:** Find out what other financial products your client/the trust currently owns.
- **Government benefits:** Find out if your client/the trust intends to apply for means-tested government benefits.
- **Debt:** Determine what debt your client may have besides a home mortgage.
- **Living expenses:** Ask your client if sufficient available cash and liquid assets will remain to pay for living expenses, health care and emergencies after the annuity.
- **Distributions to beneficiaries (irrevocable trusts only):** Ask if the trustee expects significant decreases in the trust's liquid assets or net income over the next 10 years.

## C. Financial Status

- Find out your client's sources of income.
- Determine your client's net monthly income, monthly expenses, monthly spendable income and total debt. For irrevocable trusts, provide the annual net income available for distributions and total debt.

## D. Assets

- Complete the tables to calculate total liquid and non-liquid net worth.

## E. Needs and Objectives

- Talk with your client/the trustee about insurable risks and financial objectives.
- Ensure your client/the trustee understands the amount of interest credited may vary and determine if that changes the risk tolerance.
- Find out the amount your client/the trustee plans to withdraw, the anticipated date of the first withdrawal and the type of withdrawal.
- While discussing financial objectives, find out the reason your client wishes to purchase an annuity.
- **Irrevocable trusts only:** Determine the purpose of trust distributions to beneficiaries from trust income and trust principal. If trust distributions are made for health/support/ maintenance, specify the average amount of annual distributions.

## F. Source of Funds

- Find out your client's/the trust's source of funds for the annuity's purchase payment. Ask if there are costs associated with the source of funds, and what percentage of the purchase price these costs represent.

## G. Replacement Information

- If another annuity is the source of funds, then you must complete the requested information for each annuity contract that is being replaced.

## H. Signatures

- Make sure the owner/trustee and joint owner/ co-trustee (if applicable) sign and date the CFD on or prior to the application date.

## I. Additional information required by Florida

List the annual income, source of income, annual household income, net worth and liquid assets of the owner/applicant and joint owner/annuitant (if applicable).

- Ask if your client/settlor or trust currently owns any financial products such as annuities or life insurance policies, and list them on the form.
- Ask if sufficient available cash and liquid assets will remain to pay for living and medical expenses after the annuity is purchased.
- Find out if any changes are expected to their current living expenses.
- Ask if any changes to out-of-pocket medical expenses are anticipated.
- Find out if sufficient income exists to cover any future changes to living expenses and out-of-pocket medical expenses during the surrender charge period.
- Ask if an emergency fund exists for unexpected expenses.

## J. Financial objectives and other considerations

- Ask why your client/settlor or trustee wishes to purchase an annuity.
- Find out your client's/settlor's or trust's investment objectives.
- Find out your client's/settlor's or trust's risk tolerance.
- Ask if your client/settlor or trustee has investment experience.
- Find out your client's/settlor's or trust's source of income for the annuity's purchase payment.
- Ask how long your client/settlor or trustee plans to keep the proposed annuity.
- Find out if this annuity is a replacement.
- If this annuity replaces an existing product, ask if there is a penalty or other charge to obtain these funds. If applicable, list the amount of the penalty or charge.

## K. Advantages and disadvantages to annuity purchase

If your client/settlor or trustee elects to provide limited information or to omit information from the Suitability Questionnaire, he/she must check the appropriate box.

## L. Acknowledgements and signatures

List the advantages and disadvantages of your client/settlor or trustee purchasing the proposed annuity, as well as the basis for your recommendation. **Note: Your signature is required for this section.**

## M. Owner and joint owner signatures

Make sure the owner/applicant and joint owner/applicant sign and date each page of the Suitability Questionnaire on or prior to the application date.

## N. Explanation of terms

Review these terms with your client to ensure they understand the language used in the Suitability Questionnaire.

## 2023 marginal federal income tax rates

Taxable income between

Single		Married filing jointly	
\$0-\$11,000	10%	\$0-\$22,000	10%
\$11,001-\$44,725	12%	\$22,001-\$89,450	12%
\$44,726-\$95,375	22%	\$89,451-\$190,750	22%
\$95,376-\$182,100	24%	\$190,751-\$362,200	24%
\$182,101-\$231,250	32%	\$362,201-\$462,500	32%
\$231,251-\$578,125	35%	\$462,501-\$693,750	35%
\$578,126 and over	37%	\$693,751 and over	37%
Head of household		Married filing separately	
\$0-\$15,700	10%	\$0-\$11,000	10%
\$15,701-\$59,850	12%	\$11,001-\$44,725	12%
\$59,851-\$95,350	22%	\$44,726-\$95,375	22%
\$95,351-\$182,100	24%	\$95,376-\$182,100	24%
\$182,101-\$231,250	32%	\$182,101-\$231,250	32%
\$231,251-\$578,100	35%	\$231,251-\$346,875	35%
\$578,101 and over	37%	\$346,876 and over	37%

