

Use this questionnaire when applying for a Life insurance product (excluding VUL and VL) in the state of New York (contract state).

**A** Policy Information ::

1. Policy number: \_\_\_\_\_
2. Proposed Policy Owner full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. Owner date of birth (mm/dd/yyyy): \_\_\_\_\_
4. Insured name (First, MI, Last, Suffix): \_\_\_\_\_
5. Insured date of birth (mm/dd/yyyy): \_\_\_\_\_

**B** Owner Information: ::

1. Will the policy be owned by the Insured and/or Insured's spouse?  Yes  No

**If Yes, skip to section C – Product Information. If No, answer question 2.**

2. Ownership type (Select one):

<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Parent(s)
<input type="checkbox"/> Qualified Plan (If selected, do not complete the rest of this form.)
<input type="checkbox"/> Business Employer <ol style="list-style-type: none"> <li>a. Will this policy be used to fund a non-qualified deferred compensation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do not complete the rest of this form.</li> </ol>
<input type="checkbox"/> Trust (Not including qualified plan trust) <ol style="list-style-type: none"> <li>b. Is the trust a revocable trust?           <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes (Answer below):               <ol style="list-style-type: none"> <li>i. Is the grantor/settlor the Insured or the Insured's spouse?                   <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes (Complete this form answering for the household of the Insured and Insured's spouse.)</li> <li><input type="checkbox"/> No (Do not complete the rest of the form and consult advanced sales.)</li> </ol> </li> <li><input type="checkbox"/> No (Answer below):                   <ol style="list-style-type: none"> <li>ii. Is the Insured/Insured's spouse planning to fund the trust (by gift or otherwise) to pay the life insurance premiums?                       <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes (Complete this form answering for the household of the Insured and the Insured's spouse.)</li> <li><input type="checkbox"/> No (Answer below):                           <ol style="list-style-type: none"> <li>iii. Are current trust assets expected to be used to pay the premium?                               <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes (Do not answer the rest of this questionnaire. The trust supplemental form will need to be completed.)</li> <li><input type="checkbox"/> No (Do not complete the rest of the questionnaire and consult advanced sales.)</li> </ol> </li> </ol> </li> </ol> </li> </ol> </li> </ol> </li> </ol> </li></ol>
<input type="checkbox"/> LLC/Partnership (Including Limited Partnerships and Limited Liability Partnerships) <ol style="list-style-type: none"> <li>c. Is the primary purpose of the LLC/Partnership for personal planning?           <ol style="list-style-type: none"> <li><input type="checkbox"/> Yes (Answer below):               <ol style="list-style-type: none"> <li>i. Is the Insured a member or partner of the LLC/Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, proceed with questionnaire based on Insured's household information. If No, attach the Business Financial Supplement.)</li> </ol> </li> <li><input type="checkbox"/> No (Attach the Business Financial Supplement.)</li> </ol> </li> </ol>
<input type="checkbox"/> Other Entity
<input type="checkbox"/> Other Individual Owner (Relationship to Insured): _____
<input type="checkbox"/> Joint Owner (Select primary) (Relationship to Insured): _____

