

APPLICATION AND PROFILE
AGENT'S AGREEMENT WITH POWER TO APPOINT
(Not for use in contracting a Broker Dealer or the Insurance Agency of a Broker Dealer)

I. PERSONAL INFORMATION

Full Name _____
Date of Birth _____ / *First* _____ / _____ Gender *Middle* _____ SSN _____
Residence Address _____
Mailing Address _____
Phone Number _____ Email address _____

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in states you wish to be appointed.)

This information is required:

National Producer Number: _____
Preferred method for delivery of client contracts? ☐ Send directly to Agent ☐ Send directly to Client
Are you registered with the FINRA? ☐ Yes ☐ No List CRD Number: _____
Do you have Errors and Omission insurance coverage? ☐ Yes ☐ No
List carrier and policy number: _____
Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)
Make commissions payable to: ☐ Individual ☐ Corporation (Complete form X2653814NW)
Are you an owner, partner, director or officer of any business? ☐ Yes ☐ No
(If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.)

III. BACKGROUND INFORMATION

Please answer all questions. If you answer "Yes" to any of the questions, please attach a separate sheet with details.

	Yes	No
1) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding traffic tickets and including disclosure of expunged or sealed records?)	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever had your producer or agent's license or registration restricted, suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or regulatory investigation, claim or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been involuntarily terminated or permitted to resign from employment or had an agent representative appointment terminated by any insurance or other financial services company other than for lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are you delinquent in any personal or business financial obligations (including but not limited to deficit balances in fiduciary trust accounts)?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does any insurance or financial services company hold a claim against you for commission debit balances?	<input type="checkbox"/>	<input type="checkbox"/>
8) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
BANKRUPTCY DISCHARGE/DISMISSAL DATE		
9) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, administrative, civil or criminal matters not disclosed above?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS IN SECTION III,
PLEASE ATTACH A SEPARATE SHEET WITH DETAILS.**

IV. AUTHORIZATION and AGREEMENT

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize MassMutual Ascend Life Insurance Company (the "Company") to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company. I authorize the Company to share any information obtained with affiliated companies, appointing agent upline management or third parties, where permitted by law, and agree to hold the Company and its affiliates harmless from liability for any and all consequences of releasing such information. Any such investigation may include obtaining one or more consumer reports (included credit scores/reports) from a consumer reporting agency. I expressly consent to the Company obtaining such report at any such times. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I certify I have received from the Company all disclosures required by the Fair Credit Reporting Act. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I hereby certify that I have read, understand and agree to be bound by the Agent's Agreement with Power to Appoint, which is attached to this Application and Profile. Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

Signature of Applicant / Agent _____ Date _____

TO BE COMPLETED BY APPOINTING AGENT

Agent Commission Level _____ Appointing Agent _____ Agent # _____
Signature _____
Signature _____

If agent will sell ALL or SOME MassMutual Ascend Life annuity products through a Broker Dealer, please provide the following (Business sold through Broker Dealers will be governed by Broker Dealer instructions):

Broker Dealer _____ Broker Dealer Master # _____

If agent is a Registered Investment Advisor and plans on offering the zero commission fixed indexed annuities for fee-based advisors, please provide the following:

Registered Investment Advisor (RIA) _____ RIA Agency # _____

Agent's Agreement with Power to Appoint – The following provisions shall be given full force and effect even though the Agent's signature precedes these provisions.

1. Parties

The parties to this Agent's Agreement with Power to Appoint ("Agreement") are MassMutual Ascend Life Insurance Company (the "Company", "we", or "us"), an Ohio corporation, and the agent identified on the Application and Profile (referred to herein as "you", "your" or "Agent," as the context requires.)

2. Appointment

The Company appoints you, and to the extent permitted under applicable state law appoints your employees who are duly licensed, as its agent to solicit and procure applications/order tickets/request forms for the insurance coverage listed in the Schedule(s) of Commissions referred to on the last page hereof or as otherwise provided to you by separate notice, which is (are) incorporated herein and made a part of this Agreement. This appointment is effective as of the date set out at the end of this Agreement or as otherwise provided to you by separate notice. Your appointment will continue in effect until terminated.

3. Territory

Your appointment is limited to the territory in which, as of the date hereof, you are presently and validly licensed as a resident insurance agent and appropriately appointed by the Company. This Agreement will also apply to any business you do in any other locations in which you are licensed as a non-resident agent and appropriately appointed by the Company in such locations. You do not have an exclusive right in or to any such territory or location. You specifically acknowledge that the Company may, in its sole and absolute discretion, appoint additional agents within any such territory as it deems appropriate. You acknowledge that the Company may, in its sole and absolute discretion, enter into different compensation and commission structures with any such agent. You acknowledge that such additional appointments or structures may have, as their natural consequence, an effect on your business and revenues and you specifically waive any claims against the Company that may arise therefrom or in connection therewith.

4. The Company's Duties

- The Company will pay any fees directly related to your appointment as its agent for the territory described above, and for any renewals of such appointment. The Company will not pay the fees or charges for your life insurance license or for any examination or continuing education required for it. Also, the Company may, but is not required to, designate you as its agent at your request in

other territories for which you are validly licensed as an insurance agent; provided, however, you will be responsible for all fees and other costs that apply to such designations.

- b. The Company will pay commissions on business you produce according to the terms and conditions set forth in this Agreement and the Schedule(s) of Commissions.

5. Your Duties

- a. You shall solicit and procure applications/order tickets/request forms for the insurance coverage listed in the Schedule(s) of Commissions that you are licensed to sell; provided, however, the Company may, in its sole discretion and for any reason or no reason, refuse to accept, or require the amendment of, any application/order ticket/request form.
- b. You shall operate your business in strict conformance with all applicable laws, rules and regulations, and in conformity with this Agreement as well as the Company's rules, policies and procedures. You may not solicit or deliver policy or contract forms in any territory or location which requires regulatory approval of such forms, or in which the Company is not licensed to do business, until such regulatory approval or licensing has been obtained by the Company.
- c. You agree to exert your best effort to keep all insurance produced by you under this Agreement in full force and effect.
- d. You agree to be bonded in such manner, subject to reasonable amendment, as the Company may from time to time require.
- e. You agree to be responsible for all taxes, insurance (including, but not limited to, workers' compensation) and benefits as a self-employed independent contractor applicable to your business. Nothing contained in this Agreement shall create, or shall be construed to create, the relationship of a partnership, franchise, joint venture or an employer and employee between the Company and you. You shall not represent or hold yourself out to be a partner, franchise, joint venture or employee of the Company.
- f. You shall be solely responsible for and to any other person(s) you contract with or employ to fulfill your duties under this Agreement. You shall ensure that any such person holds all licenses required under applicable law.
- g. You shall be solely responsible for and pay all expenses incurred by you, including license fees and charges that the Company has not specifically agreed to pay pursuant to this Agreement or in another written document signed by the Company.
- h. You shall promptly notify the Company of any written customer complaint that relates to the sale or marketing of the Company's products, or any activity in connection with or notice of any pending or threatened regulatory investigation, disciplinary action, judicial proceeding and the like involving you, your company and/or your employees and agents. You will fully cooperate with the Company during its investigation of any consumer complaint or in connection with any other investigation being conducted by the Company.
- i. You shall maintain accurate records regarding business transacted by you pursuant to this Agreement, including customer and regulatory complaint files and such other information as the Company may reasonably require during the term of this Agreement and for a period of seven (7) years thereafter. All such records and other information shall be subject to inspection and photocopying by the Company at any time during normal business hours. No entry in any record made or kept by you shall be binding on the Company. Upon termination of this Agreement and if requested by the Company, you shall immediately forward to the Company, at your cost and expense, a copy of all such financial records and documents of all business produced under this Agreement, including, but not limited to, accounting records, bank account records, underwriting files, policy or contract records and claim files, as well as all such other documents as the Company may reasonably require.
- j. You shall not use any material, supplies or advertising in any medium or format which mentions the Company by name or logo or relates to any of its products except for such materials provided by the Company or with the Company's prior written approval.
- k. When engaging in any conduct or activities outside the power or authority expressly granted in this Agreement, you shall not create or permit, by action or omission, any appearance or likelihood of confusion that your conduct or activities are authorized, ratified, or are by or on behalf of the Company.
- l. You shall hold the Company, its officers, directors and employees harmless and defend and indemnify it against any and all liability, claim or cause of action (including regulatory or administrative proceedings), including costs and attorneys fees, resulting from or arising out of your conduct or out of a breach of this Agreement, a violation of law or an error or omission committed by you.
- m. All items given to you by any person for delivery to the Company and all items given to you by the Company for delivery to any person shall be promptly delivered by the Agent to the Company or such person, respectively.
- n. You shall maintain the active status of all licenses and registrations necessary to sell the Company's products and, if such active status should lapse or be restricted or placed in suspension for any reason, you shall immediately discontinue all efforts to market or sell the Company's products (including, but not limited to, the finalization of any sales already in process) and notify the Company of the same.
- o. You will keep confidential all information about the Company and Company products, including without limitation business practices, marketing strategies, computer programs, rate manuals and printed and electronic data. You will only use such information for the purposes contemplated herein and shall not disclose any such information, other than sales materials intended for distribution to customers.
- p. You will use any Personal Information only as permitted by, and subject to the requirements and restrictions of Section 18 below.
- q. You will not recommend any Company product unless you have reasonable grounds, after full inquiry, to believe it is suitable and, if required by applicable laws or regulations, in the best interest of the applicant.
- r. You agree to abide by all Rules and Regulations of the Company including, but not limited to the Company's Anti-Money Laundering Program.
- s. You agree to maintain at all times during this Agreement Errors and Omission insurance coverage from an insurer acceptable to the Company with limits of liability of not less than one million dollars (\$1,000,000.00) for a single claim and one million dollars (\$1,000,000.00) in the aggregate. You also agree to provide the Company with evidence of such coverage upon request, and shall notify us at least thirty (30) days prior to cancellation of such coverage.

