



Affiliates:
 Annuity Investors Life Insurance Company®
 Manhattan National Life Insurance Company

Administrator for:
 Continental General Insurance Company®
 Loyal American Life Insurance Company®

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

CONTRACT/CERTIFICATE INFORMATION CHANGE FORM

1. OWNER/PARTICIPANT INFORMATION (Must be completed for all requests - Please print)

Owner/Participant	Contract/Certificate Number
Joint Owner (if applicable)	Social Security Number of Owner
Address	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell
City State Zip Code	Email Address

2. NAME CHANGE FOR OWNER/PARTICIPANT

Proof of the name change **is required** in addition to this form. Please attach to your request a copy of your marriage certificate, a divorce decree (specifically stating that your name is changed), or other court order changing your name.

Name on records: _____
Please Print Please Sign (Old Name)

Change Name to: _____
Please Print Please Sign (New Name)

3. ADDRESS CHANGE FOR OWNER/PARTICIPANT (Please print)

Address _____ Home Phone _____

City/State/Zip _____ Cell Phone _____

4. BENEFICIARY CHANGE (Please print)

If I complete this section, I hereby revoke all prior primary and contingent Beneficiary designations and any elections of Optional Methods of Settlement. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with MassMutual Ascend or Affiliate. With respect to any trust designated as Beneficiary, MassMutual Ascend or Affiliate shall neither be obligated to inquire into the terms of the trust, nor shall MassMutual Ascend or Affiliate be chargeable with knowledge of the terms of the trust, and MassMutual Ascend or Affiliate will be fully discharged from all liability after payment of the Death Benefit proceeds under the contract/certificate to the trustee. ***If the owner of the contract is a trust, we may reject the designation of any Beneficiary other than the trust itself.***

The Death Benefit will be paid to the primary Beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent Beneficiaries or survivors of them in equal shares unless specified otherwise and only if there are no surviving primary Beneficiaries. If percentages are specified, they must total 100% for Primary and 100% for Contingent, if any. **If the Beneficiary listed below is not designated as a primary or contingent Beneficiary, it will automatically default to a primary designation. If no primary Beneficiary is designated below, the contingent Beneficiary will be treated as the primary.**

Please show full name, address, relationship to Owner(s)/Participant, date of birth, social security number, and phone number of all Beneficiaries. A failure to do so may result in the death benefit being escheated to the state. If the Beneficiary is a trust, please provide the trust's name, the trustee name(s), and the trust agreement date.

If additional space is needed, attach a separate sheet signed and dated by the owner(s)/participant.

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

5. SIGNATURE AUTHORIZATION (This Section **MUST be completed for all changes.)**

By signing this form, the contract owner(s)/participant(s)/plan administrator, as applicable, each agree and certify that MassMutual Ascend or Affiliate is authorized to make the changes to the contract/certificate as indicated on this form, and further agree to hold harmless and indemnify MassMutual Ascend or Affiliate as to any and all claims or demands which may be made by reason of the changes so made.

Signature of Owner/Participant <small>(If Corporation, signature and title of authorized officer)</small>	Date	Signature of Joint Owner <small>(If Applicable)</small>	Date
Signature of Plan Administrator <small>(If Applicable)</small>	Date	Printed Name of Plan Administrator <small>(If Applicable)</small>	Date

IMPORTANT NOTES:

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit must be on file. In addition, if this form is signed using a Power of Attorney, then a Beneficiary designation naming the attorney in fact will be subject to additional review.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted.

6. OWNER/PARTICIPANT SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE (If applicable)

The Owner/Participant's signature on this Contract/Certificate Information Change Form must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
 COUNTY OF _____) SS:

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Contract/Certificate Information Change Form and acknowledged to me that he/she/they signed the same.

My Commission expires:

 MM/DD/YYYY

 Signature of Notary Public

SEAL

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).