## G Product Information ::

1. Select a plan type and complete the additional information for the plan type selected:

**Plan type (Select one):**

**Complete additional information for selected plan type:**

<input type="checkbox"/> Term	Select one: <input type="checkbox"/> Vantage Term Annual Renewable Term (ART) <input type="checkbox"/> Vantage Term 25 <input type="checkbox"/> Vantage Term 20 ECP <input type="checkbox"/> Vantage Term 10 <input type="checkbox"/> Vantage Term 30 <input type="checkbox"/> Vantage Term 25 ECP <input type="checkbox"/> Vantage Term 15 <input type="checkbox"/> Vantage Term 15 ECP <input type="checkbox"/> Vantage Term 30 ECP <input type="checkbox"/> Vantage Term 20 Do you intend on converting this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <i>(Want to preserve the option)</i>
<input type="checkbox"/> Whole (WL)	Select one: <input type="checkbox"/> Whole Life Legacy 100 <input type="checkbox"/> Whole Life Legacy 12 Pay <input type="checkbox"/> Whole Life Legacy 65 <input type="checkbox"/> Whole Life Legacy 10 Pay <input type="checkbox"/> Whole Life Legacy 20 Pay <input type="checkbox"/> Whole Life Legacy High Early Cash Value <input type="checkbox"/> Whole Life Legacy 15 Pay <input type="checkbox"/> Survivorship Whole Life Legacy Riders selected <i>(If applicable):</i> <input type="checkbox"/> ALIR <input type="checkbox"/> LISR <input type="checkbox"/> RTR <input type="checkbox"/> LTC Access <i>(If selected, answer below):</i> Is existing Long Term Care coverage being replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, answer below):</i> Existing coverage monthly benefit:         \$ _____ Existing coverage benefit period (years):     _____           Existing coverage premium:                 \$ _____
<input type="checkbox"/> Care Choice One <input type="checkbox"/> Care Choice Select	Is existing Long Term Care coverage being replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, answer below):</i> Existing coverage monthly benefit:         \$ _____ Existing coverage benefit period (years):     _____           Existing coverage premium:                 \$ _____
<input type="checkbox"/> Universal Life (UL)	Select one: <input type="checkbox"/> UL Guard <input type="checkbox"/> SUL Guard Will the premium be paid by a single premium payment? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Primary purpose of insurance (Select one):

- Income Replacement *(Replace current and future income that would be lost with the death of the Insured, including paying off debts and liabilities such as mortgage, student loans, etc.)*
- Legacy (heirs, charitable) *(Provide significant funds to the Insured's estate, surviving spouse and heirs or for charitable purposes on the death of the Insured. The life insurance is often part of larger estate, asset protection or charitable giving planning.)*
- Protect Future Insurability *(Lock in coverage at an amount and rating based on the Insured's current health; protect in the event the Insured develops diseases, injuries, illnesses or other adverse medical conditions that prevent the Insured from obtaining future insurance.)*
- Tax-Deferred Cash Accumulation *(Generate long term cash accumulation from the payment of premiums on a tax-deferred basis, with the goal of having access to cash values available in the future.)*
- Supplemental Retirement Savings *(Generate long term cash accumulation from the payment of premiums on a tax-deferred basis, with the goal of taking distributions from the policy in retirement to supplement other retirement sources.)*
- Access to Cash / Financial Needs *(Assist with significant/major purchases or expenses, i.e. purchase of a home, medical expenses.)*
- Long Term Care *(Cover long term care expenses, with the ability to provide funds to surviving heirs on the death of the Insured if long term care coverage is not fully used.)*
- Pay Final Expenses *(Cover final expenses, with the ability to provide funds to pay funeral costs and other debts of the Insured.)*
- Business Related *(Provide coverage for the loss of a business partner but the funding is provided by the individual.)*
- Estate Taxes *(Pay state and federal taxes of the estate at the time of death.)*

3. Anticipated time coverage is needed (Select one):    0-10 years    10-20 years    20-30 years    Lifetime

**D** Ownership/Premium Payor Information ::

1. Will the policy premium be paid by the Insured and/or the Insured's spouse? .....  Yes  No

**If No, answer 1a & 1b.**

a. Premium Payor name: \_\_\_\_\_

b. Relationship (Select one):

- Grandparent(s)
- Parent(s)
- Trust → Date of Trust: \_\_\_\_\_
- Other entity (e.g., Corp., LLC, partnership)
- Business/Employer
- Joint Owners (Select primary) → Relationship to Insured: \_\_\_\_\_
- Gift → I understand that I am responsible for paying the premium if the gift does not continue?

2. Is this a replacement? .....  Yes  No

**If Yes, complete 2a - 2f.**

a. Will you incur a surrender charge on any of the policies being replaced? .....  Yes  No

b. Have you had a replacement of this or another life insurance policy in the past 36 months? .....  Yes  No

If Yes, when?  Less than 1 year  1-2 years  2-3 years

c. Do any of the existing policies have a loan? .....  Yes  No

d. Will you incur a tax liability as a result of any of the transactions? .....  Yes  No

e. Are you giving up any valuable benefits or riders by replacing these policies? .....  Yes  No

**If Yes, complete 2f.**

f. What riders/benefits are not being carried over for the new policy? (Select all that apply)

- Waiver of Premium
- Guaranteed Insurability/Additional Purchase option
- Spouse/Child coverage/purchase rider
- Chronic illness rider

