

Massachusetts Mutual Life Insurance Company  
and affiliates, Springfield, MA 01111-0001

**Agent use only**

Agent Name \_\_\_\_\_ Agency # \_\_\_\_\_  
Agent Phone # \_\_\_\_\_ Date \_\_\_\_\_

**1. REQUEST TYPE** (please check one)

- New PAC account set-up  
(Please complete ALL sections of this form)
- Add policy to existing PAC account  
Provide one policy number on existing account:  
\_\_\_\_\_ (Please complete sections 1, 2 and 4 only)
- Change bank account information  
List all policies to be changed in Section 2 –  
**Only those policies listed will be changed!**  
(Please complete ALL sections of this form)

**2. POLICY DETAIL** (Shaded Fields are Required)

| Policy Number(s) | Insured Name(s) | Draft Dates (1-28)*<br>(Default date is the 28th) | Product | Variable Products Only |                          |
|------------------|-----------------|---|---------|------------------------|--------------------------|
|                  |                 |   |         | Specify Draft Amount   | Requested Effective Date |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |
|                  |                 |   |         |                        |                          |

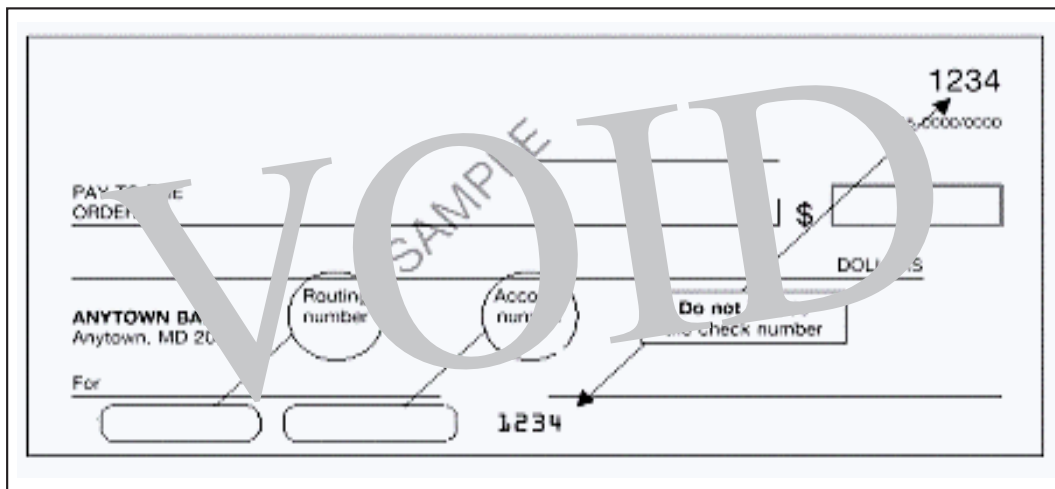
\*See "Helpful information for Completion of the Form" on Page 2/Reverse for exception information.

**3. ACCOUNT INFORMATION** (please check one)

- Checking** (Attach check below)       **Savings** (Not available for money market savings accounts or new business Disability Income products.)

**BANK ROUTING AND TRANSIT NUMBER:** \_\_\_\_\_  
**SAVINGS ACCOUNT NUMBER:** \_\_\_\_\_  
**NAME OF INSTITUTION:** \_\_\_\_\_

**PLEASE SECURELY  
TAPE VOIDED  
CHECK HERE  
(NO DEPOSIT SLIPS)**



**\*Please complete all address change requests on the reverse side of form as MassMutual will not update address information based on check information alone.**

**4. AGREEMENTS AND SIGNATURES**

Massachusetts Mutual Life Insurance Company and affiliated insurance companies (the "Company") of Springfield, Massachusetts is requested to debit the account of the undersigned depositor in the bank named under the Company's Pre-Authorized Check Premium Payment Service (the "Service"), sometimes referred to as Triple M (TM) or Check Services, for the purpose of making premium payments (hereinafter "Premiums") on the policies or contracts listed above, subject to the Terms and Conditions shown on the reverse side of this form. The request(s) made by this form shall remain in effect until the depositor notifies MassMutual to suspend the Service for a payment or to terminate the Service, or MassMutual terminates the service because the bank identified above has not honored a request for payment.

