



Affiliate:
Annuity Investors Life Insurance Company®

Administrator for Life Insurance and Annuities:
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

Substantially Equal Periodic Payment Election Continuation from Prior Carrier

INSTRUCTIONS: Use this form in addition to the Easy Systematic Payment Program Election Agreement for Substantially Equal Periodic Payments when requesting a continuation of payments from your new annuity contract with MassMutual Ascend or Affiliate.

1. Current Calculation Method

- Fixed Annuitization Method
- Fixed Amortization Method
- Required Minimum Distribution (RMD) Method (Uniform Table)
- If the RMD method is elected, the payments will be calculated under the Uniform RMD table and not the single life table or the joint life table.
 - If the RMD method is elected and MassMutual Ascend or Affiliate has no prior 12/31 Fair Market Value, you **must** provide us with this value.
Prior 12/31 Fair Market Value: _____

2. Payment Details

- 1) Payment Frequency at Prior Carrier: Monthly Quarterly Semi-Annual Annual
- 2) First Payment Date at Prior Carrier: _____
- 3) Date of Last Payment made from Prior Carrier: _____

If the Fixed Annuitization or Fixed Amortization Methods are chosen, **also complete** the following items:

- 4) Payment Amount: \$ _____
- 5) Prior Contract's Account Value when the First Payment at the Prior Carrier was made: \$ _____

Important Note: If the Fixed Annuitization Method or the Fixed Amortization Method is elected and MassMutual Ascend or Affiliate cannot verify that the payment amount requested satisfies IRS guidelines using standard factors and the applicable interest rate, you will not be able to enroll in the Easy Systematic Payment Program for Substantially Equal Periodic Payments unless the prior carrier can provide acceptable data to confirm the validity of the amount being paid.

3. OWNER ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge and understand the following conditions:

- 1) I am currently receiving substantially equal periodic payments that comply with Internal Revenue Code Section 72(q)(2)(D), or Section 72(t)(2)(A)(iv), as applicable, to avoid Federal tax penalties normally applicable to distributions before age 59½. It is my intention that the substantially equal payments continue to be distributed from the new contract in the same amount and under the same method as was being used prior to the transfer.

3. OWNER ACKNOWLEDGMENT AND AUTHORIZATION (Continued)

- 2) The new annuity contract with MassMutual Ascend or Affiliate was funded with the total proceeds from the prior contract from which substantially equal periodic payments were taken.
- 3) The prior contract was not aggregated with any other contract or account for purposes of calculating the substantially equal periodic payments.
- 4) Since I began receiving substantially equal periodic payments, I have made no unscheduled withdrawals from the contract, I have made no additional contributions to the contract, and I do not have an outstanding loan against the contract.
- 5) If the Fixed Annuity Method or the Fixed Amortization Method is elected and MassMutual Ascend or Affiliate cannot verify that the payment amount requested satisfies IRS guidelines using standard factors and the applicable interest rate, I understand that I will not be able to enroll in the Easy Systematic Payment Program for Substantially Equal Periodic Payments.

I hereby certify that I have read and understand the terms of this form and that the information provided on this form is true and complete to the best of my knowledge. I agree and certify that the Company is authorized to process this request as indicated above, and I will hold the Company harmless against any and all claims made by reason of its compliance with this request.

Contract # (if known): _____

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

Printed Name of Owner/Annuitant/Participant

Soc Sec #

Printed Name of Joint Owner (if any)

Soc Sec #