3. Do you have any dependents? .....  Yes  No

**If Yes, complete 3a.**

a. What is the relationship of the dependent(s)? (Select all that apply)

- Spouse
- Child(ren)
- Parent(s)
- Disabled family member
- Other (Specify): \_\_\_\_\_

**E** Financial Information ::

**For revocable trust, use the grantor's financial information.**

1. Source(s) of premium (Select all that apply):

<input type="checkbox"/> Earned Income (individual or household)	
<input type="checkbox"/> Non-Retirement Savings	
<input type="checkbox"/> Investment/Unearned Income	
<input type="checkbox"/> Premium Financing/Borrowing	
<input type="checkbox"/> Gift/Inheritance	
<input type="checkbox"/> Withdrawals from Retirement Account (e.g., 401(k)/IRA)	Will there be a 10% tax penalty? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Has there or will this be a hardship withdrawal? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be a surrender charge? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$ _____
<input type="checkbox"/> Pension/Social Security	
<input type="checkbox"/> 1035 of Existing Life Insurance	Provide the 1035 exchange amount: \$ _____ Will there be a surrender charge? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$ _____
<input type="checkbox"/> Single Premium Program (SPP)	
<input type="checkbox"/> Annuitization or Surrender of Deferred Annuity	Will there be a surrender charge? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$ _____
<input type="checkbox"/> Policy Loan	
<input type="checkbox"/> Trust Distribution	

2. Financial experience - Not applicable for Term (Select one choice for **each** investment experience):

Investment Experience	None	Limited	Extensive
Securities (Stocks, Bonds, Mutual funds, ETFs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Value Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments (Commodities, REITS, Limited Partnerships, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Financial objectives (Select up to 3 objectives):

- |   |   |
|---|---|
| <input type="checkbox"/> Family protection (Protect family in the event of death)                         | <input type="checkbox"/> Long term cash accumulation                    |
| <input type="checkbox"/> Long Term Care (Financially prepare to pay for long term expenses in the future) | <input type="checkbox"/> Paying for child(s) education expenses         |
| <input type="checkbox"/> Saving for retirement  | <input type="checkbox"/> Wealth preservation                            |
| <input type="checkbox"/> Significant purchase (e.g., home)  | <input type="checkbox"/> Providing executive benefits for key employees |
| <input type="checkbox"/> Business start-up / operations   | <input type="checkbox"/> Planning for the future                        |

## F Income, Asset & Expense Information: ::

- Does the Proposed Owner have a household net worth greater than \$20 million?  Yes  No
- Annual household income (*Types of income: Earned (Gross salary, commissions, bonuses); Unearned (Inheritance, pension, social security); Investment (Dividends, interest, rental)*): ..... \$ \_\_\_\_\_
- Estimated tax bracket (*Select one*):  0%  10%  15%  20%  30%  40%
- Current employment status (*Select one*):  
 Employed  Retired  Homemaker  Student  Unemployed  Permanent Disability
- Are you contributing to a retirement plan?  Yes  No

### Liquidity Needs & Financial Situation

- Do you intend to or have an outstanding reverse mortgage? .....  Yes  No
- Do you anticipate any major/large purchases or expenses in the next 1-5 years, such as purchasing a home, home renovations, school tuition, etc.? (*If Yes, complete 7a*) .....  Yes  No  
 a. Anticipated amount: \$ \_\_\_\_\_

#### 8. Duration of existing liabilities and obligations (*Total amount*):

**Liability or Obligation**                      **Total Outstanding**                      **Remaining Duration** (*Select one per Liability/Obligation*)

Liability or Obligation	Total Outstanding	Remaining Duration
Home Mortgage (+)	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Student Loans	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Credit Card (+)	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Other Personal Loans ( <i>Specify</i> ):	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs

- Total monthly household expenses (*Other than life insurance premiums. Include all expenses such as housing/mortgage, food, student loans, child care, health insurance and other debts. Include regular expenses such as utilities, phone, cable etc.*):  
 \$ \_\_\_\_\_

