

Sample Offer Acceptance/ Commissions Disclosure

(To be printed on Contract holder Letterhead)

Acceptance of Offer

Massachusetts Mutual Life Insurance Company
1295 State Street
Springfield, MA 01111-0001

Attn: Terminal Funding Products

The undersigned hereby accepts the attached Proposal dated _____, from Massachusetts Mutual Life Insurance Company (MassMutual), to issue a Single Premium Group Annuity Contract.

The Single Premium payment will be paid no later than _____.

The Single Premium amount due to MassMutual is _____.

Funding of benefits is scheduled to commence on _____.

I certify that our plan, _____, is qualified under Section 401(a) of the Internal Revenue Code and, if required, has been filed with both the IRS and the PBGC for plan termination.

The Contract should be issued to _____.

Acknowledgement of Commissions

This disclosure and acknowledgement is required in accordance with Department of Labor Exemption 84-24, as amended, and the Employee Retirement Income Security Act (ERISA) of 1974.

_____ (the Broker) has proposed to me that the _____ enter into a group annuity contract (the Contract) to provide benefits for Plan participants.

Before I signed the application for the Contract, I was informed that the Broker is a licensed life insurance broker.

Under the terms of this disclosure and acknowledgement, I understand that, at my direction, the Broker will receive a commission with respect to the Contract, equal to X percent of the contribution (excluding this commission) made to the Contract. The estimated amount of this commission is \$XX,XXX.

Pursuant to Department of Labor Exemption 84-24, as amended, the above Commission Schedule expresses sales commissions as a percentage of the contribution.

Before I signed the written Notice of Acceptance to the proposal, I received and reviewed the proposal which describes in detail the operation of the Contract, including descriptions of charges for expenses related to the administration and operation of the Contract and charges for special services requested by the Contractholder, if any.

I also understand that an adjustment to the Contract's contribution may be made in the event that the final participant data is different from the data submitted for the quote.

I certify that I have the authority to execute this disclosure.

I have negotiated with _____ (the Broker) to pay the fees listed above. I further certify that pursuant to ERISA regulations, the services provided are necessary for the operation of the Plan; that the services are furnished under an arrangement that is reasonable; and that reasonable compensation has been paid for these services.

Approved by: _____ Date: _____
Trustee or Plan Administrator

Contractholder Name: _____