

# Registered Investment Advisor

## Submission form and authorization

This form will help us understand how your RIA conducts business so that we may better serve you. In addition, the information you provide will allow us to pass annuity feeds to your internal technology platform, Custodian and/or data aggregator. Please note that by submitting this form, we assume you have approved our annuity contracts for use by your Investment Advisor Representatives (IAR).

### 1. Provide your contact information, so we may reach you if we have questions.

RIA Name: \_\_\_\_\_  
 RIA Tax ID Number: \_\_\_\_\_ RIA CRD Number: \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
 Business Email Address: \_\_\_\_\_

### 2. Provide the contact names, email addresses and phone numbers for the following:

#### Chief Compliance/AML Officer

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Operations/Data Feeds

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Asset Manager

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Accounting Manager/Controller

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. Optional: Please provide your firm's advisory fee payment instructions. (Only complete this section if the firm allows the advisory fee to be withdrawn from the annuity contract.)

#### Advisory Firm

Name: \_\_\_\_\_ RIA TIN: \_\_\_\_\_

#### Advisory Firm Contact Person (required)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Financial Institution

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### Account

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

4. What Custodian(s) do you use? \_\_\_\_\_

5. Do you use third party money managers, manage portfolios yourself or both? \_\_\_\_\_

6. How many IARs are currently associated with the firm? \_\_\_\_\_

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**7. Do you use any of the following annuity order entry/electronic platforms?**

☐ AnnuityNet                      ☐ AFFIRM                      ☐ FireLight

**8. What technology do you use for client reporting and billing purposes?** \_\_\_\_\_

**9. Will annuity applications be required to be reviewed by the RIA before submission to MassMutual Ascend?**

☐ Yes                      ☐ No

**10. Do you have preferred or approved Independent Marketing Organizations that you work with?**

☐ Yes                      ☐ No

If yes, list the current marketing organizations with which your IARs work (if known):

\_\_\_\_\_  
\_\_\_\_\_

**11. Do you have other RIA, Broker/Dealer or Insurance Agency Affiliations?**

If yes, list your affiliations in the space provided.

\_\_\_\_\_

If you have an Insurance Agency Affiliation, would you like to receive a marketing allowance or commission override for the sale of fixed-indexed annuities by your IARs?

☐ Yes- please complete the Agency Agreement with Power to Appoint form  
☐ No

**12. Authorizations**

☐ Check here if Advisory Firm authorizes each of its investment advisory representatives to execute Investment Management Agreements (Form S6054216NW) on behalf of Advisory Firm

Advisory Firm hereby authorizes MassMutual Ascend and the financial institution identified in Section 3 above to deposit all advisory fees by electronic fund transfer into the account identified in Section 3 above, and to adjust the Advisory Firm's account for overpayments. The authorizations set forth in this Section shall continue until revoked or superseded by Advisory Firm.

Advisory Firm Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be signed by an authorized representative of Advisory Firm who also has signature authority over the account to which advisory fees are to be deposited. By signing this form, the person signing as representative of Advisory Firm certifies that he/she has that authority.

Once completed, please email this form to [RIAMaster@mmascend.com](mailto:RIAMaster@mmascend.com) or fax it to 513-361-5930.

If you have questions, please contact:

- Belle Bielawska at 303-565-7007 or [ibelawska@mmascend.com](mailto:ibelawska@mmascend.com)
- Amy Duffy at 513-412-1390 or [aduffy@mmascend.com](mailto:aduffy@mmascend.com)