... MassMutual

Producer's Statement

For use in California only; not for use with CareChoice Series products

	Contact name: Phone number:					Extension:		☐ Home		Work		Mobile
	Email address:											
	Additional Agend	cy Contac	t (If applical	ble)								
4.	Contact name:											
6.	Email address:					Extension:						Mobile
В	Policy Info	rmatio	า :::::	• • • • • •	• • • • • • •	• • • • • • • • • • •		• • • • • • •	:::		:::	::::
1.	Risk classificatio	n presente	ed to:									
	a. Insured 1:											
	b. Insured 2 (If a	pplicable)	:									
2.	Do you want an	offer if the	case is app	roved other t	than as applied	for?				🔲 🕻	Yes	
3.						rtners, etc.)?				`	Yes	☐ No
	If Yes, provide as	ssociated _l	policy numb	er(s):								
4.	within the last tw	o months?				eing submitted concu				🔲 🕻	Yes	□ No
	If Yes, provide as	ssociated _l	policy numb	er(s):								
5.	Is the policy being	g applied	for a replace	ement? If Ye:	s, complete ap	plicable replacemen	t forms			🗌 🔪	Yes	☐ No
6.						all or part of the initial				🗌 🔻	Yes	□ No
7.	Is the Life Insura	nce being	applied for i	in conjunction	n with the purch	nase of a Single Premi	ium Immedia	te Annuity?.		🔲 🕻	Yes	
	If Yes, provide as	ssociated _l	policy numb	er(s):								
8.						ed has arranged, or dis ble Premium Financi				🔲 🕻	Yes	□ No
9.						red has any present or attlement, viatical or oth			der?		Yes	□ No
10.						each question in Englisterials and Translation				🗌 🕥	Yes	□ No
	If No, indicate la	nguage:										
11.	For purposes of	completino	g the Teleph	one Inspection	on (PHI), does t	he Proposed Insured:						
	a. Have a hearir	ng impairm	ent?								Yes	☐ No
						e applicable Acknoи				🔲 🔻	Yes	□ No
	If Yes, indicate	⊇ languag	۵۰									

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12.	Market type	(Select all	that apply):					
	□ N/A		☐ LGB1	TQ Markets	Other (Specify):			
	☐ Busines	s Owner	☐ Multio	Multicultural Markets				
	Existing	Customer	☐ Speci	SpecialCare – Families with special needs*				
	☐ Family I	Varkets	☐ Wom	en's Markets				
	Note: The re government		surance benefits by a beneficiar	y or dependent with special needs	s could negatively affect that indiv	ridual's elig	iibility f	
Con	nplete ques	tion 13 fo	r Variable products only, othe	rwise skip to section C – Produ	cer Compensation Information).		
13.	Did you deli	ver a curre	nt copy of the Prospectus and a	any applicable supplements?		√ Yes		
	If Yes, provi	de Prospec	ctus Effective Date (from front c	over of Prospectus; mm/dd/yyyy):		_		
\mathbf{C}	Droduo	or Com	noncation Information	on :::::::::				
				additional compensation arrang r. The commissions should tota		r 1 "Type'	' shoul	
	Type	Agency Number	Producer Name & BPID ¹ or NPN ² ID	Agency/Distributor Name & BPID ¹ or TIN	RTF ³ /Corporation Name & BPID ¹ or TIN	% FYC⁴	% RC⁵	
1			#:	#:	#:			
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3 4 5 6			#: #: #:	#: #: #:	#: #: #:			
3 4 5 6			#: #: #:	#: #: #:	#: #: #:			

 1 BPID = Business Partner ID 2 NPN = National Producer Number 3 RTF = Retail Firm 4 FYC = First Year Commission 5 RC = Renewal Commission

I certify to the best of my knowledge, information and belief that:

- The statements made in this Producer's Statement are true and accurate.
- Each question in the Application was asked of the Proposed Insured(s) and Proposed Owner(s) and accurately recorded.
- All required forms and notices were provided to the Proposed Owner (and Proposed Insured, if different) prior to completing the Application.
- I am unaware of any suspicious or unusual activities, including but not limited to Anti-Money Laundering (AML) "red flags" as described in my AML training or other materials, arising out of or in connection with, the sale of this policy. I have reported suspicious activity, if any, to the appropriate individuals in accordance with MassMutual's AML program.
- The policy applied for is consistent with the financial needs of the Proposed Insured(s) and/or Owner(s).
- · I am unaware of any information that would adversely affect any of the Proposed Insured's eligibility, acceptability or insurability.
- If this is an Application for Life Insurance with Long Term Care Access Rider, all of my applicable state life and health licenses were in place, and I completed all applicable MassMutual and state long-term care pre-sale and ongoing training requirements prior to solicitation.

Signature of Soliciting Producer:							
Printed name:	Date:						
Producer ID #:							
Email address:							

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.