

Use this form for all Life New Business applications. This form must be completed and signed by the Soliciting Producer.

A Agency Contact Information ::

To be used when the Underwriter/Case Manager has questions or needs additional information about this case.

- 1. Contact name: _____
- 2. Phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
- 3. Email address: _____

Additional Agency Contact (If applicable)

- 4. Contact name: _____
- 5. Phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
- 6. Email address: _____

B Policy Information ::

- 1. Risk classification presented to:
 - a. Insured 1: _____
 - b. Insured 2 (If applicable): _____
- 2. Is this part of a multi-policy case (i.e. family members, business partners, etc.)? Yes No
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 two months? Yes No
If Yes, provide associated policy number(s): _____
- 4. Is the policy being applied for a replacement? *If Yes, complete applicable replacement forms.* Yes No
- 5. Will dividends from an existing MassMutual policy be used to pay all or part of the initial premium on this policy? *If Yes, complete Service Request Form (F5341).* Yes No
- 6. Is the Life Insurance being applied for in conjunction with the purchase of a Single Premium Immediate Annuity? Yes No
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).* Yes No
- 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, complete applicable Acknowledgment Regarding English Language Materials and Translation (FR1119).* ... Yes No
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? Yes No
If Yes, provide Prospectus Effective Date (from front cover of Prospectus; mm/dd/yyyy): _____