6. Delivery of Policies and Contracts

- a. You shall promptly deliver all items given to you for delivery to another person or the Company; provided, however, delivery of a life insurance policy approved and issued by the Company may be made only if: (1) the proposed insured at the time of delivery is, to the best of your knowledge and belief, in as good a condition of health and insurability as is stated in the application/order ticket/request form for such policy; and (2) the first premium has been fully paid.
- b. Any life insurance policy not delivered pursuant to subsection (a) above shall be immediately returned to the Company.
- c. For each life insurance policy or annuity contract issued in a form as applied for and returned for cancellation on account of nonacceptance by the applicant or which is rewritten at your request, the Company, upon request, may require reimbursement from you for the costs associated with issuing a new policy or contract.

7. Premium Settlements

Only the initial premium on applications/order tickets/request forms procured by or through you may be collected by you. All premium settlements shall be by check or by electronic funds transfer received subject to collection and payable to the Company. No third party, agent or agency checks will be accepted. All such monies received by you are received in a fiduciary capacity, and you shall immediately forward any such premium settlement, entire or partial, to the Company. All future premium will be paid directly to the Company. You do not have the authority to open or maintain any bank account in or using the Company's name or to negotiate or deposit any funds collected on the Company's behalf. If the Company authorizes you to collect any additional premiums or other money, you shall follow all instructions set out on premium receipts and conditional receipts prepared by the Company, and promptly forward to the Company all such premium and other money collected.

8. Limitations

You are not authorized, and are expressly forbidden, to:

- a. waive any rights of the Company, or to collect any amounts other than premium for policies which have been issued, or bind the Company in any way, except as herein expressly stated;
- b. institute legal proceedings against any third party in connection with any matter pertaining to the business of the Company and/or in the name of the Company without the prior written consent of the Company;
- c. incur any indebtedness for any purpose whatsoever on behalf of the Company;
- d. investigate, adjust, settle and/or defend claims on behalf of the Company; and
- e. negotiate, facilitate, accept, bind or enter into reinsurance treaties on behalf of the Company.

9. Repayment/Indebtedness

If you owe money to the Company or any of its affiliates at any time for any reason, you understand and agree that:

- a. any amount (including commissions) that you must repay to the Company or any of its affiliates are a debt that is due and payable upon demand;
- b. interest may accrue and be payable on your debt beginning on the date of the event that creates your obligation of payment;
- c. interest shall be at the rate of 12% per annum (or such lesser rate which is the maximum rate permitted by law) and the Company may also charge you costs and reasonable fees (including attorneys fees) if your debt is referred to a third party for collection;
- d. any amounts that you owe the Company, or any of its affiliates, are and shall be secured by a first lien against any compensation that may be or become due or payable to you, which first lien is hereby granted to the Company by you and the lien hereby created shall not be extinguished by the termination of this Agreement;
- e. any amounts payable or due to become payable to you hereunder shall be subject to a lien and right of setoff for any debt from you to the Company, or any of its affiliates, whether then existing, contingent or not yet matured, all in such amounts as the Company may reasonably determine;
- f. because your potential future commission earnings act as security (under the previous paragraph) for any amounts that you owe to the Company, or any of its affiliates, you agree that with respect to any policies or contracts to which this Agreement relates, you will not induce or try to induce the reduction or stoppage of premium flow, or the transfer of premiums (in whole or in part) to any other insurance company or to any other investment instrument, for so long as any amounts are owed to the Company, or any of its affiliates, by you (including after termination of this Agreement); and
- g. the Company may charge you for, and you hereby agree to indemnify and hold harmless the Company for, any amounts owed to the Company, or any of its affiliates, to the extent that such debt was incurred and these charges will be added to your indebtedness and you will be responsible for these charges as money that you owe to the Company.

10. Assignment

Neither this Agreement, nor any of your rights under it, may be assigned, pledged or hypothecated, without the prior written consent of the Company. The Company does not assume any responsibility for, or guarantee the validity or sufficiency of, any assignment. No assignment shall be operative while any indebtedness to the Company or any of its affiliates remains unsatisfied and any such assignment shall be subject to any existing or future indebtedness of yours to the Company hereunder.

11. Company's Authority

Without liability to you, the Company may in its sole discretion, at any time and from time to time, (a) retire from any territory; (b) discontinue and/or withdraw any form of policy or contract in any territory without prejudice to its right to continue use of said form in any other territory of the Company; (c) discontinue and/or withdraw any form of policy or contract in all territories; and (d) resume the issuance or use of any form in any territory or territories at any time.

12. Commissions

- a. The Schedule(s) of Commissions as amended or revised from time to time by the Company, govern the parties' agreement with respect to compensation payable in accordance with this Agreement.
- b. If commissions are payable to you by your Appointing Agent or Broker Dealer, you agree that the Company has no obligation to pay any compensation directly to you, and you agree to indemnify and hold harmless the Company from all losses and expenses,

including costs and attorney fees, resulting from any claim by you for compensation, notwithstanding anything herein to the contrary.

