

**RETURN TO
WFG LICENSING
wfglicenseapps@transamerica.com**

**FINANCIAL INSTITUTION
BROKER DEALER
REGISTERED INDEX-LINKED ANNUITY
REGISTERED REPRESENTATIVE
APPOINTMENT FORM
(NO POWER TO APPOINT)**

I. PERSONAL INFORMATION

Full Name _____
First Middle Last

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

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:

Financial Institution/Broker Dealer Name _____

Agent Business Mailing Address _____
Street City State County Zip

Agent Phone Number _____ Agent Fax Number _____

Agent E-mail Address _____

Please select the line(s) of business you intend to solicit:

- Fixed Annuity / Fixed Indexed Annuity
 Registered Indexed-Linked Annuity

III. LICENSE INFORMATION

Agent's Resident State _____ Resident State License # _____

Resident State License Expiration Date _____

National Producer Number _____

Do you have Errors and Omission insurance coverage through your agency? Yes No
If "No," do you have Errors and Omission Coverage? Yes No

List carrier and policy number _____
Carrier Name Policy Number

After you and /or your back office have completed this form, please fax to: 513-412-5144