

**Basic Request for Proposal Data  
Single Premium Annuity Contract Request For Proposal**

Please provide the information requested on the next page, the description of the plan provisions and the Census Data and send it to:

Sales (TS14)  
Terminal Funding Products  
MassMutual Financial Group  
1295 State Street  
Springfield, MA 01111

E-mail: [TFsales@massmutual.com](mailto:TFsales@massmutual.com)

NOTE: Please do not send any confidential or private information via e-mail.  
Any confidential data should be mailed to us on diskette or CD.

## Basic Request for Proposal Data

Broker Name	Broker Firm Name

Address	

Telephone	Fax	Email
( ) ___-___	( ) ___-___	

Plan Name	Plan Sponsor

Plan Status	Plan Year
<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	From: ___/___/___      To: ___/___/___

Nature of Plan Sponsor's Business	

State of Issue	

Location of Plan Sponsor (and majority of participants, if different)	Commission Rate

Proposal Due Dates	
Date of Preliminary Quote:	___/___/___
Date of Final Quote:	___/___/___
Expected Premium Receipt Date:	___/___/___

Estimated Premium	Benefit Commencement Date	Liability Assumption Date
	___/___/___	___/___/___

Control Totals			
Immediate		Deferred	
Lives	Mo. Benefit	Lives	Mo. Benefit

Reason for RFP	
<input type="checkbox"/> Plan Termination	Plan Termination Date: ___/___/___
<input type="checkbox"/> Settlement of Liability	
<input type="checkbox"/> Other:	

Please indicate other items to be included with proposal	
<input type="checkbox"/> Sample Acceptance Agreement	
<input type="checkbox"/> Sample Contract	
<input type="checkbox"/> Sample Administration Exhibits	