- c. Commissions payable to you by the Company are subject to the following:
- i) Commissions shall be computed on the commissionable premiums paid to, received and accepted by the Company on applications/order tickets/request forms procured by you in accordance with this Agreement at the rate and under the conditions as set forth in the Schedule of Commissions.
 - ii) First year and renewal commissions shall be fully vested to you (subject to forfeiture as described in Section 14) as such commissions are earned as set forth in the Schedule of Commissions. Service fees, if any, shall not vest. No commissions will be earned on premiums paid in advance until after the due dates of the respective premiums so paid in advance and then only if the policy or contract is in force and effect on such due dates.
 - iii) If any insurance procured hereunder is subsequently and appropriately converted to, or replaced by, some other form of policy or contract, the commissions payable, if any, under such new insurance shall be paid to you only if such conversion or replacement is affected by or through you.
 - iv) Subject to forfeiture as described in Section 14, commissions shall be paid to you when we receive premiums on which commissions are payable, subject to any reasonable delays that may occur in the normal course of business. If the premium on any policy secured hereunder is not paid within one hundred eighty (180) days from the premium due date and such policy is subsequently reinstated, you shall be entitled to further commissions thereon only if said policy is reinstated by or through you.
 - v) Should the Company, in its sole discretion, deem it appropriate at any time to refund any premium on which you were paid any compensation, then such compensation shall be charged back to you and deducted from future commission payments.
 - vi) Commissions on benefit riders, term riders, replacement policies or contracts, and conversions shall be payable in accordance with Company practices at the time the coverage is issued, converted or replaced, as the case may be.
 - vii) Subject to Forfeiture as described in Section 14, in the event of your death, any commissions due under this Agreement will be paid directly to the person or persons you have specifically designated to receive the same in your valid last Will or, if no such specific designation is made, then to your estate. If this Agreement is with a corporation or limited liability company, commissions will remain payable to such company.
 - viii) You must repay to the Company any commissions that it has paid to you on all controlled business (as defined below) that terminates, is rescinded, or is surrendered during the first two policy years. "Controlled business" means any business on which you may directly or indirectly either control the payment of premiums or control or influence exercise of the right to terminate, rescind or surrender, which includes but is not limited to, any policy or contract under which the owner or insured is: (i) you or your spouse or any person in your immediate family (parents, brothers, sisters, children, or their spouses) or the immediate family of your spouse; or (ii) an associate in or member or employee of your agency or any person in the immediate family of such associate, member or employee.
 - ix) Notwithstanding any of the foregoing, no commission shall be due and owing pursuant to the terms of this Agreement for or during any period of time during which you are in breach of the terms hereof or which arises from or relates to policies or contracts procured through any violation of law or this Agreement.

13. Termination

- a. This Agreement shall automatically terminate in the event of: (1) your failure to hold a valid license required for the sale of insurance in any territory; or (2) involuntary assignment of this Agreement for the benefit of creditors; or (3) your failure to maintain Errors and Omission insurance coverage as required under Section 5(s) above; or (4) your death (alternately, if you are a partnership, corporation or limited liability company, upon any event legally or contractually causing a dissolution of the partnership or a termination of the corporation or company).
- b. This Agreement may also be terminated by either Party with or without cause immediately upon notice given to the other Party. The right of termination under this subsection (b) is not restricted by the provisions for termination in (a) above. You agree that you have no recourse for any damages or injury which you may suffer by reason of the termination of this Agreement.
- c. Upon any termination of this Agreement, you shall immediately pay in cash any sums due hereunder and shall immediately deliver to the Company all of the previously furnished materials, supplies, advertising and any other matter which mentions the Company by name or is connected with its business. Your authority under this Agreement to solicit and procure applications/order tickets/request forms shall cease immediately upon termination.
- d. Upon termination, commissions will be paid (subject to forfeiture as described in Section 14) in accordance with this Agreement if (1) your total commissions for the previous calendar year are equal to or greater than \$200, (2) you inform the Company of any change you make in your current mailing address as recorded at the Company's administrative office and (3) premium contributions in force as of the end of a calendar year for any annuity contracts written under this Agreement are equal to or greater than 75% of the premium contributions in force as of the beginning of that calendar year.
- e. Your record or knowledge of names of policyholders and expiration dates shall not be disclosed by you to any agent, broker, or other person, unless required by law, nor used by you for purposes of solicitation.
- f. Upon termination, you agree that you will no longer have the authority to use our name, materials, or claim any association or relationship with us.
- g. The Company reserves the right to terminate this Agreement if you fail to meet any production goals the Company sets for you.

14. Forfeiture

- a. If at any time you engage in the conduct described below, you will forfeit your right to all commissions from and after that time, and all commissions will become the Company's property:
 - (1) withhold or misappropriate any money or other property belonging to a customer or the Company;
 - (2) subject the Company to liability due to your misfeasance, negligence, error, omission or malfeasance;

- (3) commit an act of fraud or embezzlement;
 - (4) fail to comply with the laws, rules or regulations of any federal, state, or other governmental agency or body having jurisdiction over this Agreement involving or based upon any of the acts listed in items (1) through (3) above this Section 14(a);
 - (5) fail to conform to the rules and regulations of the Company including, but not limited to its Anti-Money Laundering Program;
 - (6) if your insurance license is suspended, revoked or terminated;
 - (7) without the Company's prior written consent, induce or try to induce any agent appointed by the Company or employee of the Company to end his/her relationship with the Company;
 - (8) fail to pay any indebtedness to the Company on demand; or
 - (9) systematically replace the Company's policies or contracts with those of other companies.
- b. The Company reserves the right to take disciplinary actions, up to and including termination, for violations of this Agreement.
- c. **Termination of this Agreement, for cause or otherwise, and any forfeiture described herein, are specifically agreed to and intended by the parties to be a remedy for such termination or misconduct. The parties recognize that an agent's wrongdoing as described herein may negatively affect any insurance company's reputation, including its agents' reputation, for honesty and integrity. Reputation is an important consideration in the sale of insurance to the general public and in the renewal of existing in force policies and continuation of contracts. The parties further recognize that the damages caused by an agent's intentional, wrongful or criminal acts are difficult to prove, measure, and calculate because a customer's decision to do business, or continue to do business with a company, is subject to many varied influences. Under the circumstances, the parties agree that the remedies specified in this paragraph, including forfeiture, are a fair and proportional remedy for termination or misconduct.**

15. Notices

Any notice or demand required or permitted to be given under this Agreement shall be in writing and shall be deemed effective (unless this Agreement provides for a different period of time) upon the personal delivery thereof if delivered or, if mailed, forty-eight (48) hours after having been deposited in the United States mail, postage prepaid, and addressed in care of the Company to its then principal place of business, and in care of you to the current mailing address as recorded at the Company's administrative office.

16. Power to Appoint Subordinate Agents

- a. You may appoint subordinate agents with the Company's consent and subject to any conditions and limitations that it may require. To do so, you must use the agreement forms that the Company provides, and you must send to the Company the fully completed forms including any Commission Schedule(s) to be attached, signed by the proposed agent and by you. You will be an Appointing Agent under any such agreement and, as such, you will be responsible for the faithful performance of that agreement by the subordinate agent, including responsibility under Section 9 of this Agreement for any amounts owed to the Company, or any of its affiliates, by the subordinate agent. You agree to train, supervise, and be solely responsible for all subordinate agents.
- b. The Company will pay you overrides on business produced by subordinate agents. Overrides will be equal to the commissions the Company would pay to you if you produced the same business, less the aggregate commissions paid on that business to subordinate agents. If renewal commissions are not payable to a subordinate agent under the terms of his or her agreement and there are no amounts owed to that agent, then, at the Company's discretion, the amount that would otherwise have been paid will be part of your override commissions, unless that amount is payable to another agent for whom you are an Appointing Agent. Overrides are commissions and are subject as such to all terms, conditions, and limitations of this Agreement, including the Commission Schedule(s) and the Forfeiture provisions. If a subordinate agent is required to repay commissions under the terms of his or her agreement, then any override paid to you on the same business must also be repaid by you under this Agreement.
- c. At your request, the Company may terminate the agreement of a subordinate agent subject to any conditions or limitations that the Company may require. The Company may reappoint a subordinate agent on any basis that it sees fit at any time and without your consent and without notice to you (i) if the agreement of a subordinate agent is terminated, whether by you, or by him or her, or by operation of law, or (ii) if this Agreement is terminated, whether by you, the Company or operation of law.

