

Data Needed to Set Up Payments

Required Information for All Payees

Payee Information		
Social Security Number	Required	Nine-digit social security number of the person MassMutual will be paying
Last Name	Required	Last name of the person that MassMutual will be paying
First Name	Required	First name of the person that MassMutual will be paying
Sex	Required	Sex of the person MassMutual will be paying M = Male F = Female
Date of Birth (yyyymmdd)	Required	Date of birth of the person that MassMutual will be paying Must be a valid date

Home Address		
Mailing Address Line 1	Optional	Freeform field will contain street address
Mailing Address Line 2	Optional	Freeform field will contain resident supplemental address such as apartment number, suite number if applicable
Mailing Address Line 3	Optional	Freeform field will contain resident supplemental address if applicable
Mailing Address City	Required	Freeform field will contain the person's resident city
Mailing Address State	Required	The state where the person resides must correspond to the U.S. Postal Service abbreviations.
Mailing Address ZIP Code	Required	This will allow for nine-digit U.S. ZIP codes, U.S. format is ##### ####

Payment Address (bank information)		
Bank Name of POA, etc.	Optional	Bank Name or legal guardian (POA), otherwise Blank
Bank Account Type (checking/savings)	Optional	Used in conjunction with Bank Account Number C = Checking S = Savings
Bank Account Number	Optional	Payee's bank account number used for depositing payment into a bank or credit union account
Bank Routing Number	Optional	A unique number assigned by the America Banking Association to be used for EFT Payments

Payment Address (if different from home address)		
Full name of Payee	Optional	Payee's First Name, Middle Initial and Last Name ONLY If the name is identical to the Last Name, First Name listed on page 1, there is no need to fill it in again
Payment Address Line 1	Optional	Freeform field will contain the street address to where the payment is being sent
Payment Address Line 2	Optional	Freeform field will contain payment supplemental address such as apartment number, suite number if applicable Do not use this line if payment is being sent to a Bank Address
Payment Address Line 3	Optional	Freeform field will contain payment supplemental address if applicable Do not use this line if payment is being sent to a Bank Address
Payment Address City	Optional	Freeform field that contains City where the payment is being sent
Payment Address State	Optional	The state where the person's payment is being sent and must correspond to the U.S. Postal Service abbreviations
Payment Address ZIP Code	Optional	This will allow for 9-digit U.S. ZIP codes, U.S. format is ##### ####

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Benefit Information		
Annuity Commencement Date (yyyymmdd)	Required	Original Participant: The date the Participant actually retired Beneficiary or Joint Annuitant: The date the original Retiree actually retired
Payment Frequency (M,W,Q,SA, or A)	Required	W = Weekly M = Monthly Q = Quarterly SA = Semi-Annually A = Annually
Benefit Amount (two decimals)	Required	Cannot be blank. Must be greater than \$0.00

Benefit Information		
Annuity Form	Required	The form of annuity under which the Payee is receiving his/her benefit
Months Certain	Required	Number of Months Certain from original retirement date
Normal Annuity Commencement Date (yyyymmdd)	Optional	Used For Disability ONLY: The date in the future that this disabled Payee will reach his/her Normal Retirement Date. It must be greater than the date MassMutual will take over the payments.
J & S Percentage	Optional	
Final Payment Date - if applicable (yyyymmdd)	Optional	Required for Temporary and Annuity Certain ONLY: Must be a valid future date indicating when the Temporary or Annuity Certain payments will end

Only complete this section if the Payee has a Joint and Survivor (see Annuity Form)

Joint Annuitant Information		
Social Security Number of Joint Annuitant	Optional	Social Security Number of the Joint Annuitant including leading zeros
Last Name of Joint Annuitant	Optional	Will contain the Last Name of the Joint Annuitant
First Name	Optional	Will contain the First Name of the Joint Annuitant
Date of Birth of Joint Annuitant (yyyymmdd)	Optional	Date of Birth of the Joint Annuitant. Must be a valid date
Joint Annuitant's Relationship	Optional	Freeform field that describes the relationship of the Joint Annuitant to the Participant/Payee
Sex of Joint Annuitant	Optional	This is the Sex of the Joint Annuitant that is associated to the Participant/Payee. M = Male F = Female

Only complete this section if the Payee has a Continuing Benefit such as 5 Certain & Life (see Annuity Form)

Beneficiary Information		
Social Security of Beneficiary	Optional	Social Security Number of the Beneficiary including leading zeros
Last Name of Beneficiary	Optional	Will contain the Last Name of the Beneficiary
First Name of Beneficiary	Optional	Will contain the First Name of the Beneficiary
Date of Birth of Beneficiary (yyyymmdd)	Optional	Date of Birth of the Beneficiary Must be a valid date
Beneficiary's Relationship	Optional	Freeform field (leave blank if unknown) that describes the relationship of the Beneficiary to the participant/payee

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Only complete this section with the Payee's Tax Withholding Information

Federal Tax Withholding Information		
Federal Withholding Election Code	Optional	1 = Payee elected withholding 2 = Payee elected NO withholding 3 = No election received from Payee
Federal Withholding Amount (two decimals)	Required	The amount of federal taxes to be withheld from a Payee's Total Benefit based on Marital Status and Number of Allowances. May be 0.00 if no withholding was elected or if the total pension is less than the minimum.
Federal Additional Flat Withholding Amount (two decimals)	Required	Federal flat tax withholding amount that was directed by the Payee on form W-4P. May be 0.00 if no flat tax withholding was elected.
Federal Marital Status	Required	If election code = 1 then this must be: M, S, or MHR If election code = 2 then this must be: NA If election code = 3 then this must be: M
Federal Number of Allowances	Required	If election code = 1 then this must be any two-digit numerical value . If election code = 2 then this must be 00 If election code = 3 then this must be 03

Only complete this section if the person has State Tax Withholding or has submitted a State W-4P

State Withholding Election Code	Optional	1 = Payee elected withholding 2 = Payee elected NO withholding 3 = No election received from Payee
State Withholding Amount (two decimals)	Optional	The amount of state taxes to be withheld from a Payee's Total Benefit based on Marital Status and Number of Allowances. May be 0.00 if no withholding was elected or if the total pension is less than the minimum.
State Additional Flat Withholding Amount (two decimals)	Optional	State flat tax withholding amount that was directed by the Payee on form W-4P. May be 0.00 if no flat tax withholding was elected.
State Marital Status	Optional	If election code = 1 then this must be: M, S, or MHR If election code = 2 then this must be: NA If election code = 3 then this must be: M
State Number of Allowances	Optional	If election code = 1 then this must be any two-digit numerical value . If election code = 2 then this must be 00 If election code = 3 then this must be 03

Only complete this section if the person has Deduction Information other than Tax Withholding

Deduction Information (if applicable)		
Deduction Reason 1	Optional	Freeform eight-character field used to distinguish between different uses of a particular type of deduction. For example: A Payee may have deductions for several types of medical coverage such as Health, Dental or Vision, or the Payee may have deductions for union dues.
Deduction Amount 1 (2 decimals)	Optional	The monthly amount for this deduction reason