Current tax rates available at [www.irs.gov](http://www.irs.gov)

## Florida Annuity Suitability Questionnaire

Complete this form in its entirety for all IRAs and non-qualified sales. 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, please use form U2672023FL. If you are submitting an additional purchase payment to an existing contract, please use form U2671323FL. Every question and field must be completed or it will be considered not in good order.

**A**

### Proposed Owner's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 95%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity	Tax Status	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Relationship to Annuitant(s)	Form of Ownership	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Supporting Documents (list)	<input style="width: 95%;" type="text"/>	

### Joint Owner's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 95%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity	Tax Status	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Relationship to Annuitant(s)	Form of Ownership	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Supporting Documents (list)	<input style="width: 95%;" type="text"/>	
Owner's Signature	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Joint Owner's Signature	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>

## Client Profile

B

1. What is your investment experience?

- 0-3 years       4-6 years       7-10 years       10+ years

2. What is your marginal federal tax rate?

- 0%-15%       16%-25%       26%-34%       35% and over

3. What is your current housing arrangement?

- Rent       Own       Live with friend/family       Reverse mortgage

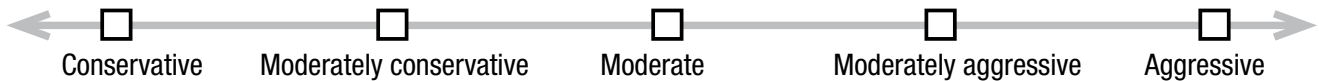
4. What is the current state of your health?

- Good/Excellent       Fair/Poor       Chronic health problem       Nursing home dependent

5. 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

6. What is your general investment risk tolerance?



7. 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

C

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): \_\_\_\_\_

Owner's Signature


Date


Joint Owner's Signature

Date

- 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*

**D**

Liquid assets	Non-qualified	Qualified	Non-liquid assets	Non-qualified	Qualified
<b>Annuities</b> <i>(outside of surrender; do not include the purchase of this annuity)</i>	\$	\$	<b>Purchase payment for this annuity</b>	\$	\$
Bank accounts/CDs/money market	\$	\$	<b>Annuities (surrender charges apply, not including this purchase)</b>	\$	\$
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>	\$	

**E**

**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)

- Risk of outliving your assets (need for income)     Principal risk due to market loss (principal protection)
- Principal risk due to your untimely death (estate planning)     Need for lifetime income provided by optional rider, if applicable

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

- Death benefit/wealth transfer     Accumulation     Tax deferral
- Income planning     Guaranteed interest rate     Veterans Administration Benefits
- Principal protection     Medicaid/Medi-Cal eligibility
- Other (please explain): \_\_\_\_\_

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

- No change to my risk tolerance     Increases my risk tolerance     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?

- Yes     No

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

- Less than 1 year     Between 1 - 5 years     Between 5 - 9 years     10+ years     None anticipated

Owner's Signature		Date	
Joint Owner's Signature		Date	

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): _____ |  |   |  |

**F**

**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 |                             |   | %  |

Owner's Signature

Date

Joint Owner's Signature

Date





**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 If yes, date contract was issued: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date contract was issued: _____
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's Signature		Date	
Joint Owner's Signature		Date	



## Signatures

To the best of my knowledge and belief, the information provided in this Questionnaire 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 the required Insurance Producer Disclosure for Annuities form (if required by state):

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 the required Insurance Producer Disclosure for Annuities form (if required by state):

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 the required Insurance Producer Disclosure for Annuities form (if required by state):

Yes  No

Third Producer's signature

Date (MM/DD/YYYY)

Agent number

## Client Financial Disclosure Supplemental Questionnaire

### Annuity Features Evaluation

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.

A

#### Owner Information

Owner/Trust Name

Last 4 SSN/TIN

Contract Number (if known)

#### 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"/>
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Last 4 SSN

#### Supplemental Questionnaire

1. What is more important to you (1) a higher rate of interest credited to your annuity account value or (2) access to your entire purchase payment at any time via a return of premium guarantee?  
(Check the more important option below)

Higher rate of interest

Access to entire purchase payment at any time

2. How important is a bailout provision that will allow you to access your money without a surrender charge if the renewal rate drops below a certain percentage?  
(Check one option below)

Not important

Very Important

3. If you selected very important for the previous question, does it matter if the bailout feature may cause renewal rates to be lower than an annuity without that feature?  
(Check N/A if you selected Not Important to the previous question.)