17. Law

This Agreement is signed by the Company at its administrative offices in Cincinnati, Ohio, and shall be subject to, governed by and construed in accordance with the laws of the State of Ohio, without giving effect to the principles of conflicts of law thereof. Any dispute, controversy or claim between the parties hereto arising out of or relating to the provisions of this Agreement, except as specifically enumerated and exempted herein, shall be submitted to the American Arbitration Association (the "AAA") for resolution. Any such arbitration shall take place in Cincinnati, Ohio, and shall be in accordance with the Commercial Arbitration Rules of the AAA. Costs, excluding attorney fees, for all disputes submitted to arbitration shall be divided equally among the disputing parties and shall be paid accordingly. Punitive damages may not be awarded by the Arbitrator. Notwithstanding the above provision on arbitration, nothing herein shall void, waive or alter the parties' legal and equitable remedies to (1) enjoin or otherwise address defamation of one Party by the other, (2) enforce Section 9 of this Agreement or (3) indemnification. With respect to any legal or equitable action brought with respect to defamation or to enforce Section 9 of this Agreement, you acknowledge that this Agreement has a substantial legal nexus to Ohio and you agree that such disputes arising hereunder or related hereto shall be exclusively resolved (irrespective of any claim of federal jurisdiction, which is hereby expressly waived) in the courts of general jurisdiction of Hamilton County, Ohio and you irrevocably and unconditionally waive any objection to the laying of venue in such courts. You further agree to submit yourself to the jurisdiction of such courts and agree, with respect to such disputes, to the effectiveness of the service of any process, summons, notice or document by United States registered mail, return receipt requested, addressed to your last known address. You also agree that you shall not institute any suit, action or proceeding against the Company, whether by way of a claim for damages, declaratory or injunctive relief, except in said courts. The parties agree that a class action arbitration is not authorized or contemplated by this section.

18. Confidentiality

- a. The Company and Agent (each referred to as a "Party" in this Section 18) will comply with all applicable state, federal and foreign privacy, security, data protection and destruction laws and regulations relating to the protection and confidentiality of Personal Information (as defined below) and data breach notification requirements, including, without limitation, the Gramm-Leach-Bliley Act of 1999, as amended and the Standards for the Protection of Personal Information of Residents of the Commonwealth of Massachusetts, 201 CMR 17.00 ("the MA Security Regulations," collectively, the "Privacy Laws"). "Personal Information" shall have the meaning of such term or like terms set forth in each of the applicable Privacy Laws that describes, covers or defines data that identifies or can be used to identify individuals, and includes all "protected health information" as defined in 45 CFR §164.501 that is created or received by you for or on behalf of the Company.
- b. Each Party acknowledges that the other Party, in performing its obligation pursuant to the Agreement, does not meet the definition of a service provider for purposes of the MA Security Regulations.
- c. The Company and Agent agree not to disclose or use any Personal Information of the other Party's customers other than as necessary for the purpose of performing each Party's obligations under this Agreement.
- d. Each Party agrees to take appropriate measures to protect the confidentiality, privacy and security of Personal Information of the customers of the other Party, including the adoption of policies and procedures to comply with applicable Privacy Laws. You shall ensure that any of your agents, employees or subcontractors to whom you provide Personal Information received from, or created or received by you, on behalf of the Company, agrees to the same restrictions and conditions that apply to you under this Agent's Agreement with respect to such Personal Information.
- e. Each Party shall promptly notify the other Party if it knows or has reason to believe there has been unauthorized access, acquisition, disclosure or use by it or a third party of Personal Information of the customers of the other Party, and to comply with all applicable data breach notification requirements in the event of any such unauthorized access, acquisition, disclosure or use.
- f. You shall provide access to and make available for inspection or amendment the Personal Information, at the request of the Company, and in the time and manner designated by the Company.
- g. You shall provide an accounting of all disclosures of Personal Information upon request from the Company.
- h. Upon termination of this Agreement for any reason, return or destroy all Personal Information received by you, or created or received by you on behalf of the Company. In the event that returning the Personal Information is not feasible, you must notify the Company of such.

19. General Provisions

- a. This Agreement and any disclosures, releases and authorizations signed by you with regard to your appointment as the Company's agent, constitutes the entire agreement between you and the Company and supersedes all prior agreements, whether written or oral, understandings and commitments between us. This Agreement may be amended at any time by the Company upon thirty (30) days written notice to you. Such amendment shall be effective thirty (30) days after written notice, unless you object in writing no later than fifteen (15) days after written notice is mailed by the Company in accordance with this Agreement. Any amendment to this Agreement, whether by the Company or by both parties hereto, shall be in writing.
- b. The following provisions shall survive termination of this Agreement: 5h., 5i., 5k., 5l., 5o., 6, 7, 9, 12c(v), 13c., 13d., 13e., 14, 17 and 18.
- c. If the Agent is a partnership, corporation or limited liability company, each individual signing on behalf of Agent agrees to be and shall be jointly and severally liable for any debt of the Agent and shall be subject to the lien and rights of offset provided under this Agreement and enforcement of it on the same basis and to the same extent as the Agent.
- d. Headings used in this Agreement are for convenience and reference only and shall not control the interpretation of any term or condition.
- e. Any provisions of this Agreement which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision hereof, and such other provisions shall remain in full force and effect.
- f. The forbearance, waiver or neglect of the Company to insist upon strict compliance by you with any of the provisions of this Agreement or to declare a termination against you, shall not be construed as a waiver of any of the Company's rights or privileges hereunder.
- g. To the extent that any provision of this Agreement is in conflict with any statute, regulation, ordinance or other binding legislative or regulatory prohibition, such statute, regulation, ordinance or prohibition shall control and such provision shall be construed as void from its inception, it being the intent of both parties hereto to fully and completely conform to the laws of each jurisdiction in which the Company's business is being conducted.
- h. You agree that by providing your fax number, email address, mail address, and telephone number that you are providing consent to receive advertisements and other communications by fax, e-mail, mail and telephone from or on behalf of the Company and its affiliates. You understand that you can revoke your consent by submitting a written request, using the appropriate form if applicable, to the Company.
- i. You hereby authorize the Company and its affiliates to release information about you maintained by the Company or its affiliates to state or federal regulatory or law enforcement authorities on request.
- j. Should a court of competent jurisdiction declare any of the covenants or other provisions set forth in this Agreement unenforceable, the parties agree that such court shall be authorized to modify such covenants or provisions so as to render the remaining covenants and provisions, and the modified covenants and provisions valid and enforceable to the maximum extent possible, and as so modified, to enforce this Agreement in accordance with its terms and the intent of the parties.
- k. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together will constitute one and the same agreement and shall become effective when one or more counterparts have been signed by each of the parties and delivered to the other party.

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME OFFICE

Schedule of Commissions _____

MassMutual Ascend Life Insurance Company

Agent Number _____

This Agreement will be of no force or effect unless countersigned below by an authorized Officer of the Company.

By _____
Signature

Its _____
Title

Effective Date _____

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? _____

For Registered Investment Advisor Use Only. Not for Use in Sales Solicitation.

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 or fax it to 513-361-5930.

If you have questions, please contact:

- Belle Bielawska at 303-565-7007 or ibelawska@mmascend.com
- Amy Duffy at 513-361-9057 or aduffy@mmascend.com

Fixed Annuities:

PO Box 5420, Cincinnati OH 45201
800-438-3398 / 513-361-5930 Fax
RIAMaster@mmascend.com

Overnight Address:

Fixed Annuities: 191 Rosa Parks Drive, Cincinnati OH 45202

NOTICE OF ASSOCIATION WITH REGISTERED INVESTMENT ADVISOR

PERSONAL INFORMATION

Full Name

Agent Number

Phone Number

Email Address

The agent identified above ("Agent") wishes to inform MassMutual Ascend Life Insurance Company ("MMALIC") of the registered investment advisor with whom the Agent is associated.

REGISTERED INVESTMENT ADVISOR

Registered Investment Advisor

Registered Investment Advisor Master #

Signature of Agent

Date

Fixed Annuities:

PO Box 5420
Cincinnati OH 45201
800-438-3398 / 513-361-5930 Fax
BDmaster@mmascend.com

Overnight Address:

Fixed Annuities: 191 Rosa Parks Street, Cincinnati OH 45202

NOTICE OF ASSOCIATION WITH BROKER DEALER

PERSONAL INFORMATION

Full Name	<input type="text"/>		
Social Security Number	<input type="text"/>		
Mailing Address	<input type="text"/>		
	Street Address		
	<input type="text"/>		
	City	State	Zip Code
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

The agent identified above ("Agent") sells some or all MassMutual Ascend Life Insurance Company ("MMALIC") annuity products through a broker dealer and wishes to inform MMALIC of the broker dealer with whom Agent is associated.

