

B Financial Profile *continued*

9. What is the duration of existing liabilities and obligations?

a. Secured Liabilities/Obligations (Types of secured liabilities/obligations include home mortgages, vehicle loans, title loans, 401k loans, life insurance loans, pledged/non-purpose brokerage account loans, and other secured/collateralized liabilities.):

Liability/Obligation Type	Outstanding Amount	Anticipated Duration (years until payoff)
	\$	
	\$	
	\$	
	\$	

b. Unsecured Liabilities/Obligations (Types of unsecured liabilities/obligations include credit card loans, personal/business loans, personal/business lines of credit, student loans, medical bill obligations, and other unsecured liabilities.):

Liability/Obligation Type	Outstanding Amount	Anticipated Duration (years until payoff)
	\$	
	\$	
	\$	
	\$	
	\$	

10. Investment/Financial experience (Select one): ☐ None ☐ Limited ☐ Good ☐ Extensive (Asset type examples include, but not limited to, stocks, mutual funds, and annuities.)

11. Does the Owner currently have a reverse mortgage? *If Yes, complete 11a* ☐ Yes ☐ No

a. Is the source of funds ONLY a non-qualified 1035 exchange OR a direct qualified rollover? ☐ Yes ☐ No

12. Is this annuity to be used in conjunction with Medicaid planning? ☐ Yes ☐ No

13. Does the Owner have the option to contribute to an employer-sponsored retirement plan but does not intend to contribute up to the company match (not including replacement, 1035 exchanges, qualified rollovers)? ... ☐ N/A ☐ Yes ☐ No

14. Does the Owner expect or foresee any material change to their Financial Profile (e.g. employment, income, expenses, etc. within the next 12 months)? ☐ Yes ☐ No

a. Describe all expected changes and when they will occur:

[illegible]

1. Financial objective / intended use for purchasing annuity (*Select all that apply*):
 - ☐ Growth potential (potential for credited interest rate)
 - ☐ Stable growth (guaranteed credited interest rate)
 - ☐ Immediate income (Income to start anytime from now to 13 months)
 - ☐ Future income (Income to start in 13 months or later)
 - ☐ Tax-deferral
 - ☐ Safety of Principal
 - ☐ Fund of Life, Disability Income or Long Term Care insurance policy
 - ☐ Other (*Specify*): _____
2. Financial time horizon for this annuity (*Select one*):
 - ☐ Near term (Less than 1 year)
 - ☐ Very short (1-2 years)
 - ☐ Short (3-5 years)
 - ☐ Intermediate (6-9 years)
 - ☐ Long (10 or more years)
3. For this annuity only, what is the Owner's risk tolerance for this purchase (*Select one*):
 - ☐ Conservative
 - ☐ Conservative/Moderate
 - ☐ Moderate
 - ☐ Moderate/Aggressive
 - ☐ Aggressive
4. Is the Owner willing to accept the non-guaranteed elements in this annuity? *Including but not limited to the insurer's ability to change interest or cap rates, ability to increase fees, or other certain charges. (Not applicable to RetireEase).* ☐ Yes ☐ No
5. Source(s) used to fund the annuity (*Select all that apply*):

<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Sale of real estate
<input type="checkbox"/> Investment income	<input type="checkbox"/> Non-variable life insurance/Annuity (<i>Surrender/Loan/Withdrawal</i>)
<input type="checkbox"/> CD/Money market withdrawal	<input type="checkbox"/> Life insurance/Annuity (<i>Benefit Payment</i>)
<input type="checkbox"/> Personal savings	<input type="checkbox"/> Variable annuity/Life (<i>Surrender/Loan/Withdrawal</i>)
<input type="checkbox"/> Mutual fund redemption	<input type="checkbox"/> Other (<i>Specify</i>): _____
<input type="checkbox"/> Sale of stocks	_____
6. Within the previous 13 months, were any of the source funds invested in an annuity contract or life policy? ☐ Yes ☐ No
7. Has the Owner had a replacement, surrender or exchange in the past 36 months? *The definition of a "replacement" includes, but is not limited to, surrendered or partially surrendered contracts. If Yes, complete 7a.* ☐ Yes ☐ No
 - a. Reason for replacement:

D Accessing Money ::

For Odyssey SelectSM and MassMutual Stable VoyageSM only:

1. Does the Owner anticipate taking withdrawals prior to age 59 ½? (This pertains to any anticipated withdrawals, which may include withdrawals within rider provisions, required minimum distributions, and any other withdrawals or surrenders from the contract.) ☐ Yes ☐ No
2. Will any anticipated distributions or withdrawals exceed the free withdrawal provisions of the contract? ☐ Yes ☐ No

For RetireEaseSM and MassMutual RetireEase ChoiceSM only:

3. Does the Owner anticipate taking any withdrawals in addition to the payment stream? ☐ Yes ☐ No

For MassMutual RetireEaseSM only:

4. Does the Owner understand that he/she cannot request withdrawals from this contract unless he/she has chosen an annuity option that includes a right to take withdrawals? ☐ Yes ☐ No

D Accessing Money *continued*

For MassMutual RetireEase ChoiceSM only:

5. Does the Owner understand that this annuity is an investment for life and he/she cannot request withdrawals from this contract other than the contractually provided income payments? ☐ Yes ☐ No

For MassMutual RetireEase ChoiceSM QLACs only:

6. Does the Annuitant anticipate beginning annuity payments prior to April 2nd after the year they turn 72? ☐ Yes ☐ No

E Additional Product Considerations :::

For MassMutual RetireEaseSM and MassMutual RetireEase ChoiceSM only:

1. Does the Owner wish to provide a guaranteed death benefit for his/her heirs in the event of premature death?

☐ **Yes**, I/we have purchased an income option with a guarantee period or cash refund.

☐ **No**, I/we understand the option elected may not provide any death benefit to my heirs after the death of the annuitant(s).

2. Is the Owner aware of any health condition that may shorten his/her lifespan? ☐ Yes ☐ No

For MassMutual RetireEase ChoiceSM QLACs only:

3. Does the Owner anticipate making purchase payment(s) greater than \$135,000 across all their QLAC contracts or 25% of their aggregated IRA balances? ☐ Yes ☐ No

4. Does the Owner want to leave an income stream for a non-spouse beneficiary or want their beneficiary to have the ability to receive distribution of any death benefit over their life or life expectancy, rather than receiving a lump sum death benefit? ☐ Yes ☐ No

For MassMutual Stable VoyageSM only:

5. Does the Owner have the opportunity to select a shorter guarantee period with a higher guaranteed rate than the current selection? ☐ Yes ☐ No

If yes, explain:

For MMLIS Registered Representatives, complete questions 7-9 if funding is coming from a mutual fund:

6. What is the total fees/expenses of the mutual fund being surrendered? _____%

7. What is the contingent deferred sales charge of the mutual fund being surrendered? \$ _____

8. Will the Owner pay taxes on the mutual fund being surrendered? ☐ Yes ☐ No

F Replacements :::

Complete this section only if this annuity is being funded by a life or annuity replacement. Otherwise, skip to section G — Agreements & Signatures.

1. Is the Owner replacing a contract that will have or had, a surrender charge (i.e. direct or indirect replacement)? ☐ Yes ☐ No
 - a. Surrender charge amount: _____%
2. Is the Owner replacing a contract that will have or had, a recapture fee? ☐ Yes ☐ No
 - a. Recapture fee amount: \$ _____
3. Will the Owner pay taxes on this replacement? ☐ Yes ☐ No
4. Does this purchase constitute a second (or more) replacement of this annuity contract within the last 36 months? ☐ Yes ☐ No
 - a. If yes, did the Owner previously pay a surrender charge? ☐ Yes ☐ No
 - b. If yes, previous surrender charge amount: _____%
5. Indicate any of the following benefits that were on the source contract. Please provide the dollar value on the whole contract and do not prorate the values of partial transfers:

Contract Number					
Guaranteed Lifetime Withdrawal Benefit <i>(Provide dollar amount of entire benefit base)</i>	\$	\$	\$	\$	\$
Guaranteed Withdrawal Benefit - Non Lifetime	\$	\$	\$	\$	\$
Guaranteed Minimum Income Benefit	\$	\$	\$	\$	\$
Guaranteed Accumulation Benefit	\$	\$	\$	\$	\$
Death Benefit	\$	\$	\$	\$	\$