### Assets / Net Worth

10. Owner's household net worth: \$ \_\_\_\_\_

#### 11. Liquid household assets (*MassMutual will calculate your liquid net worth based on the liquid assets below*):

Asset Type	Explanation	Amount
Savings, Checking, Money Market Accounts	Cash, cash equivalents, CDs available without surrender charge, stocks/bonds readily convertible without penalty	\$ _____
Tax Qualified Retirement Accounts ( <i>If over age 59½</i> )	Provided Owner is at least 59½ and funds can be accessed without tax penalty	\$ _____
Stocks, Bonds, Mutual Funds ( <i>If no CDSC or penalty</i> )	Provided mutual fund is outside (or near the end of) the CDSC period, readily convertible to cash without penalty and not part of a qualified plan	\$ _____

#### 12. Illiquid household assets:

Asset Type	Explanation	Amount
Real Estate and/or Primary Residence	Primary Residence	\$ _____
Tax Qualified Retirement Accounts ( <i>If under age 59½</i> )		\$ _____
Cash Value Life Insurance		\$ _____
Personal Property	Art, collectibles, etc.	\$ _____
Commodities	e.g. Gold, precious metals	\$ _____
Illiquid (Restricted) Securities		\$ _____

**G** Life Insurance Coverage & Cost Information: ::

**Complete this section for this policy, other insurance applied for and policies already in force. Do not include employer paid.**

1. Total Premium that will be paid for this life insurance policy (Including base policy and all riders other than unscheduled ALIR or LISR lump sum):
  - a. Proposed Annual Premium for all new policies (including riders): \$ \_\_\_\_\_
  - b. Face amount (including riders): \$ \_\_\_\_\_
2. Are there policies in force or being applied for that are not being replaced by this policy?  Yes  No *If Yes, answer 2a & 2b:*
  - a. Total face amount: \$ \_\_\_\_\_
  - b. Total annual premium: \$ \_\_\_\_\_
3. Is unscheduled ALIR chosen?  Yes  No *If Yes, answer 3a & 3b:*
  - a. Amount of unscheduled payment: \$ \_\_\_\_\_
  - b. Will a 1035 exchange be a source of payment?  Yes  No *If Yes, provide 1035 exchange amount: \$ \_\_\_\_\_*
4. Is unscheduled LISR chosen?  Yes  No *If Yes, answer 4a & 4b:*
  - a. Amount of unscheduled lump sum: \$ \_\_\_\_\_
  - b. Will a 1035 exchange be a source of payment?  Yes  No *If Yes, provide 1035 exchange amount: \$ \_\_\_\_\_*
5. Annual premium/cost of any other life insurance policies that the household is paying for: \$ \_\_\_\_\_

**H** Risk Tolerance ::

1. Select the risk level regarding premium and death benefit that best describes your situation (**Complete for Whole, Term and Universal Life products only. If a CareChoice product was selected, skip to question 2.**):

<b>Risk tolerance about premiums</b>	<input type="checkbox"/> Desires guaranteed level premium for required payment period with no premium flexibility. <input type="checkbox"/> Desires guaranteed level premium for required payment period, but wants the ability to utilize non-guaranteed dividends and cash values to pay premiums at some point in the future. <input type="checkbox"/> Desires flexibility regarding paying premiums now, but willing to accept increasing and/or higher premiums in the future. <input type="checkbox"/> Desires low premium payments now, but willing to accept increasing and/or higher premiums in the future to maintain coverage.
<b>Risk tolerance about death benefit</b>	<input type="checkbox"/> Desires a guaranteed death benefit for a specified number of years only. <input type="checkbox"/> Desires a guaranteed permanent death benefit for life. <input type="checkbox"/> Desires a guaranteed permanent death benefit but desires opportunity for increasing death benefit based on non-guaranteed dividends. <input type="checkbox"/> Desires permanent death benefit, but willing to accept limited or no guarantees for premium flexibility.
<b>Risk tolerance about Long Term Care</b>	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a standalone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used. <input type="checkbox"/> Desires richest LTC benefits compared to a Life/LTC combo product with no desire for death benefit or cash value accumulation.