BROKER DEALER

Broker Dealer	<input type="text"/>
Broker Dealer Master #	<input type="text"/>

AGREEMENT

Agent certifies the information contained herein is true and complete. Agent acknowledges that MMALIC will act in reliance on this information and, accordingly, Agent agrees to indemnify MMALIC and hold it harmless from any claims, liabilities, losses and expenses, including reasonable attorney fees, that arise from reliance by MMALIC on the information contained herein.

Signature of Agent

Date



Product issued by
Great American Life Insurance Company

PROSPECTIVE AGENT'S APPLICATION AND PROFILE

(SOLICITATION AGREEMENT - FOR USE WITH BROKER/DEALER)

(please reference X2623508NW)

I. PERSONAL INFORMATION

Full Name _____
Date of Birth _____ / _____ / _____ Gender _____ SSN _____
Residence Address _____
Mailing Address _____
Phone Number _____ Fax Number _____ Email Address: _____

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in states you wish to be appointed.)

This information is required:

Preferred method for delivery of client contracts? ☐ Send directly to Agent ☐ Send directly to Client

Are you registered with FINRA? ☐ Yes ☐ No If "Yes," current Broker/Dealer affiliation: _____

List CRD Number: _____

Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)

Are you an owner, partner, director or officer of any business? ☐ Yes ☐ No (If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.)

III. BACKGROUND INFORMATION

Please answer all questions. If you answer "Yes" to any of the questions, please attach a separate sheet with details.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| BANKRUPTCY DISCHARGE/DISMISSAL DATE _____ | | |
| 8) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. AUTHORIZATION and AGREEMENT

I certify that the information contained herein is true and complete to the best of my knowledge, information, and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read the Solicitor's Agreement which is attached to this Application and agree to be bound by all terms and conditions of said Agreement. Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

Signature of individual soliciting appointment _____ Date _____

Signature of Corporate Officer (if applicable) _____ Date _____

To be completed by Appointing Agent

The undersigned does hereby certify that to the best of the undersigned's knowledge, information, and belief the above information is true and correct. In addition, the undersigned further certifies that the undersigned has investigated the applicant's business reputation, character, trustworthiness and integrity and no unfavorable information was discovered or is otherwise known to the undersigned.

Printed name of Appointing Agent _____ Date _____

Signature of Appointing Agent _____ Agent Number _____

SOLICITOR'S AGREEMENT



Products issued by
Great American Life Insurance Company

1. Parties

The parties to this Solicitor's Agreement ("Agreement") are Great American Life Insurance Company® (the "Company", "we", or "us"), an Ohio corporation, and the agent identified at the end of this Agreement (referred to herein as "you", "your" or "Agent," as the context requires.)

2. Appointment

The Company appoints you as its agent to solicit and procure applications/order tickets/request forms for the insurance coverages you are authorized to sell by your Appointing Agent. This appointment is effective as of the date set out at the end of this Agreement and will continue in effect until terminated.

3. Territory

Your appointment is limited to the territory in which, as of the date hereof, you are presently and validly licensed as a resident insurance agent and appropriately appointed by the Company. This Agreement will also apply to any business you do in any other locations in which you are licensed as a non-resident agent and appropriately appointed by the Company in such locations. You do not have an exclusive right in or to any such territory or location. You specifically acknowledge that the Company may, in its sole and absolute discretion, appoint additional agents, brokers and/or subproducers at any such location or within any such territory as it deems appropriate. You acknowledge that the Company may, in its sole and absolute discretion, enter into different compensation and commission structures with any such agent, broker or subproducer. You acknowledge that such additional appointments or structures may have, as their natural consequence, an effect on your business and revenues and you specifically waive any claims against the Company that may arise therefrom or in connection therewith.

4. The Company's Duties

- a. The Company will pay any fees directly related to your appointment as its agent for the territory described above, and for any renewals of such appointment. The Company will not pay the fees or charges for your life insurance license or for any examination or continuing education required for it. Also, the Company may, but is not required to, designate you as its agent at your request in other territories; provided, however, you will be responsible for all fees and other costs that apply to such designations.
- b. The Company will pay commissions and any other compensation to your Appointing Agent on business you produce according to the terms and conditions set forth in this Agreement and our Agreement with your Appointing Agent.

5. Your Duties

- a. You shall solicit and procure applications/order tickets/request forms for the insurance coverages you are authorized to sell by the Company and that you are licensed to sell; provided, however, the Company may, in its sole discretion, refuse to accept, or require the amendment of, any application/order ticket/request form.
- b. You shall operate your business in strict conformance with all applicable laws, rules and regulations, and in conformity with this Agreement as well as the Company's rules, policies and procedures. You may not solicit or deliver policy forms in any territory or location which requires regulatory approval of such forms, or in which the Company is not licensed to do business, until such regulatory approval or licensing has been obtained by the Company.
- c. You agree to exert your best effort to keep all insurance produced by you under this Agreement in full force and effect.
- d. You agree to be bonded in such manner as the Company may from time to time, and subject to reasonable amendment, require.
- e. You agree to be responsible for all taxes, insurance (including, but not limited to, workers' compensation) and benefits as a self-employed independent contractor. Nothing contained in this Agreement shall create, or shall be construed to create, the relationship of a partnership, franchise, joint venture or an employer and employee between the Company and you.
- f. You shall be solely responsible for and to any other person(s) you contract with or employ to fulfill your duties under this Agreement.
- g. You shall be solely responsible for and pay all expenses incurred by you, including license fees and charges that the Company has not specifically agreed to pay.
- h. You shall promptly notify the Company of any written customer complaint that relates to the sale or marketing of the Company's products, or any activity in connection with or notice of any regulatory investigation, disciplinary action, judicial proceeding and the like involving you. You will fully cooperate with the Company during its investigation of any consumer complaint or in connection with any other investigation being conducted by the Company.
- i. You shall maintain accurate records regarding business transacted by you pursuant to this Agreement, including customer and regulatory complaint files and such other information as the Company may reasonably require. All such records and other information shall be subject to inspection by the Company at any time during normal business hours. No entry in any record made or kept by you shall be binding on the Company. Upon termination of this Agreement and if requested by the Company, you shall immediately forward to the Company, at your cost and expense, a copy of all such financial records and documents of all business produced under this Agreement, including, but not limited to, accounting records, bank account records, underwriting files, policy records and claim files, as well as all such other documents as the Company may reasonably require.
- j. You shall not use any material, supplies or advertising in any medium or format which mentions the Company by name or logo or relates to any of its products except for that provided by the Company or with the Company's prior written approval.
- k. When engaging in any conduct or activities outside the power or authority expressly granted in this Agreement, you shall not create or permit, by action or omission, any appearance or likelihood of confusion that your conduct or activities are authorized, ratified, or are by or on behalf of the Company.
- l. You shall hold the Company harmless and defend and indemnify it against any and all liability, claim or cause of action (including regulatory or administrative proceedings), including costs and attorneys fees, resulting from or arising out of your conduct or out of a breach of this Agreement, a violation of law or an error or omission committed by you.
- m. You shall promptly deliver all items given to you for delivery to another person or to the Company.
- n. You shall follow all instructions set out on premium receipts and conditional receipts prepared by the Company, and promptly send to it all premiums collected from applicants and any other money that the Company may authorize you to collect.
- o. You shall, where appropriate, accurately calculate any exclusion allowance or maximum deductible contribution applicable to the payment of premiums for any policies, and be solely responsible for the proper calculation of such allowance or maximum deduction by you.
- p. You shall maintain the active status of all licenses and registrations necessary to sell the Company's products and, if such active status should lapse or be placed in suspension for any reason, you shall immediately discontinue all efforts to market or sell the Company's products (including, but not limited to, the finalization of any sales already in process) and notify the Company of the same.