Yes

No

N/A

4. Some annuity products have a market value adjustment (MVA) feature. An MVA will apply if you surrender your contract during the early withdrawal charge period. The MVA is calculated by comparing the interest rate environment when you purchase your contract to the environment when you choose to surrender your contract. This can result in an increase to your surrender value during a period of decreasing rates, or a decrease to your surrender value during a period of increasing rates. The MVA will also apply to withdrawals in excess of the 10% free-withdrawal allowance during the early withdrawal charge period.

Pick the option below that best represents your thoughts regarding an MVA as part of an annuity.

- I would prefer to receive lower earning potential than have an MVA.
- I'm not concerned about an MVA as I don't anticipate making a withdrawal above the free withdrawal amount or surrendering the annuity during the early withdrawal charge period.
- I'm not concerned about an annuity with an MVA if it offers higher earning potential than an annuity without an MVA.



### Signatures

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

Owner/Trustee's signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Joint owner's signature (if applicable)	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Producer's signature	Date (MM/DD/YYYY)	Agent Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Florida Annuity Suitability Questionnaire for Irrevocable Trusts

Complete this form in its entirety for all sales, including exchanges/transfers/rollovers to existing contracts. Please provide information for the irrevocable trust that is to own the contract. If you are submitting an additional purchase payment to an existing contract, use form U2672123NW.

Every question and field must be completed or it will be considered not in good order.



### Proposed Trustee's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 95%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity/Owner		Tax Status
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Supporting Documents (list)	<input style="width: 95%;" type="text"/>	

### Co-Trustee's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 95%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity/Owner		Tax Status
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Supporting Documents (list)	<input style="width: 95%;" type="text"/>	
Trustee's Signature	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Co-Trustee's Signature	<input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>

## Trust Profile

**B**

1. What is the Trustee's investment experience?

- 0-3 years       4-6 years       7-10 years       10+ years

2. What is the general risk tolerance of the Trust?



3. What is the Trust's marginal federal tax rate?

- 0%-15%       16%-25%       26%-34%       35% and over

4. When is the Trust expected to terminate?

- On death of grantor       On death of other person  
 As determined in Trustee's discretion       Fixed number of years or fixed age  
 Other (please explain): \_\_\_\_\_

5. What is the estimated number of years until Trust termination?

- 0-3 years       4-6 years       7-10 years       10+ years

6. How will this annuity be handled at Trust termination?

- Distribute death benefit proceeds       Distribute surrender proceeds  
 Distribute contract ownership to single beneficiary

7. What other financial products does the Trust 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. Does the grantor or other person who was the source of funds for this Trust intend to apply for means-tested government benefits?       Yes       No      If yes, please check all that apply.

- Medicaid (Medi-Cal)       Food stamps (SNAP)       Supplemental Security Income (SSI)  
 Veterans Administration Benefits (aid and attendance)       Housing assistance (Section 8 or other)  
 Other (please explain): \_\_\_\_\_

9. Over the next 10 years, does the Trustee anticipate any significant decrease in the Trust's liquid assets or a significant decrease in its annual net income available for distribution to beneficiaries (e.g., an increase in expenses or decrease in net income)?

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

Trustee's Signature


Date


Co-Trustee's Signature

Date


**C****Trust Financial Status**

10. Trust's annual net income available for distributions to beneficiaries:

\$

11. Trust's total debt:

\$

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

**E****Trust Needs and Objectives**

12. Does the Trust have any of the following insurable risks or needs? (please check all that apply)

- Risk of outliving your assets (need for income)     Principal risk due to market loss (principal protection)  
 Principal risk due to your untimely death (estate planning)     Need for lifetime income provided by optional rider, if applicable

13. What are the Trust's financial objectives for this purchase? (please check all that apply)

- Death benefit/wealth transfer     Accumulation     Tax deferral  
 Income planning     Guaranteed interest rate     Veterans Administration Benefits  
 Principal protection     Medicaid/Medi-Cal eligibility  
 Other (please explain): \_\_\_\_\_

14. Interest credited under the annuity may change from time to time. Does this uncertainty change the Trust's risk tolerance?