6. Will the Owner's death benefit be smaller? ☐ Yes ☐ No
7. Is the Owner replacing a contract that is eligible for an internal exchange program? ☐ Yes ☐ No
8. Is the Owner replacing a contract with additional riders or annuitization options that are not being taken advantage of? ☐ Yes ☐ No
9. Is the Owner replacing an annuity contract that is subject to a market value adjustment? ☐ Yes ☐ No
- a. Current market value adjustment on the contract changed by: _____% (Select one): ☐ Increased ☐ Decreased
- b. Current surrender charge before market value adjustment: \$ _____
10. For **MassMutual Odyssey SelectSM** or **MassMutual Stable VoyageSM** purchases (Annuity replacements only):
- a. Expected credited rate of new contract _____%, rate guarantee period _____ years
- b. Current credited rate of existing contract _____%, rate guarantee period _____ years
11. For **MassMutual RetireEaseSM** purchases (Annuity replacements only):
- a. Expected payout of new contract: \$ _____ per year (Attach annuitization quote from existing contract to the order)
- b. Payout, if annuitized, from existing contract: \$ _____ per year (Attach annuitization quote from existing contract to the order. Enter "\$0.00" if the existing contract cannot be annuitized. Use section G - Agreements and Signatures to provide details if comparison of annuity payouts can't be completed.)

G Agreements & Signatures ::

Producer Signature

Producer Attestation: By signing this form, I acknowledge that:

- I have evaluated the Owner's suitability information and determined that the purchase of this contract is suitable and in the Owner's best interest,
- The Owner will benefit from certain features of the contract,
- I have informed the Owner of the various features of the contract and potential consequences of the transaction (including any available exchange program offered by the current annuity's issuer that is not being utilized, if applicable),
- I have provided the Product Summary of the relevant suitability considerations and product information that provide the basis for the recommendation, as applicable:
 - MassMutual Odyssey Select Product Summary (FR2263)
 - MassMutual RetireEase Product Summary (FR2266)
 - MassMutual RetireEase Choice Product Summary (FR2264)
 - MassMutual Stable Voyage (FR2267) and,
- I have provided a copy of the Product Disclosure to the Owner, as applicable:
 - MassMutual Odyssey Select Product Disclosure (FR1210)
 - MassMutual RetireEase Product Disclosure (FR2259(NY))
 - MassMutual RetireEase Choice Product Disclosure (FR1265(NY))
 - MassMutual Stable Voyage Product Disclosure (FR1228).
- I further acknowledge that this transaction complies with my obligations under NY Insurance Regulation 187.
- If this order was entered by an authorized proxy, as the Producer, I understand I am responsible for the accuracy of the information as well as any errors. I hereby attest that the information entered is accurate and true to the best of my knowledge.

In the following section, please provide specific information tailored to the Owner's overall financial situation and why you feel they will benefit from this recommendation. If this transaction is a replacement, please explain why the new contract puts the Owner in a *better* position.

Please provide the favorable considerations for this transaction (e.g., provides guaranteed interest rate, provides guaranteed lifetime income, etc.):

Please provide the unfavorable considerations for this transaction (e.g., loss of liquidity, loss of income, loss of riders, impact of cost, etc.):

Please provide the basis for your recommendation and the facts and analysis that support your recommendation:

Provide any other unique information that explains the appropriateness of this transaction:

Signature of Primary Producer: _____

Printed name: _____ Date: _____

Owner Signature

Owner Acknowledgment: By signing this form, I acknowledge that I:

- Read this form carefully and understand its contents,
- Provided complete and accurate information,
- Discussed the form and the contract with my producer,
- Have been reasonably informed of the various features of the contract and potential consequences of the transaction, both favorable and unfavorable,
- Received a summary of all relevant suitability considerations and product information that provide the basis for the recommendation,
- Received a copy of the Product Disclosure,
- Have the financial ability to meet the financial commitments under the contract,
- Believe this transaction is consistent with, and in furtherance of, my needs and objectives, and determined that I would benefit from certain features of this contract.

If the transaction involves a replacement, I further acknowledge that I have carefully compared the costs and benefits associated with my existing contract and the proposed contract.

► Signature of Owner: _____
Printed name: _____ Date: _____
Title (If applicable): _____

► Signature of Joint Owner (If applicable): _____
Printed name: _____ Date: _____

