

Client Financial Disclosure (CFD)

Complete this form in its entirety for all IRAs and non-qualified sales. Please provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's overall income, assets and health. If the owner is to be an irrevocable trust, use form U2671620NW. If you are submitting an additional purchase payment to an existing contract, use form U2671120NW. Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

Owner Information

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN	Age	Employment Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired

Joint Owner Information (if applicable)

Check here if joint owner is spouse

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN	Age	Employment Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired

Client Profile

- What is your investment experience?
 - 0-3 years 4-6 years 7-10 years 10+ years
- What is your marginal federal tax rate?
 - 0%-15% 16%-25% 26%-34% 35% and over
- What is your current housing arrangement?
 - Rent Own Live with friend/family Reverse mortgage
- What is the current state of your health?
 - Good/Excellent Fair/Poor Chronic health problem Nursing home dependent
- What is the current state of health of your spouse and/or joint owner?
 - N/A Good/Excellent Fair/Poor Chronic health problem Nursing home dependent
- What is your general investment risk tolerance?

← →

Conservative Moderately conservative Moderate Moderately aggressive Aggressive
- What other financial products do you currently own? (please check all that apply)
 - None Fixed annuities Variable annuities Savings/checking
 - Life insurance CDs Retirement plans Stocks/bonds/mutual funds
 - Other (please explain): _____

8. Do you intend to apply for means-tested government benefits (e.g. food stamps, housing assistance, SSI, Snap), including, but not limited to, a state Medicaid (Medi-Cal) program or the veteran's aid and attendance benefit?

Yes No If yes, please explain: _____

9. Are you currently paying off debt other than a home mortgage? (please check all that apply)

None Car loan Student loan
 Home equity loan Personal loan Credit cards
 Other (please explain): _____

10. Do you have sufficient available cash, liquid assets or other sources of income for current and future living expenses, health care and emergencies other than the money that you plan to use to purchase this annuity contract?

Yes No If no, please explain: _____

Financial Status

11. What are your sources of income? (please check all that apply)

Salary/Wages Social Security Pension/Retirement benefits Rental income Investments
 Other (please explain): _____

12. Monthly income (net income from all sources)

\$

13. Monthly expenses

\$

14. Monthly spendable income (12 minus 13)

\$

15. Total debt (not including primary mortgage)

\$

Assets Following Purchase of this Annuity *The purchase payment for this annuity must only be listed in Non-liquid assets*

Liquid assets	Non-qualified	Qualified	Non-liquid assets	Non-qualified	Qualified
Annuities <i>(outside of surrender; do not include the purchase of this annuity)</i>	\$	\$	Purchase payment for this annuity	\$	\$
Bank accounts/CDs/ money market	\$	\$	Annuities <i>(surrender charges apply, not including this purchase)</i>	\$	\$
Mutual funds <i>(A and C shares)</i>	\$	\$	Life insurance	\$	\$
Other	\$	\$	Mutual funds <i>(B shares)</i>	\$	\$
Retirement plans (please describe):		\$	Other	\$	\$
			Retirement plans (please describe):		\$
Total liquid net worth <i>(Non-qualified + Qualified)</i>	\$		Total non-liquid net worth <i>(Non-qualified + Qualified)</i>	\$	

Needs and Objectives

16. Do you have any of the following insurable risks or needs that this annuity can address? (please check all that apply)

- Risk of outliving your assets (longevity risk) Principal risk due to market loss
 Principal risk due to your untimely death Need for lifetime income provided by optional rider, if applicable

17. What are your financial objectives? (please check all that apply)

- Death benefit/wealth transfer Accumulation Tax deferral
 Income planning Guaranteed interest rate Veterans Administration Benefits
 Principal protection Medicaid/Medi-Cal eligibility
 Other (please explain): _____

18. Interest credited under the annuity may change from time to time. Does this uncertainty change your risk tolerance?

- No change to my risk tolerance Increases my risk tolerance Decreases my risk tolerance

19. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?