- No change to risk tolerance     Increases risk tolerance     Decreases risk tolerance

15. Does the Trustee anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?

- Yes     No

16. When does the Trustee anticipate taking the Trust's first distribution? (please check one)

- Less than 1 year     Between 1 - 5 years     Between 5 - 9 years     10+ years     None anticipated

Trustee's Signature


Date


Co-Trustee's Signature

Date

17. How does the Trustee anticipate taking the Trust's first distribution from this annuity?

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

18. Trust distributions to beneficiaries from Trust income (as defined for Trust purposes to include inside buildup on an annuity contract):

- Mandatory distributions of net income
- Distributions for health/support/maintenance
- Distributions in Trustee's discretion
- Other (please explain): \_\_\_\_\_

19. Trust distributions to beneficiaries from Trust principal:

- Distributions for health/support/maintenance
- Distributions in Trustee's discretion
- Distributions only upon Trust termination
- Other (please explain): \_\_\_\_\_

20. If Trust distributions are made for health/support/maintenance, average annual distributions:

\$



**Source of Funds**

21. What is the Trust's 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): _____ |   |  |   |

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

- Yes     No    If yes, please provide the total of such costs from all sources  \$   
and the percentage this represents  %

Trustee's Signature  
Co-Trustee's Signature


Date  
Date






Replacement/Exchange Information (includes inherited contracts)

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

Yes No If yes, please answer questions 24-35.

Table with 3 columns: Question, Transferring Contract 1, Transferring Contract 2. Rows include: 24. Name of transferring company, 25. Contract number, 26. Was the contract being replaced/exchanged purchased in the last 60 months?, 27. Type of annuity being replaced/exchanged, 28. Current accumulation value, 29. Current surrender value, 30. Approximate market value adjustment (+ or -), 31. Guaranteed minimum interest rate, 32. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?, 33. Will there be any lost benefits on the annuity being replaced/exchanged?

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

- Added/Increased rider benefits, Decreased fees, Reduced market risk, Other (please explain):
Greater income, Enhanced death benefits
Higher fixed rate or cap/participation rates, Increased investment selection

35. Was any producer involved in the sale of this annuity to the Trust also involved in the sale of the replaced/exchanged contract(s)?

Yes No

Trustee's Signature

Signature box for Trustee

Date

Date box for Trustee

Co-Trustee's Signature

Signature box for Co-Trustee

Date

Date box for Co-Trustee



## Signatures

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

Trustee's signature

Date (MM/DD/YYYY)

Co-Trustee's signature (if applicable)

Date (MM/DD/YYYY)

### Producer's Statement(s)

36. 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): _____                                      |  |

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

38. I provided my client with the required Insurance Producer Disclosure for Annuities form (if required by state):

Yes  No

Producer's signature

Date (MM/DD/YYYY)

Agent number

### Second Producer's Statement (if applicable)

39. I agree with the selected reasons in question 36:  Yes  No If No, print page 5 of the CFD, complete question 36 only, and submit it with this CFD.

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

41. I provided my client with the required Insurance Producer Disclosure for Annuities form (if required by state):

Yes  No

Second producer's signature

Date (MM/DD/YYYY)

Agent number

### Third Producer's Statement (if applicable)

42. I agree with the selected reasons in question 36:  Yes  No If No, print page 5 of the CFD, complete question 36 only, and submit it with this CFD.

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

44. I provided my client with the required Insurance Producer Disclosure for Annuities form (if required by state):

Yes  No

Third Producer's signature

Date (MM/DD/YYYY)

Agent number

## Client Financial Disclosure (CFD) Supplement for Irrevocable Trusts

This form is a CFD Supplement for additional purchase payments to an existing IRA or non-qualified contract, including transfers/rollovers. Please provide information for the irrevocable trust that owns the contract. **If it has been more than two years since completing the full, more detailed CFD for Irrevocable Trusts, then you must submit a new one (form U2671623NW).**

Every question and field must be completed or it will be considered not in good order.

Contract Number

**A**

### Owner Information

Trust Name

Tax ID Number

### Purchase Information

1. Amount of additional purchase payment:

2. Has anything changed since completing the Client Financial Disclosure?

Yes  No If Yes, please complete a new Client Financial Disclosure

**F**

### Source of Funds

3. What is the Trust's source for this additional 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): _____ |  |   |

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

Yes  No If yes, please provide the total of such costs from all sources and the percentage this represents



