

A Bank Account Information

In order to ensure timely and accurate processing of your request, please include a voided check when submitting this form.

Account Type – Check two boxes, one from each category:

- Savings (or) Checking
- Individual (or) Joint

Name of Financial Institution – Print the name of the bank/financial institution.

Bank Routing (Transit) Number – a nine digit number found at the bottom left of your check (see sample).

The image shows a sample check with the word "SAMPLE" in the center. Annotations with arrows point to specific fields: "ACH R/T 123456789" is circled and labeled "ACH Routing/Transit Number"; "123456789" is circled and labeled "Routing Number"; "1234567890" is circled and labeled "Account Number"; and "1001" is circled and labeled "Check Number". Other fields include "Account Holder Name", "Street Address", "City, State, ZIP", "DATE", "PAY TO THE ORDER OF", and "AMOUNT" (with a dollar sign and "DOLLARS" label).

B Terms and Conditions

1. By completing this form you are authorizing Massachusetts Mutual Life Insurance Company ("Company") to debit the account provided on this form under the Company's PAC Loan Repayment Service ("Service") for the purpose of making loan repayments on the policies or contracts listed on this form, subject to the Terms and Conditions listed here.
2. The authorization(s) made in this form shall remain in effect until all loans have been repaid, the Company receives notification from the account holder of its termination, or the Company notifies the account holder of the termination of the Service. The account holder may terminate this authorization by calling the Company at 1-800-272-2216, or writing to the Company at the address provided in section C.
3. Drafts shall be drawn for no more than the amount authorized.
4. The Company will draft monthly for loan repayments, and the Company shall not be required to give notice of payments becoming due. Automatic withdrawal will be made each month for the total of all policy loan payments specified on this form.
5. The Company will not re-draft for loan repayment drafts returned to the Company by the bank due to insufficient funds.
6. Under this Service, no payments will be considered "paid" until the Company actually receives the funds.
7. The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
8. Requests to begin or terminate PAC loan repayments must be received thirty (30) days in advance of a target draft date to take effect.
9. Notification of account changes must be received at least thirty (30) days prior to the next draft date to be in effect as of that draft date.
10. This authorization shall not impose any legal obligation on the Company to make withdrawals. The Company may remove policies from the Service:
 - In the event any check is dishonored. Such removal may occur immediately.
 - By written notice of termination by the Company. Such notice will be provided 30 days prior to such termination.
11. This authorization shall become effective when recorded at the Home Office of the Company.
12. If for any reason a check drawn by the Company is not honored, or the Company is obligated to refund the proceeds of any check that is honored, the draft shall not constitute a receipt, nor shall the proceeds be considered a payment for any purpose.
13. Loan repayments drafted after a policy has lapsed according to its terms shall not constitute a waiver by the Company of any lapse, nor suspend the operation of the provisions of the policy concerning nonpayment of premiums and the days of grace.
14. Once a loan is paid off and removed from the Service, any new loan will require a new authorization.
15. The proceeds of a draft shall not be used to pay loan interest, which is due on each policy anniversary, unless (a) the interest has been accrued and becomes part of the loan principal; (b) the loan principal has been paid off; or (c) the draft is a final payment that pays off a loan.
16. Loan payments for policies issued by MassMutual will be drafted on the 12th of each month. Loan payments for policies that were issued by Connecticut Mutual Life Insurance Company will be drafted on the 1st day of each month. These draft dates are non-negotiable.

C Customer Service Information

Mailing Address



MassMutual
Document Management Hub
1295 State Street
Springfield MA 01111-0001

MassMutual Customer Service Centers



1-800-272-2216

Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern)

Internet Service Connection

www.massmutual.com



Fax Number

1-866-329-4527



Pre-Authorized Check (PAC)
Loan Repayment Authorization

1 Loan Repayment Authorization Type

- a. Establish a new PAC Loan Repayment Account
b. Change draft dollar amount
c. Change Bank/Financial Institution
d. Add policies to existing PAC Loan Repayment Account

List one policy from existing account: _____

2 Policy Information

- Loan Payment Plan Option:
Plan A - apply payments to one loan at a time.
Plan B - pay multiple loans concurrently.

Table with 3 columns: Policy Numbers and Priority, Name of Insured, Draft Amount. Rows 1) through 5) with draft amounts in dollars.

3 Bank Account Information or Copy of Voided Check - Please provide the information requested below or securely attach a voided check.

Account Type - Check one option in each of the two groups below:

- Savings, Checking, Individual, Joint, Other (Corp., Trust, etc.):

Account Information

Print Name of Financial Institution

City, State, Zip of Financial Institution

Bank Routing/Transit Number grid (9 digits)

Bank Routing/Transit Number (always 9 digits)

Bank Account Number grid (16 digits)

Bank Account Number

Authorized Account Holder(s)

Printed Name of Authorized Account Holder

Printed Name of Additional Authorized Account Holder, if applicable

Phone Number of Authorized Account Holder

Email of Authorized Account Holder

Street Address of Authorized Account Holder

City/State/Zip of Authorized Account Holder

4 Signature Section - By signing below, the account holder(s) acknowledge that they have read, understand and agree to the Terms and Conditions in Section B of the instructions and confirm the accuracy of the information provided on this form.

X Signature of Authorized Account Holder Date Signed X Signature of Additional Authorized Account Holder Date Signed