- q. You will keep confidential all information about the Company and Company products, including without limitation business practices, marketing strategies, computer programs, rate manuals and printed and electronic data. You will only use such information for the purposes contemplated herein and shall not disclose any such information, other than sales materials intended for distribution to customers.
 - r. You will not use any "nonpublic personal information" as defined in the Gramm-Leach-Bliley Act (the "GLB") or information subject to any other privacy law or regulation for any purpose, or disclose such information to any other person, except as otherwise permitted by therein.
 - s. You will not recommend any Company product unless you have reasonable grounds, after full inquiry, to believe it is suitable for the applicant.
 - t. You agree to abide by all Rules and Regulations of the Company including, but not limited to the Company's Anti-Money Laundering Program.
- 6. Delivery of Policies and Contracts**
- a. You shall promptly deliver all items given to you for delivery to another person or the Company; provided, however, delivery of a life insurance policy approved and issued by the Company may be made only if: (1) the proposed insured at the time of delivery is, to the best of your knowledge and belief, in as good a condition of health and insurability as is stated in the application/order ticket/request form for such policy; and (2) the first premium has been fully paid.
 - b. Any life insurance policy not delivered pursuant to subsection (a) above shall be immediately returned to the Company.
 - c. For each life insurance policy or annuity contract issued in a form as applied for and returned for cancellation on account of nonacceptance by the applicant or which is rewritten at your request, the Company, upon request, may require reimbursement from you for the costs associated with issuing a new policy.
- 7. Premium Settlements**
- Only the initial premium on applications/order tickets/request forms procured by or through you may be collected by you. All premium settlements shall be by check or by electronic funds transfer received subject to collection and payable to the Company. No agent or agency checks will be accepted. All such monies received by you are received as a fiduciary trust, and you shall immediately forward any such premium settlement, entire or partial, to the Company. You do not have the authority to open or maintain any bank account in or using the Company's name or to negotiate or deposit any funds collected on the Company's behalf.
- 8. Limitations**
- You are not authorized, and are expressly forbidden, to bind the Company by any promise or agreement, to incur any debt, expense or liability in its name or account, to enter into any legal proceedings in connection with any matter pertaining to the Company's business, or to waive or alter any provisions of any policy issued by the Company.
- 9. Repayment/Indebtedness**
- If you owe money to the Company or any of its affiliates at any time for any reason, you understand and agree that:
- a. any amount that you must repay to the Company or any of its affiliates are a debt that is due and payable upon demand;
 - b. interest may accrue and be payable on your debt beginning on the date of the event that creates your obligation of payment;
 - c. interest shall be at the rate of 12% per annum (or such lesser rate which is the maximum rate permitted by law) and the Company may also charge you costs and reasonable fees (including attorneys fees) if your debt is referred to a third party for collection;
 - d. any amounts that you owe the Company, or any of its affiliates, are and shall be secured by a first lien against any compensation that may be or become due or payable by the Company under this Agreement, which first lien is hereby granted to the Company by you and your Appointing Agent and the lien hereby created shall not be extinguished by the termination of this Agreement;
 - e. any amounts payable or due to become payable by the Company under this Agreement shall be subject to a lien and right of setoff for any debt from you to the Company, or any of its affiliates, whether then existing, contingent or not yet matured, all in such amounts as the Company may reasonably determine;
 - f. you agree that with respect to any policies to which this Agreement relates, you will not induce or try to induce the reduction or stoppage of premium flow, or the transfer of premiums (in whole or in part) to any other insurance company or to any other investment instrument, for so long as any amounts are owed to the Company, or any of its affiliates, by you (including after termination of this Agreement); and
 - g. the Company may charge you for, and you hereby agree to indemnify and hold harmless the Company for, any amounts owed to the Company, or any of its affiliates, to the extent that such debt was incurred and these charges will be added to your indebtedness and you will be responsible for these charges as money that you owe to the Company.
- 10. Assignment**
- Neither this Agreement, nor any of your rights under it, may be assigned, pledged or hypothecated, without the prior written consent of the Company. The Company does not assume any responsibility for, or guarantee the validity or sufficiency of, any assignment. No assignment shall be operative while any indebtedness to the Company or any of its affiliates remains unsatisfied and any such assignment shall be subject to any existing or future indebtedness of yours to the Company hereunder.
- 11. Discontinuance of Policy Forms**
- Without liability to you, the Company may in its sole discretion, at any time and from time to time, (a) retire from any territory; (b) discontinue and/or withdraw any form of policy in any territory without prejudice to its right to continue use of said form in any other territory of the Company; (c) discontinue and/or withdraw any form of policy in all territories; and (d) resume the issuance or use of any form in any territory or territories at any time.
- 12. No Compensation**
- The Company will not compensate you under this Agreement. It is understood and agreed that you are under direct contract with your Appointing Agent and that you will hold your Appointing Agent and not us accountable for any compensation that relates to your activities under this Agreement.
- 13. Termination**
- a. This Agreement shall automatically terminate in the event of: (1) your being in any non-licensed status as is required for the sale of insurance; or (2) involuntary assignment of this Agreement for the benefit of creditors; or (3) your death (alternately, if you are a partnership or a corporation, upon any event legally or contractually causing a dissolution of the partnership or a termination of the corporation).
 - b. This Agreement may also be terminated by either party with or without cause immediately upon notice given to the other party. The right of termination under this subsection (b) is not restricted by the provisions for termination in (a) above. You agree that you have no recourse for any damages or injury which you may suffer by reason of the termination of this Agreement.
 - c. Upon any termination of this Agreement, you shall immediately pay in cash any sums due hereunder and shall immediately deliver to the Company all of the previously furnished materials, supplies, advertising and any other matter which mentions the Company by name or is connected with its business.

- d. Your record or knowledge of names of policyholders and expiration dates shall not be disclosed by you to any agent, broker, or other person, unless required by law, nor used by you for purposes of solicitation.
- e. Upon termination, you agree that you will no longer have the authority to use our name, materials, or claim any association or relationship with us.
- f. The Company reserves the right to terminate this Agreement if you fail to meet any production goals the Company sets for you.

14. Forfeiture

- a. If at any time you engage in the conduct described below, any amounts payable by us under this Agreement will be forfeited from and after that time, and all such amounts will become the Company's property:
 - (1) withhold or misappropriate any money or other property belonging to a customer or the Company;
 - (2) subject the Company to liability due to your misfeasance, negligence, error, omission or malfeasance;
 - (3) commit an act of fraud or embezzlement;
 - (4) fail to comply with the laws, rules or regulations of any federal, state, or other governmental agency or body having jurisdiction over this Agreement;
 - (5) fail to conform to the rules and regulations of the Company including, but not limited to its Anti-Money Laundering Program;
 - (6) engage in conduct that is grounds for suspension, revocation or termination of your insurance license;
 - (7) without the Company's prior written consent, induce or try to induce any agent appointed by the Company or employee of the Company to end his/her relationship with the Company;
 - (8) conduct yourself in such a manner that would tend to injure the Company's good name or good standing;
 - (9) fail to pay any indebtedness to the Company on demand; or
 - (10) systematically replace the Company's policies with those of other companies.
- b. The Company reserves the right to take disciplinary actions, up to and including termination, for violations of this Agreement.
- c. **Termination of this Agreement, for cause or otherwise, and any forfeiture described herein, are specifically agreed to and intended by the parties to be a remedy for such termination or misconduct. The parties recognize that an agent's wrongdoing as described herein may negatively affect any insurance company's reputation, including its agents' reputation, for honesty and integrity. Reputation is an important consideration in the sale of insurance to the general public and in the renewal of existing in force policies. The parties further recognize that the damages caused by an agent's intentional, wrongful or criminal acts are difficult to prove, measure, and calculate since a customer's decision to do business, or continue to do business with a company, is subject to many varied influences. Under the circumstances, the parties agree that the remedies specified in this paragraph, including forfeiture, are a fair and proportional remedy for termination or misconduct.**

15. Notices

Any notice or demand required or permitted to be given under this Agreement shall be in writing and shall be deemed effective (unless this Agreement provides for a different period of time) upon the personal delivery thereof if delivered or, if mailed, forty-eight (48) hours after having been deposited in the United States mail, postage prepaid, and addressed in care of the Company to its then principal place of business, and in care of you to the current mailing address as recorded at the Company's administrative office, or upon receipt of a copy of such notice by facsimile.