## Replacement/Exchange Information (includes inherited contracts)

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

Yes  No **If yes, please answer questions 6-17.**

	Transferring Contract 1	Transferring Contract 2
6. Name of transferring company		
7. Contract number		
8. Was the contract being replaced/exchanged purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date contract was issued: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date contract was issued: _____
9. 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
10. Current accumulation value	\$	\$
11. Current surrender value	\$	\$
12. Approximate market value adjustment (+ or -)	\$	\$
13. Guaranteed minimum interest rate	%	%
14. 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
15. 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: \$

16. 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): \_\_\_\_\_

17. Did your agent sell the replaced/exchanged contract(s)?  Yes  No



## Trustee Signatures

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

Trustee's signature

Date (MM/DD/YYYY)

Co-Trustee's signature (if applicable)

Date (MM/DD/YYYY)

## Producer's Statement(s)

18. I have made a reasonable effort to obtain and accurately record information from my client(s) requested in this Client Financial Disclosure Supplement.

Yes  No

19. Does this additional purchase payment(s) change the reasons you recommended the purchase of this annuity product?

Yes  No If Yes, please answer question 20.

20. In consideration of the additional purchase payment(s), I recommend the purchase of this annuity product for the following reasons (please check all that apply):

Growth potential with minimal and limited downside risk

Estate administrative ease

Surrender charge period is within the purchaser's time horizon

Tax deferred growth

Potential for lifetime income

Lifetime income as of a specific time

Annual free-withdrawal allowance to help with unanticipated events

Account value death benefit

Other (please explain): \_\_\_\_\_

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

Producer's signature

Date (MM/DD/YYYY)

Agent number

### Second Producer's Statement (if applicable)

22. I agree with the answers to questions 19-20 above:  Yes  No If No, print page 3 of the CFD Supplement, complete questions 19-20 only, and submit it with this CFD Supplement.

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

Second producer's signature

Date (MM/DD/YYYY)

Agent number

### Third Producer's Statement (if applicable)

24. I agree with the answers to questions 19-20 above:  Yes  No If No, print page 3 of the CFD Supplement, complete questions 19-20 only, and submit it with this CFD Supplement.

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

Third Producer's signature

Date (MM/DD/YYYY)

Agent number

**FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE**

**ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.**

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Liquid Net Worth:	
Existing Assets:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**J** Why are you purchasing this annuity? \_\_\_\_\_

What are your financial objectives for this purchase? (Check all that apply)

- Income                       Growth (long term)                       Safety of Principal and Income
- Safety of Principal and Growth                       Pass assets to a beneficiary or beneficiaries at death
- Other: \_\_\_\_\_

\_\_\_\_\_/ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Owner's Signature                      Date Signed                      Joint Owner's Signature (if applicable)                      Date Signed

**FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE**

Describe your risk tolerance? (Check all that apply)

- Conservative    Moderately conservative    Moderate    Moderately aggressive    Aggressive  
 Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of funds for the purchase of the proposed annuity? \_\_\_\_\_

How many years from today will you need access to your funds without a penalty? \_\_\_\_\_

Will the proposed annuity replace any product?    Yes    No

If yes, will you pay a penalty or other charge to obtain these funds?    Yes    No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

**Additional information:**

\_\_\_\_\_/ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Owner's Signature                      Date Signed                      Joint Owner's Signature (if applicable)                      Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."



Advantages of purchasing the proposed annuity:

\_\_\_\_\_

Disadvantages of purchasing the proposed annuity:

\_\_\_\_\_

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

\_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Sections A - E are required by the Company to be completed.

Note: No questions or response areas are to be left blank when offered to the Owner and/or Joint Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.



ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
I have chosen to provide LIMITED information at this time.
My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
My annuity purchased IS BASED on the recommendation of this agent or the insurer.



APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature / Date Signed Joint Owner's Signature (if applicable) / Date Signed

U2672023FL





FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE
EXPLANATION OF TERMS

Age is the natural person's attained age on the day the form is completed.
Annual household income is the combined annual income received by all household members each calendar year.
Annual income is income received during a calendar year, whether earned or unearned.
Existing Assets are financial assets including life insurance and annuities.
Existing Liquid Net Worth is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.
Financial Objectives are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved.
Form of Ownership is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.
Risk Tolerance means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments.
Source of annual income is the income-generating source, such as pension income, dividends, or earned income etc.
Source of funds to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to:
Supporting documents are the documents that provide a basis for the relationship between the Proposed Owner/Annuitant, Joint Owner/Annuitant if applicable, and the Annuitant/Applicant/Owner as it may exist.
Tax Status is the owner's Federal Income Tax filing status such as single or married filing jointly; if Exempt, so state.

Owner's Signature / Date Signed Joint Owner's Signature (if applicable) / Date Signed

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