- Yes No

20. When do you anticipate taking your first distribution? (please check one)

- Less than 1 year Between 1 - 5 years Between 5 - 9 years 10+ years None anticipated

21. How do you anticipate taking your first distribution from this annuity?

- Annuitize Free withdrawals Activate Rider Partial surrender
 Systematic withdrawal Lump sum surrender Leave to beneficiary RMD
 Loans Immediate income
 Other (please explain): _____

22. What is the intended use of this annuity? (please check all that apply)

- Asset accumulation Tax-deferred growth Guaranteed interest rate Wealth transfer
 Capital preservation Avoid cost/delay of probate Supplement future income
 Other (please explain): _____

Source of Funds

23. What is your source for this annuity's purchase payment?

- Another annuity CD Checking/savings account 401(k) plan
 Home equity loan Life insurance Stocks/bonds/mutual funds Death proceeds
 Reverse mortgage Other (please explain): _____

24. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

- Yes No If yes, please provide the total of such costs from all sources \$
and the percentage this represents %

Replacement/Exchange Information (includes inherited contracts)

25. Is another annuity (or annuities) a source for this annuity's purchase payment?

Yes No **If yes, please answer questions 26-37.**

	Transferring Contract 1	Transferring Contract 2
26. Name of transferring company		
27. Contract number		
28. Was the contract being replaced/exchanged purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Type of annuity being replaced/exchanged	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
30. Current accumulation value	\$	\$
31. Current surrender value	\$	\$
32. Approximate market value adjustment (+ or -)	\$	\$
33. Guaranteed minimum interest rate	%	%
34. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Will there be any lost benefits on the annuity being replaced/exchanged?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>

36. How is the MassMutual Ascend annuity substantially better than the contract(s) being replaced/exchanged? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Added/Increased rider benefits | <input type="checkbox"/> Greater income | <input type="checkbox"/> Higher fixed rate or cap/participation rates |
| <input type="checkbox"/> Decreased fees | <input type="checkbox"/> Enhanced death benefits | <input type="checkbox"/> Increased investment selection |
| <input type="checkbox"/> Reduced market risk | | |
| <input type="checkbox"/> Other (please explain): _____ | | |

37. Did your agent sell the replaced/exchanged contract(s)? Yes No

Owner Signatures

To the best of my knowledge and belief, the information provided in this CFD is true and complete.

Owner's signature

Date (MM/DD/YYYY)

Joint owner's signature (if applicable)

Date (MM/DD/YYYY)

Producer's Statement(s)

38. I have made a reasonable effort to obtain and accurately record information from my client(s) requested in this Client Financial Disclosure. Based on this information, I recommend the purchase of this annuity product for the following reasons (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Growth potential with minimal and limited downside risk | <input type="checkbox"/> Estate administrative ease |
| <input type="checkbox"/> Surrender charge period is within the purchaser's time horizon | <input type="checkbox"/> Tax deferred growth |
| <input type="checkbox"/> Potential for lifetime income | <input type="checkbox"/> Lifetime income as of a specific time |
| <input type="checkbox"/> Annual free-withdrawal allowance to help with unanticipated events | <input type="checkbox"/> Account value death benefit |
| <input type="checkbox"/> Other (please explain): _____ | |

39. I discussed any conflict of interest issues with my client: Yes No No conflict

40. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:
 Yes No

Producer's signature

Date (MM/DD/YYYY)

Agent number

Second Producer's Statement (if applicable)

41. I agree with the selected reasons in question 38: Yes No If No, print page 5 of the CFD, complete question 38 only, and submit it with this CFD.

42. I discussed any conflict of interest issues with my client: Yes No No conflict

43. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:
 Yes No

Second producer's signature

Date (MM/DD/YYYY)

Agent number

Third Producer's Statement (if applicable)

44. I agree with the selected reasons in question 38: Yes No If No, print page 5 of the CFD, complete question 38 only, and submit it with this CFD.

45. I discussed any conflict of interest issues with my client: Yes No No conflict

46. I provided my client with a written description of the scope and terms of our relationship and my role in this transaction:
 Yes No

Third Producer's signature

Date (MM/DD/YYYY)

Agent number