MassMutual

Life Suitability Acknowledgment and Certification

For use in New York

Use this Suitability Acknowledgment and Certification in connection with any policy change application for any of the transactions designated in section B – Transaction Information. This form must be signed, completed and submitted by the Owner.

A Policy Information

1. Insured name *(First, MI, Last, Suffix):* _____
2. Owner name *(First, MI, Last, Suffix):* _____
3. Policy number: _____
4. Policy issue date: _____

B Transaction Information

1. An application for the following change to the Policy has been submitted *(Select one):*

- ☐ Term Conversion *(more than one year from the Issue date)*[1]
- ☐ Increase Existing ALIR
- ☐ Add Waiver of Premium/Waiver of Specified Premium Rider
- ☐ Add Scheduled ALIR
- ☐ Change Death Benefit Option
- ☐ Transfer/Substitute Insured
- ☐ Exercise Policy Split Option
- ☐ Addition of Insurability Rider
- ☐ VUL to Whole Life Conversion *(more than one year from issue date)*[1]
- ☐ LISR to Whole Life Conversion *(more than one year from issue date)*[1]
- ☐ Exercise of Guaranteed Insurability Rider

2. Annual household income: _____
3. Current annual premium: _____
4. Additional annual premium for this change: _____
5. New annual premium: _____

[1] This Acknowledgment and Certification is NOT available for use with Term conversions or VUL or LISR to Whole Life conversions within first year of the Issue Date. For these transactions use the Life Products Suitability Questionnaire (FR2282).

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.

C Agreements & Signatures

Owner Acknowledgment

By signing this questionnaire, I acknowledge that the financial representative has recommended the policy change I am applying for. I understand MassMutual will rely on the information I am providing in this questionnaire in order to approve the suitability of this change.

I acknowledge that:

- I have accurately completed this questionnaire to the best of my knowledge.
- I have been reasonably informed of the various features of the new or different coverage associated with this policy change application and potential consequences of this purchase, both favorable and unfavorable.
- I have received a summary of all relevant suitability considerations and product information that provide the basis for the financial representative's recommendation.
- I understand the additional premium requirements for the new or different coverage associated with this policy change and have the financial ability to meet the financial commitments under the policy.
- The new or different coverage associated with this policy change is consistent with, and in furtherance of, my needs and objectives and I will benefit from the new or changed coverage and the features of the policy.
- If this change involves a replacement, I have carefully compared the costs and benefits associated with my existing policy and the proposed change or new policy.
- I am willing to proceed with this policy change understanding there could be changes in non-guaranteed values that could impact my premiums, cash value or death benefit.

Signature of Owner: _____

Printed name: _____ Date: _____

Producer Certification

Producer Attestation. By signing this questionnaire, I acknowledge that I am recommending the policy change being applied for. I understand that MassMutual will rely on my attestation in order to approve this change.

I also acknowledge that:

- I have evaluated the clients' suitability information and determined that the new or different coverage associated with this change is suitable and in the Owner's best interest.
- The purchase of the new or additional coverage associated with this change is consistent with, and in furtherance of, the needs and objectives of the Owner and the Owner will benefit from the policy and its features.
- I have explained the premium requirements and total commitment for this change and described to the Owner that changes in non-guaranteed values could impact policy cash values or death benefit.
- I have informed the owner of the various features of the new or different policy associated with this change and the potential consequences of the transaction, both favorable and unfavorable.
- I have provided a summary of the relevant suitability considerations and product information that provide the basis for my recommendation.
- If this additional coverage involves a replacement, I have reviewed with the Owner the costs and benefits associated with the existing policy and the proposed new or additional coverage associated with this change.

C Agreements & Signatures *continued*

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

Please provide the favorable suitability considerations for this transaction. *(For example: provides guaranteed interest rate or provides guaranteed life time income, etc.)*

Please provide the unfavorable suitability considerations for this transaction. *(For example: loss of liquidity, loss of income, loss of riders, impact of costs, etc.)*

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

Signature of Primary Producer: _____

Printed name: _____ Date: _____

D Submission & Contact Information

For more information or general questions, use the resources below. We will only accept responsibility for forms that are mailed or faxed to the addresses indicated below.

Phone:	**Mail:**	**Email:**	**Fax:**
1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	lifefax@MassMutual.com	Attention: Life Hub 1-866-329-4527 *Retain this original and the fax machine confirmation statement for your files.*