



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 / 800-807-9777Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

CONTINGENT PAYEE DESIGNATION

Name of Owner(s) (or certificate holder):	Contract/Certificate Number:
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For annuity payments made over a fixed period or for a selected amount, or under life options with a minimum fixed period, amounts may continue to be payable after the owner's death. **Once annuity payments begin, any prior Beneficiary designation under the annuity contract no longer apply.** Subject to any contingent payee designation made by the owner, you may tell us who to pay if payments remain after your death.

If you name more than one contingent payee, benefits will be paid in equal shares or all to the survivor unless you specify otherwise. If percentages are specified, they must total 100%.

For each contingent payee, please show full name, address, phone number, relationship to you, and payee's Social Security number and Date of Birth. **If a trust is named as a contingent payee**, please provide the trust's name and the trust agreement date in the "Name" space.

New Contingent Payee Designation	
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Date of Birth _____ Phone No. _____ Email Address _____
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If you need additional space to name payees, please attach an additional page that is signed and dated by you.

This Contingent Payee designation revokes all prior Contingent Payee designations made by me. It is subject to the provisions of the annuity contract. If a trust is designated, I agree that MassMutual Ascend or Affiliate is not obligated to inquire into the terms of such trust and is not chargeable with knowledge of the terms of such trust. On behalf of myself and any persons claiming under or through me, I agree that MassMutual Ascend or Affiliate will be fully discharged from all liability after payment to the Contingent Payees designated above.

Caution for Life Expectancy Guaranteed Income Option: You must generally name your State as the Contingent Payee to the extent of any medical assistance that it pays on your behalf. The interest of the State may be secondary only to the interest of a community spouse or a minor or disabled child. If you fail to name the State as required, your settlement option election from may be treated as a disposal of an asset for less than fair market value under 42 U.S.C. 1396p(c)(1)(F). Please seek legal advice when designating a Contingent Payee under this option.

 Signature of Owner/Annuitant/Payee _____
Date

 Signature of Joint Owner or Plan Administrator (if applicable) _____
Date

IMPORTANT NOTES: For requests signed by a **Power of Attorney** (POA) we must receive a copy of the POA document. The Affidavit Related to POA, Form #AAG2816, must also be completed or a valid affidavit must be on file. Payment will be made to the Principal and not to the Attorney in Fact. In addition, if this form is signed using a POA, then a Contingent Payee 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.