\_\_\_\_\_  
Signature of Depositor      \_\_\_\_\_  
Date

**PLEASE SEE PAGE 2/REVERSE FOR HELPFUL INFORMATION FOR COMPLETING THIS FORM,  
TERMS AND CONDITIONS, MAILING INSTRUCTIONS AND A CHANGE OF ADDRESS FORM.**

## TERMS AND CONDITIONS

- 1) If you pay your annual premium in installments you may incur an additional expense. If you would like to know the total dollar amount and the Annual Percentage Rate of the additional expense, you may access our “Modal Charge Disclosure and Annual Percentage Calculator” link at [www.massmutual.com/calculators](http://www.massmutual.com/calculators) or you may contact MassMutual at 1-800-272-2216.
- 2) Premiums shall be payable monthly, and the Company shall not be required to give notice of premiums becoming due. Automatic withdrawal will be made each month for the total of all premiums due or past due during the month.
- 3) Policies may be removed from the Service if any request for payment is not honored upon second presentation or by written notice of termination by the **company, 30 days** prior to such termination.
- 4) Any election for the Automatic Premium Loan (APL) provisions shall be inoperative, while premiums are payable under the Service.
- 5) For life insurance, and disability income insurance 9000 series and later – The Reduce Premiums or Applied Dividend option is not available while premiums are payable under the Service. If the Service is requested while either of these dividend options is in effect, the dividend option will be changed to the default dividend option provided in the policy.
- 6) For disability income insurance pre-9000 series – The Reduce Premiums dividend option is available while premiums are payable under the Service. Any dividend that becomes due while this election is in effect will be applied in 12 equal parts to reduce each of the following policy year’s premiums.
- 7) The Company shall incur no liability as a result of a withdrawal being dishonored by Your bank. This authorization shall not impose any legal obligation on the Company to make such withdrawals.
- 8) Under the Service, no premiums will be considered paid until the company actually receives the funds.
- 9) Notification of account changes must be received prior to 15 days before the next draft.
- 10) If the premium payer wants to terminate the Service, it is the premium payer’s responsibility to notify the Company. The Company will send confirmation to the premium payer of removal from the Service.

## HELPFUL INFORMATION FOR COMPLETION OF THE FORM

- To ensure timely processing, please be sure to complete all required fields on the form and securely attach a voided check.
- For variable life products, the depositor must also specify the monthly draft amount and requested effective date.
- For most products, the depositor may request automatic premium withdrawals from either a savings or checking account.
- For most products, the depositor may select the date that withdrawals are made from the 1st through the 28th of the month. **If none is specified, the default date will be the 28th.** (LTC products will default to the 5th, DI products to the Policy Effective Date.)
- Variable Life Select, Variable Life I, and Universal Life I can only draft on the 5th and 20th of the month. The default date for these products will be the 20th.
- For a complete listing of product-specific draft exceptions, your agent should refer to the “Draft Exceptions” chart found on FieldNet via the following menu path: Home Page → My Clients → Customer Services → Life Insurance.
- If there are any questions regarding this form, please call our Life Service Center at our toll free number 1-800-272-2216.
- You can fax the completed form along with a copy of a voided check to 866-329-4527.

### *Have you recently moved?*

Please provide the Premium Payer’s current address information below so that we can ensure our records are accurate:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Please indicate any additional policies you would like this address change made to \_\_\_\_\_

### *Thank you for your business!*

#### MAIL INSTRUCTIONS:

##### NEW Policies:

**Life:** MassMutual Financial Group  
**Mail Station: M325**  
1295 State Street  
Springfield, MA 01111-0001

**Disability:** MassMutual Financial Group  
**Mail Station: M154**  
1295 State Street  
Springfield, MA 01111-0001

**Long Term Care:** Massachusetts Mutual Life Insurance Company  
**Long Term Care Administrative Company**  
21600 Oxnard Street, Suite 1500  
P.O. Box 4243  
Woodland Hills, CA 91367

##### EXISTING Policies:

**Life or Disability:** MassMutual Financial Group  
**Life Customer Service Hub**  
1295 State Street  
Springfield, MA 01111-0001

**Forms with Multiple Product Types:** MassMutual Financial Group  
**Life Customer Service Hub**  
1295 State Street  
Springfield, MA 01111-0001

**Long Term Care:** Massachusetts Mutual Life Insurance Company  
**Long Term Care Administrative Company**  
21600 Oxnard Street, Suite 1500  
P.O. Box 4243  
Woodland Hills, CA 91367