

BROKER/DEALER DUE DILIGENCE QUESTIONNAIRE

Nam	e of Broker/Dealer:		
CRD	Number:		
Corp	orate TIN:		
Addı	ress of Broker/Dealer:		
City,	State, Zip:		
Brok	er/Dealer Annuity Contact:	Name: Title:	Phone #:
AMI	Officer/Contact:	Name: Email:	Phone #:
	• •	•	Registered Index-Linked Annuity product? Yes No firm(s):
Preferred method for delivery of client's contracts? Send directly to Agent Send directly to Client			
Thank its rev initial complated also reduration and st which	background checks of broker lete an adequate due diligence eserves the right to conduct ad on of our relationship. The batter insurance department disclared to the property of the property o	uestions and dealer (include review in a ditional background clude course, creek	tend Life Insurance Company ("MMALIC"). In addition to d requests below, MMALIC may also perform a variety of uding its agencies and principal officers) in order to ccordance with federal and state regulations. MMALIC kground checks as it deems necessary throughout the hecks may include, but not limited to, reviews of FINRA dit checks, and any other pertinent background checks, answer the following questions to help with our due
1)	regulatory authority investig	ation for ca	r/dealer been the subject of any investment-related use? \[\textbf{Yes} \] \[\textbf{No} \] If yes, please describe the restigation on a separate page.
2)	foreign governmental body of	or self-regul	estigation or subject to any proceeding by a domestic or atory organization with jurisdiction over investment- yes, please describe the nature of the investigation on a

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3)	please describe on a separate page.			
4)	Within the last 36 months has any principal of the broker/dealer been suspended or terminated for cause by the broker/dealer or been investigated, fined, suspended or disbarred by any investment-related regulatory authority? Yes No If yes, please detail the circumstances of such on a separate page.			
5)	Is the broker/dealer or any of its principals currently charged with or ever pled guilty or no contes to, or been convicted of, any crime (including disclosure of expunged or sealed records)? Yes No If yes, please describe on a separate page.			
6)	Please specify the amount of coverage your FINRA fidelity bond provides. \$			
7)	Please specify the minimum net capital requirement set by FINRA for the broker/dealer.			
	\$			
8)	Check the description below that best describes your broker/dealer. limited to subscription business, full service, introducing firm, full service, self-clearing firm, other (please describe)			
9)	Please specify the maximum coverage amounts per claim and per year for the Professional Liability or Errors & Omissions insurance your broker-dealer provides for its registered representatives, principal officers and the firm. \$ per claim \$ per policy year			
	Please provide a copy of your current declaration page.			
10)	Does the broker/dealer require product specific training for all representatives soliciting variable index business? Yes No If yes, does the broker/dealer require MassMutual Ascend Life Insurance Company to hold the processing of new business until the selling representative has completed training? Yes No			
I attes	st that the answers given above are true to the best of my knowledge.			
Autho	orized Signature Date			
Printe	ed name			
Title				