

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

I. PERSONAL INFORMATION

Full Name _____
First Middle Last

Date of Birth ____ / ____ / ____ Gender ____ SSN _____ CRD # _____

Residence Address _____
Street City State County Zip

II. BUSINESS INFORMATION

(This will be your contact information on file with MassMutual Ascend Life Insurance Company and must be completed)

This information is required:

Broker Dealer Name _____ MMALIC RILA BD# _____

RIA Name (if applicable) _____ MMALIC RIA # (if applicable) _____

Agent Business Mailing Address _____
Street City State County Zip

Agent Phone Number _____

Agent E-mail Address _____

Please select the line(s) of business you intend to solicit: Commission Based RILA (*Registration with BD required to sell product)
 Fee Based RILA (*Registration with BD and RIA required to sell product)

III. LICENSE INFORMATION

Agent's Resident State _____ Resident State License # _____

Resident State License Expiration Date _____

National Producer Number _____

Please list the Third Party wholesale firm(s) you use to submit business: _____

If you do not have Errors & Omissions insurance coverage through your agency then please attach proof of coverage when submitting this form.

Registered Representative Printed Name

Registered Representative Signature

Date

After you and /or your back office have completed this form, please fax to: 513-361-5930 or email to bdmaster@mascend.com