REGISTERED REPRESENTATIVE (RILA) APPOINTMENT FORM – 3RD PARTY WHOLESALING

(NPTA)

I. PERSONAL INFORMATION

	Full Name	First		Middle	L	ast	
	Date of Birth	/ /	Gender	SSN	CRD	#	
	Residence Address						
		Street	City	State	County	Zip	
I.	BUSINESS INFORM (This will be your cont		ïle with MassMutual	Ascend Life Insurance	e Company and must be	e completed)	
	This information is required:						
	Broker Dealer Name			M	MMALIC RILA BD#		
	RIA Name (if applicable)			M	MMALIC RIA # (if applicable)		
	Agent Business Mailing	Address					
		St	treet	City	State	County Zip	
	Agent Phone Number			-			
	A sout E mail A damas						
	Agent E-mail Address Please select the line(s) o	f business you intend to	o solicit: 🗆 Commiss	ion Based RILA (*Regist	ration with BD required to th BD and RIA required to		
11.		f business you intend to	o solicit: 🗆 Commiss	ion Based RILA (*Regist	ration with BD required to		
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п.	Please select the line(s) o	f business you intend to ION	o solicit: □ Commiss □ Fee Base	ion Based RILA (*Regist d RILA (*Registration wi Resident State Li	ration with BD required to th BD and RIA required to	o sell product)	
п.	Please select the line(s) of LICENSE INFORMAT Agent's Resident State	f business you intend to	o solicit: □ Commiss □ Fee Base	ion Based RILA (*Regist d RILA (*Registration wi Resident State Li	ration with BD required to th BD and RIA required to	o sell product)	
п.	Please select the line(s) of LICENSE INFORMAT Agent's Resident State Resident State License E	f business you intend to TON xpiration Date er	o solicit:	ion Based RILA (*Regist d RILA (*Registration wi Resident State Li	ration with BD required to th BD and RIA required to	o sell product)	
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