

Producer Guide to Suitability

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.

Client Financial Disclosure (CFD)

This form must be submitted for all IRA and non-qualified sales, including transfers and rollovers to existing contracts. It will 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 CFD. There are multiple versions of the CFD, including:

- **Client Financial Disclosure (pages 4-8):** The full CFD is required for new IRA and non-qualified sales.
- **Client Financial Disclosure Supplement (pages 9-10):** The supplement is required when submitting an additional purchase payment to an existing contract. If it has been more than two years since completing the full CFD, then you must complete a new one.
- **Client Financial Disclosure for Irrevocable Trusts (pages 11-15):** Use this version if an irrevocable trust is to own the contract.
- **Client Financial Disclosure Supplement for Irrevocable Trusts (pages 16-18):** Use this version 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 full CFD for Irrevocable Trusts, then you must complete a new one.

Please note Florida requires state-specific CFDs.

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.

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.

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?

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.

Special consideration for Minnesota and California Residents

For Minnesota and California clients age 65 and older, you may not recommend a replacement or exchange that involves a surrender charge unless the transaction as a whole confers a substantial financial benefit over the life of the annuity being purchased.

Step-by-step instructions for completing the CFD

(forms on pages 4-18)

Important information:

- The fully completed CFD must be submitted with all IRA and non-qualified sales, including transfers and rollovers to existing contracts.
- The 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 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 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, joint owner/co-trustee (if applicable) and you sign and date the CFD on or prior to the application date.

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

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 U2671623NW. If you are submitting an additional purchase payment to an existing contract, use form U2671123NW. Every question and field must be completed or it will be considered not in good order.

A

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

B

Client Profile

- 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?

Conservative Moderately conservative Moderate Moderately aggressive Aggressive
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: _____

C 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) \$

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>	\$	\$	Purchase payment for this annuity	\$	\$
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	\$	\$
Total liquid net worth <i>(Non-qualified + Qualified)</i>	\$		Retirement plans (please describe):		\$
			Total non-liquid net worth <i>(Non-qualified + Qualified)</i>	\$	

E

Needs and Objectives

16. Do you have any of the following insurable risks or needs that this annuity can address? (at least one should apply)

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

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

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

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

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

- Annuitize
- Systematic withdrawal
- Loans
- Other (please explain): _____
- Free withdrawals
- Lump sum surrender
- Immediate income
- Activate Rider
- Leave to beneficiary
- Partial surrender
- RMD

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

- Asset accumulation
- Capital preservation
- Other (please explain): _____
- Tax-deferred growth
- Avoid cost/delay of probate
- Guaranteed interest rate
- Supplement future income
- Wealth transfer

F

Source of Funds

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

- Another annuity
- Home equity loan
- Reverse mortgage
- CD
- Life insurance
- Other (please explain): _____
- Checking/savings account
- Stocks/bonds/mutual funds
- 401(k) plan
- Death proceeds

24. 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

	\$
--	----

	%
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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.

Table with 3 columns: Question, Transferring Contract 1, and Transferring Contract 2. Rows include questions 26-35 regarding contract details, values, and benefits.

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

- Checkboxes for: 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 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

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"/>

Client Financial Disclosure (CFD) for Irrevocable Trusts

A

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 U2672120NW. 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

Trust Name

Tax ID Number

Date Trust Became Irrevocable

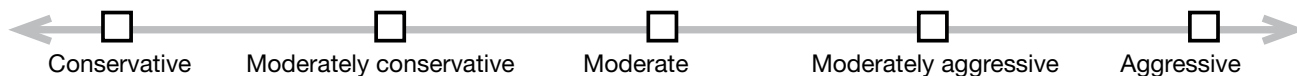
B

Trust Profile

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: _____

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>	\$	\$	Purchase payment for this annuity	\$	\$
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	\$	\$
			Retirement plans (please describe):		\$

Total liquid net worth
(Non-qualified + Qualified) \$ _____

Total non-liquid net worth
(Non-qualified + Qualified) \$ _____

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 assets not lasting for life of Trust beneficiary (longevity risk)
- Principal risk due to market loss
- Risk to beneficiary due to untimely death of grantor or current beneficiary
- Need for lifetime income provided by optional rider, if applicable

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

- Death benefit/wealth transfer
- Tax deferral
- Other (please explain): _____
- Accumulation
- Guaranteed interest rate
- Income for distribution to beneficiaries
- Principal protection

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

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

- Annuitize Free withdrawals Activate Rider Partial withdrawal
 Systematic withdrawal Lump sum surrender Loans RMD
 Leave to beneficiary Immediate income
 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:

\$

F

Source of Funds

21. What is the Trust's source for this annuity's purchase payment?

- Another annuity CD Checking/savings account Qualified retirement account
 Home equity loan Life insurance Stocks/bonds/mutual funds Death proceeds
 Reverse mortgage 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 % \$



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.**

	Transferring Contract 1	Transferring Contract 2
24. Name of transferring company		
25. Contract number		
26. 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
27. 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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. 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="text" value="\$"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>

34. 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): _____

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



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 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 complete a new one (form U2672020NW).

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.

Contract Number

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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="text" value="\$"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>

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



Signatures

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

Trustee's signature

Date (MM/DD/YYYY)

Co-Trustee's signature (if applicable)

Date (MM/DD/YYYY)

Producer's signature

Date (MM/DD/YYYY)

Agent number

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