.:. MassMutual

Producer's Statement

Not for use with CareChoice Series products

Use this form for all Life New Business applications. This form must be completed and signed by the Soliciting Producer. To be used when the Underwriter/Case Manager has questions or needs additional information about this case. 1. Contact name: _____) _____ - _____ Extension: __ Home Work Mobile 2. Phone number: (___ 3. Email address: Additional Agency Contact (If applicable) 4. Contact name: _____) _____ - _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile 5. Phone number: (____ 6. Email address: 1. Risk classification presented to: **b.** Insured 2 (If applicable): a. Insured 1: 2. Is this part of a multi-policy case (i.e. family members, business partners, etc.)? If Yes, provide associated policy number(s): 3. Are there any other applications (e.g. Disability) being submitted concurrently with this Application or within the last If Yes, provide associated policy number(s): 4. Is the policy being applied for a replacement? *If Yes, complete applicable replacement forms.* Yes 5. Will dividends from an existing MassMutual policy be used to pay all or part of the initial premium on this policy? If Yes, provide associated policy number(s): 7. Are you aware of whether the Proposed Owner or Proposed Insured has arranged, or discussed arranging, any financing for the purchase of this policy? If Yes, complete applicable Premium Financing Supplement (F7002). 8. Do you have any knowledge or reason to believe the Proposed Insured has any present or future intention to sell or assign this policy, or has ever sold or assigned any policy, to a life settlement, viatical or other secondary market provider? Yes No 9. Are you aware of any person signing this Application who did not understand and answer each question in English? If Yes, indicate language: 10. Market type (Select all that apply): □ N/A □ Business Owner □ Existing Customer □ Family Markets □ LGBTQ Markets □ Multicultural Markets ☐ SpecialCare – Families with special needs* ☐ Women's Markets ☐ Other (Specify): *Note: The receipt of insurance benefits by a beneficiary or dependent with special needs could negatively affect that individual's eligibility for government benefits. Complete question 11 for Variable products only, otherwise skip to section C - Producer Compensation Information. 11. Did you deliver a current copy of the Prospectus and any applicable supplements? If Yes, provide Prospectus Effective Date (from front cover of Prospectus; mm/dd/yyyy):

C Producer Compensation Informat	ion ::::::::::::		• • • • •
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Complete the first line for all applications and provide additional compensation arrangements if applicable. Producer 1 "Type" should always be the soliciting or soliciting/servicing producer. The commissions should total 100%.

	Туре	Agency Number	Producer Name & BPID¹ or NPN² ID	Agency/Distributor Name & BPID ¹ or TIN	RTF ³ /Corporation Name & BPID ¹ or TIN	% FYC⁴	% RC⁵
1							
			#:	#:	#:		
2							
			#:	#:	#:		
3							
			#:	#:	#:		
4							
4			#:	#:	#:		
5							
3			#:	#:	#:		
6							
			#:	#:	#:		
7							
			#:	#:	#:		
8							
			#:	#:	#:		

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



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