MassMutual Ascend
Life Insurance Company
PO Box 5420 · Cincinnati, Ohio 45201-5420
Phone 800-438-3398 x 13763

REGISTERED REPRESENTATIVE (RILA) APPOINTMENT FORM – 3RD PARTY WHOLESALING (NPTA)

I. PERSONAL INFORMATION

Full Name _____
First *Middle* *Last*

Date of Birth ____ / ____ / ____ Gender ____ SSN _____ CRD # _____

Residence Address _____
Street *City* *State* *County* *Zip*

II. BUSINESS INFORMATION

(This will be your contact information on file with MassMutual Ascend Life Insurance Company and must be completed)

This information is required:

Broker Dealer Name Oakwood Capital Securities, inc MMALIC RILA BD# _____

RIA Name (if applicable) _____ MMALIC RIA # (if applicable) _____

Agent Business Mailing Address 600 Highway 169 S, Ste 1410 Minneapolis, MN USA 55426
Street City State County Zip

Agent Phone Number 952-935-4601

Agent E-mail Address operations@oakwoodcapital.com

Please select the line(s) of business you intend to solicit: ■ Commission Based RILA (*Registration with BD required to sell product)

☐ Fee Based RILA (*Registration with BD and RIA required to sell product)

III. LICENSE INFORMATION

Agent's Resident State _____ Resident State License # _____

Resident State License Expiration Date _____

National Producer Number _____

Please list the Third Party wholesale firm(s) you use to submit business: _____

If you do not have Errors & Omissions insurance coverage through your agency then please attach proof of coverage when submitting this form.

_____
Registered Representative Printed Name

_____ Date _____
Registered Representative Signature

After you and /or your back office have completed this form, please fax to: 513-361-5930 or email to bdmaster@mmascend.com