16. Law

This Agreement is signed by the Company at its administrative offices in Cincinnati, Ohio, and shall be subject to, governed by and construed in accordance with the laws of the State of Ohio, without giving effect to the principles of conflicts of law thereof. Any dispute, controversy or claim between the parties hereto arising out of or relating to the provisions of this Agreement, except as specifically enumerated and exempted herein, shall be submitted to the American Arbitration Association (the "AAA") for resolution. Any such arbitration shall take place in Cincinnati, Ohio, and shall be in accordance with the Commercial Rules of Arbitration of the AAA. Costs, excluding attorney fees, for all disputes submitted to arbitration shall be divided equally among the disputing parties and shall be paid accordingly. Punitive damages may not be awarded by the Arbitrator. Notwithstanding the above provision on arbitration, nothing herein shall void, waive or alter the parties' legal and equitable remedies to (1) enjoin or otherwise address defamation of one party by the other, (2) enforce Section 9 of this Agreement or (3) indemnification. With respect to any legal or equitable action brought with respect to defamation or to enforce Section 9 of this Agreement, you acknowledge that this Agreement has a substantial legal nexus to Ohio and you agree that such disputes arising hereunder or related hereto shall be exclusively resolved (irrespective of any claim of federal jurisdiction, which is hereby expressly waived) in the courts of general jurisdiction of Hamilton County, Ohio and you irrevocably and unconditionally waive any objection to the laying of venue in such courts. You further agree to submit yourself to the jurisdiction of such courts and agree, with respect to such disputes, to the effectiveness of the service of any process, summons, notice or document by United States registered mail, return receipt requested, addressed to your last known address. You also agree that you shall not institute any suit, action or proceeding against the Company, whether by way of a claim for damages, declaratory or injunctive relief, except in said courts. The parties agree that a class action arbitration is not authorized or contemplated by this section.

17. Confidentiality

If you have been authorized by the Company to solicit and procure applications/order tickets/request forms for health insurance coverages then you hereby agree to:

- a. Not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.
- b. Use appropriate safeguards to prevent use or disclosure of any Protected Health Information other than as provided for in this Agreement.
- c. Report to the Company any use or disclosure of Protected Health Information not provided for by this Agreement of which you become aware.
- d. Ensure that any of your agents, employees or subcontractors to whom you provide Protected Health Information received from, or created or received by you, on behalf of the Company, agrees to the same restrictions and conditions that apply to you under this Agreement with respect to such information.
- e. Provide access to and make available for inspection or amendment the Protected Health Information, at the request of the Company, and in the time and manner designated by the Company.
- f. Provide an accounting of all disclosures of Protected Health Information upon request from the Company.
- g. Upon termination of this Agreement for any reason, if feasible, return or destroy all Protected Health Information received by you, or created or received by you on behalf of the Company. In the event that returning the Protected Health Information is not feasible, you must notify the Company of such.

For purposes of this Agreement, "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by you for or on behalf of the Company

18. General Provisions

- a. This Agreement and any prior agreements, disclosures, releases and authorizations signed by you with regard to your appointment as the Company's agent, along with any agreement(s) between you and any company or division affiliated with us, constitutes the entire agreement between you and the Company and supersedes all prior agreements (except as described above), whether written or oral, understandings and commitments between us. This Agreement may be amended at any time by the Company upon thirty (30) days written notice to you. Such amendment shall be effective thirty (30) days after written notice, unless you object in writing no later than fifteen (15) days after written notice is mailed by the Company in accordance with this Agreement. Any amendment to this Agreement, whether by the Company or by both parties hereto, shall be in writing.
- b. The following provisions shall survive termination of this Agreement: 5h., 5i., 5k., 5l., 5n., 6, 7, 9, 12, 13c., 13d., 14, 16 and 17.
- c. If the Agent is a partnership or corporation, each individual signing on behalf of Agent agrees to be and shall be jointly and severally liable for any debt of the Agent and shall be subject to the lien and rights of offset provided under this Agreement and enforcement of it on the same basis and to the same extent as the Agent.
- d. Headings used in this Agreement are for convenience and reference only and shall not control the interpretation of any term or condition.
- e. If any provisions of this Agreement which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision hereof, and such other provisions shall remain in full force and effect.
- f. The forbearance, waiver or neglect of the Company to insist upon strict compliance by you with any of the provisions of this Agreement or to declare a termination against you, shall not be construed as a waiver of any of the Company's rights or privileges hereunder.
- g. To the extent that any provision of this Agreement is in conflict with any statute, regulation, ordinance or other binding legislative or regulatory prohibition, such statute, regulation, ordinance or prohibition shall control and such provision shall be construed as void from its inception, it being the intent of both parties hereto to fully and completely conform to the laws of each jurisdiction in which the Company's business is being conducted.
- h. You agree to adopt and abide by the Principles and Code of Ethical Marketing adopted by the Insurance Marketplace Standards Association.
- i. You agree that by providing your fax number, email address, mail address, and telephone number that you are providing consent to receive advertisements and other communications by fax, e-mail, mail and telephone from or on behalf of the Company and its affiliates. You understand that you can revoke your consent by submitting a written request, using the appropriate form if applicable, to the Company.
- j. You hereby authorize the Company and its affiliates to release information about you maintained by the Company or its affiliates to state or federal regulatory or law enforcement authorities on request.
- k. You agree that you are an independent contractor and not an employee of the Company.

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME OFFICE

Agent Number _____

Great American Life Insurance Company®

This Agreement will be of no force or effect unless countersigned below by an authorized Officer of the Company.

By _____
Signature

Its _____
Title

Effective Date _____

ANNUALIZATION ADVANCE AGREEMENT

This Annualization Advance Agreement ("Advance Agreement") executed as of the dates set forth below between the Company(ies) identified below (also referred to as "we", "us", "our", "Company") and the Agent identified below (also referred to as "you", "your", "Agent"), is attached to and becomes part of that certain Agent's Agreement or Agent's Agreement with Power to Appoint dated _____ between the Company and the Agent (the "Agent's Agreement"), wherein it is mutually agreed as follows:

1. While this Advance Agreement remains in effect, we will advance to you annualized first year commissions and overrides (if applicable) on policy forms that are deemed in our sole discretion to be advanceable by us (hereinafter referred to as "policy forms") at the rates and subject to the terms set out below. We may in our sole discretion advance on the same basis annualized commissions and overrides (if applicable) on increases in premiums paid during the first year that the increase is in effect on the policy forms if (a) the annualized premium increase for a particular policy is at least \$1,000.00 and (b) we specifically approve in advance your request for such advances in writing on a case-by-case basis.
2. Your annualized commissions and overrides will be based on (a) the terms and conditions of your Agent's Agreement, (b) the rates set out in the Commission Schedule(s) that is (are) part of your Agent's Agreement, and (c) the total of periodic (monthly) premiums set out in the application for the policy forms or the annualized premium increase.
3. Check which option applies:
☐ An advance will be made upon receipt at our Administrative Office in Cincinnati, Ohio of a fully completed application and any other forms we may in our sole discretion require, but only if the date of the application is less than 60 days prior to the date of the first salary reduction or other form of premium payment. Otherwise advances will be made upon our actual receipt of the first salary reduction or other form of premium payment.
☐ Advances will be made upon our actual receipt of the first salary reduction or other form of premium payment.
4. Advances previously made will be charged back (deducted) from subsequent advances that would otherwise be made: (a) if the first premium is not paid within 30 days of the date of the first salary reduction stated on the application, in which case a new advance may be made in our sole discretion as of the date of our receipt of the first premium payment; (b) to the extent of any error in the amount of advances made; (c) to the extent that the annualized commissions or overrides have not been earned because of cancellation of a policy or the death of a policyholder; and (d) in full upon rescission of a policy, for any reason, even if a policy is rescinded voluntarily by us within our sole discretion. "Cancellation of a policy," for purposes of this Advance Agreement, includes but is not limited to a full surrender or discontinuance of premium payments.
5. The outstanding balance of advances made to you shall be a debt that you owe to us subject to the provisions of the Agent's Agreement, and we shall have a first lien against all monies we may owe to you from time to time to secure that debt herein.
6. _____% of a policy's first year commissions and overrides, and of commissions and overrides on increases (if allowed) will be payable in advance under this Advance Agreement. One hundred percent (100%) of the earned commission on each of the policy's premiums will be applied to offset this debt, until it is paid in full. Thereafter, commissions will be payable as earned. So long as this Advance Agreement has not been terminated, renewal and single sum transfer commissions will be paid to you as earned under and subject to the terms and conditions of your Agent's Agreement.
7. If this Advance Agreement is terminated by you or us, with or without cause, or if the Agent's Agreement is terminated for any reason, the debt you then owe us under this Advance Agreement shall become due and payable immediately, and you shall pay us interest at the rate set forth in your Agent's Agreement if any or at the highest rate permitted by law on any balance remaining unpaid thereafter. In such event, in addition to any other remedies set forth in your Agent's Agreement, we may enforce our lien under Paragraph 5 of this Advance Agreement by offset of the debt you owe us against monies we owe you or that become owing to you immediately and without notice or resort to judicial process. In addition, you agree to pay us all costs and reasonable fees (including attorneys fees) and costs of collection that we incur to effect payment of your debt, which will become part of that debt.
8. This Advance Agreement may be terminated at any time with or without cause, by either party by giving notice to the other by mail at the last known address, by telephone or telefax, or given in person. The termination will be effective immediately unless otherwise stated. Either you or we may suspend further advances and annualization of commissions and overrides, without termination of this Advance Agreement, on the same basis and in the same way.
9. If you are a partnership or corporation, each individual signing below on your behalf shall be jointly and severally liable for any debt hereunder and shall be subject to the lien provided under Paragraph 5 and enforcement of it on the same basis and to the same extent as you.
10. This is the entire agreement between you and us as to advances of annualized commissions and overrides, and it amends your Agent's Agreement only as and to the extent so stated. Any change in this Advance Agreement may be made only in writing signed by us. This Advance Agreement may not be assigned by you without our prior written consent. This Advance Agreement shall be subject to and construed under the laws of the state of Ohio.

Agent's Printed Name _____

Agent Number(s) or SSN _____

Agent's Signature _____

Date _____

SIGNATURES OF APPOINTING AGENTS

Each Appointing Agent/Managing General Agent agrees to be jointly and severally liable for any debts, as that term is described in the above Advance Agreement, of the Agent signing the above Advance Agreement, and each Appointing Agent/Managing General Agent agrees that such a debt will be a first lien against any money owed by us to the Appointing Agent/Managing General Agent.

Appointing Agent's Signature _____

Date _____

Managing General Agent Signature _____

Date _____

Check any that apply:

☐ Great American Life Insurance Company®

☐ Annuity Investors Life Insurance Company®

☐ Loyal American Life Insurance Company®

Approved By: _____

Signature

Date _____

Title _____

FAIR CREDIT REPORTING ACT DISCLOSURE

RETAIN FOR YOUR FILES

This is to notify you that in connection with your application for appointment, you have authorized us to procure a consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, criminal history, creditworthiness, general reputation, personal characteristics and mode of living. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. The company reserves the right to obtain an investigative report now and at any time while you are contracted with the company.

RETAIN FOR YOUR FILES

**CORPORATE APPOINTMENT/
COMMISSION ASSIGNMENT FORM**

I. TO BE COMPLETED FOR ALL REQUESTS FOR LEGAL ENTITY APPOINTMENT

Name _____ Business Phone _____
Name of Legal Entity or Corporation
Address _____ Fax Number _____
Street
City, State, Zip Code _____ Tax I.D. Number _____

Is this a Broker Dealer or an Insurance Agency of a Broker Dealer? ☐ Yes ☐ No

Corporate Officers/Partners (attach additional sheet if necessary)

1. _____
Name Title Social Security Number
2. _____
Name Title Social Security Number
3. _____
Name Title Social Security Number

II. TO BE COMPLETED FOR COMMISSION ASSIGNMENT

A. Assignment of Commissions by Agent

The undersigned Agent hereby unconditionally assigns and you are hereby authorized to pay any and all commission or other income otherwise due me, my beneficiaries, or my estate to:

Name of Assignee Address of Assignee

City, State, Zip Code

I understand, represent and agree that:

1. For income tax purposes, any commission or other income which I earn will continue to be reported to me unless Section B is completed.
2. The Company is making these payments to the Assignee as an accommodation to me and is making them pursuant to this assignment and at my express direction.
3. I am not making this commission assignment in order to evade any state law or laws which require that no payments can be made to any person or entity for the sale or solicitation of insurance, except to licensed agents.
4. This commission assignment does not assign any rights, duties, or obligations under my Agent's Agreement with Power to Appoint or my Agent's Agreement other than the right to receive any and all commissions or other income due me, my beneficiaries, or my estate.
5. The payment of commissions or other income made under this commission assignment shall provide full and complete discharge of the Company's payment obligation under my Agent's Agreement with Power to Appoint or my Agent's Agreement.
6. I warrant that I have not executed any other commission assignments.
7. I will indemnify and hold the Company harmless from and against any and all claims, losses, or damages that the Company may incur in complying with or honoring this commission assignment.

This commission assignment applies to any commission or other income due to me, my beneficiaries, or my estate on all in-force policies and all policies issued in the future. This commission assignment shall continue in effect until revoked. Only the Assignee may revoke this commission assignment, and then only upon the written acceptance of the Company.

Agent Name: _____ Agent Number(s): _____

Agent Signature _____ Date _____ Social Security Number: _____

B. Certifications by Assignee

The Assignee hereby certifies that:

1. The Agent making the commission assignment in Section A above is the employee of the Assignee.
2. The Agent's activities under the Agent's Agreement with Power to Appoint or Agent's Agreement are subject to the direction and control of the Assignee.
3. The commissions and other income earned by the Agent and paid to the Assignee should be reported as the income of the Assignee.

Assignee Name: _____ Tax I.D. Number: _____

By: _____ Title: _____ Date: _____

C. Acknowledgement by Company

MassMutual Ascend Life Insurance Company acknowledges the foregoing commission assignment and, if Section B is completed, the Assignee's right to direct and control the Agent's activities. This acknowledgment, however, shall not be taken as an amendment to the Agent's Agreement with Power to Appoint or Agent's Agreement, nor relieve the assigning Agent of any duties or obligations under that Agreement, nor limit the rights of MassMutual Ascend Life Insurance Company to enforce the terms of that Agreement against the Agent.

By: _____ Title: _____ Date: _____

☐ I (we) hereby authorize MassMutual Ascend Life Insurance Company to *initiate* credit/deposit entries to my (our) account indicated below, and the depository institution named below to credit the same to such account.

☐ I (we) hereby request a *change* to my (our) existing direct deposit as indicated below.

Note: To avoid delays in processing your appointment, a **voided check must accompany this request**. Please allow 5 business days for EFT processing to become effective.

Frequency: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

INDIVIDUAL AGENT INFORMATION - Please print or type		
Primary Name on Account	Social Security or Tax ID Number	Agent #
Address	City, State	Zip Code
Secondary Name on Account (Optional)	Phone Number	
DEPOSITORY INFORMATION - Please print or type		
Depository Name	Depository Address	Depository Phone Number
Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit/ABA Number

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) to discontinue direct deposit. Please allow 15 business days for processing of EFT discontinuation. This authorization may not be used to assign commissions and will not constitute a commission assignment. If you want to assign your commissions, please use form X2653814NW.

Attach a voided check and e-mail, fax or mail to:

MassMutual Ascend Life Insurance Company
P.O. Box 5420
Cincinnati, Ohio 45201-5420
Attn: Contracting
E-mail: AnnuityLicensing@mmascend.com
Fax: (513) 412-5144

_____ Signature of Primary Account Holder	_____ Date
_____ E-mail Address (Required)	
_____ Signature of Secondary Account Holder (optional)	_____ Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they