... MassMutual Ascend

Life Insurance Company

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

ASSIGNMENT OF ANNUITY CONTRACT AS COLLATERAL SECURITY

1. Annuity Contract Information			
	Name of Owner	Contract Number:	
	Name of Joint Owner (if any)	Daytime Phone Number:	
2. As	ssignment		
	ood and valuable consideration, receipt of which is hereb	y acknowledged, each Owner of the annu	ity contact identified
_	hereby assigns and transfers to Name of Assignee		
	name of Assignee		
	Address of Assignee		
	-		
rights, under: The ir	the executors, administrators, successors, and assigns of sometitle, and interest in annuity contract identified above, substood that under the terms of the annuity contract and federaterest of the Assignee(s) in the annuity contract is limiter (s), and the remainder of the annuity contract, if any, is ur	ject to all the terms and conditions of the a eral tax law, a qualified annuity contract car ed to the valid pecuniary claim of the Ass	nnuity contract. It is not be assigned.
This a	Assignment is subject to any payment made or act wledgement of the Assignment. Any payment made by of the Assignment shall fully discharge MassMutual Ascel	ion taken by MassMutual Ascend or A MassMutual Ascend or Affiliate to the As	signee(s) within the
	contract owner acknowledges that this Assignment may ntract owner accepts full responsibility for such consequer		ontract owner(s) and
I MPO I riders, assigr	RTANT NOTE: An assignment may terminate riders to extended care waiver riders, and terminal illness waiver riment of an interest in the annuity contract, unless the assestances, to the spouse of the Rider Insured).	the contract. Income benefit riders, death iders generally provide that the rider termin	ates upon any
Signati	ure of Contract Owner Date Si	gnature of Joint Owner or Spouse	Date
	Mutual Ascend or Affiliate <i>will also require the consent of a</i> Mutual Ascend or Affiliate <i>may in its discretion require a si</i>		
3. A	cknowledgement by MassMutual Ascend Life Insura	ance Company	
Massl	Mutual Ascend or Affiliate acknowledges receipt of this Ass	signment at its Administrative Office.	
Dated	: By		
	Authorized Officer/Title Signature Notarization (if applicable)		
4. JI	griature Notarization (ii applicable)		
	E OF) ITY OF)		
Sworn	to and subscribed before me, this day of	, 20, by the Attorney-in-Fac	t identified above.
Му Сс	ommission expires:		
	MM/DD/YYYY Notary Public	[SEAL]	