2. Select the risk level regarding premium and death benefit that best describes your situation (**Complete for CareChoice products only**):

<b>Risk tolerance about premiums</b>	<input type="checkbox"/> Desires single premium to avoid future premium increases. <input type="checkbox"/> Desires guaranteed level premium over a period of years instead of single premium, but unwilling to accept risk of future premium increases rather than level premiums. <input type="checkbox"/> Desires premiums over a period of years and willing to accept future premium increases.
<b>Risk tolerance about death benefit</b>	<input type="checkbox"/> Desires an opportunity for death benefit if LTC benefits not used. <input type="checkbox"/> Does not desire a death benefit or cash value accumulation.
<b>Risk tolerance about Long Term Care</b>	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a standalone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used. <input type="checkbox"/> Desires richest LTC benefits compared to a Life/LTC combo product with no desire for death benefit or cash value accumulation.

I Understanding of Non-Guaranteed Elements ::

Check the boxes below:

**For Term insurance – ART only:**

1. I understand that premiums will increase each year. ....

**For Term (all except ART) only:**

2. I understand if I keep the policy after the level guarantee period my premiums will be substantially higher and will increase each year. ...

3. I understand that the insurance coverage is not permanent and that at the end of the term I may not be insurable. ....

**For RTR only:**

4. I reviewed an illustration showing the premiums for the Renewable Term Rider. ....

5. I understand that premiums for the Renewable Term Rider component of the policy will increase each year. ....

6. I understand that current premiums for the Renewable Term Rider are not guaranteed and can go up to the maximum guaranteed premiums shown in the current Illustration. ....

**For LTC Access Rider only:**

7. I reviewed an illustration showing the premiums for the LTC Access Rider. ....

8. I understand that current premiums for the LTC Access Rider are not guaranteed and can go up to the maximum shown in the Illustration. ....

**For LISR only:**

9. I reviewed an illustration showing how the Life Insurance Supplement Rider (LISR) works. ....

10. I understand that the LISR face amount is dependent on LISR premiums and paid up additions from dividends. ....

11. I understand that dividends shown in the illustration are not guaranteed. ....

12. I understand that if dividends are lower than shown in the Illustration, I may need to pay higher premiums to maintain the current LISR face amount. ....

13. I also understand that if the minimum LISR premium is not paid when due, the LISR face amount can decrease or terminate. ....

**For all Whole Life only (For CareChoice One/Select, also answer questions 18-20):**

14. I reviewed an illustration showing the non-guaranteed cash values for the whole life policy or policies applied for. ....

15. I understand the impact to policy values and death benefits if I use, withdraw or borrow policy cash values in the future to supplement retirement income, pay child's educational expenses, pay medical or long term care expenses or for other purposes. ....

16. I understand that future policy cash values as shown in the illustration are dependent on the payment of dividends and that dividends are not guaranteed. ....

17. I understand that future policy cash values may be lower if future dividends are lower and therefore I may not be able to access as much as I intend to today. ....

**For CareChoice One/Select only:**

18. I understand that long term care benefits after the four year benefit period are not guaranteed and are dependent on the payment of dividends and that dividends are not guaranteed. ....

19. I understand that if future dividends are lower than illustrated, my long term care benefits after the four year benefit period will not last as long as illustrated. ....

20. I understand that if I elected to have Paid Up Additions available for Long Term Care benefits, if dividends are lower than shown in the Illustration, amounts available for LTC benefits after the 4-year guaranteed period will be lower than illustrated. ....

**For UL Guard/SUL Guard (Guaranteed UL) only:**

21. I reviewed a policy presentation showing the guaranteed death benefit and guaranteed premium. ....

22. I understand that I must pay the guaranteed premium for the period of years identified in order for the death benefit to be guaranteed. ...

23. I understand that if I do not pay the guaranteed premium in the time frame required, then the policy guarantees will terminate. ....

24. I understand that if I take loans or otherwise access cash values in this policy, my policy guarantees will terminate. ....

25. I understand that I may be required to pay higher premiums in the future in the event the policy's guarantees terminate. ....







**Owner Acknowledgment & Signature**

By signing this form, I acknowledge that the financial representative has recommended the purchase of the policy 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 policy.

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 policy 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 have received an illustration for the policy I am applying for, including the Important Facts about the policy.
- I understand the premium requirements for this policy and have the financial ability to meet the financial commitments under the policy.
- The purchase of this policy is consistent with, and in furtherance of, my needs and objectives and I will benefit from the policy and its features.
- If this purchase involves a replacement, I have carefully compared the costs and benefits associated with my existing policy and the proposed policy.
- I am willing to proceed with the purchase of this policy 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: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_

▶ Signature of Joint Owner (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

