

# PBO Direct Deposit Agreement

Please select items which apply:

- New Direct Deposit Enrollment     Address Change     Bank Change     Account # Change

## Complete Section A for all activities

Section A — Payee Information

CONTRACT NUMBER

SOCIAL SECURITY NUMBER

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NAME

AREA CODE & HOME TELEPHONE

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## Complete Section B for New Direct Deposit Enrollment and Address Changes

Section B — Payee's Mailing Address (for correspondence and tax purposes)

NUMBER AND STREET OR P.O. BOX

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CITY, STATE, ZIP

COUNTRY

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I hereby authorize MassMutual to make all pension payments due me under the above numbered contract by electronic Direct Deposit to the bank account designated below. I also authorize MassMutual to initiate debits to that bank account for overpayments made to me and the bank named below to debit my account and refund any such overpayments to MassMutual. Payments made under this agreement shall fully satisfy MassMutual's obligation to make payments to me.

I also agree that to cancel this agreement, I must give at least one month's written notice to the MassMutual Home Office. Upon my death, my executors or administrators shall pay to MassMutual from my estate the amount of any payments collected by the Bank which were not payable because they were issued after my death.

SIGNATURE OF PAYEE OR PAYEE'S LEGAL AUTHORIZED REPRESENTATIVE

DATE



**SEE REVERSE SIDE FOR DIRECT DEPOSIT INFORMATION**

## Complete Section C for new Enrollment or change in Bank Information

Section C — Bank Information (cannot be deposited to a Foreign Bank or Money Market)

If you are depositing to a checking account, please provide a **copy of voided check** not a deposit slip.

BANK NAME (Required)

AREA CODE & TELEPHONE

BANK STREET ADDRESS (Required)

CITY, STATE, ZIP (Required)

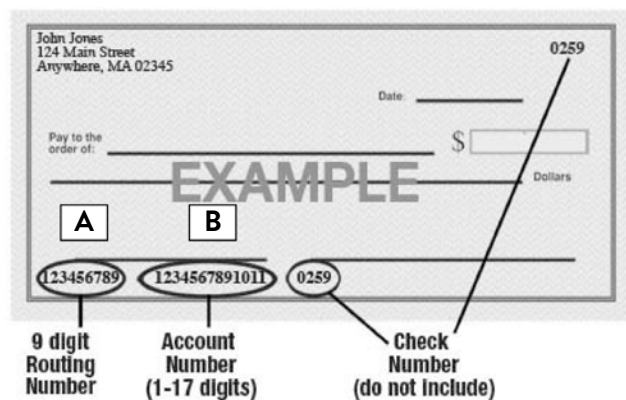
Please indicate only **one** account category below.

CHECKING ACCOUNT NUMBER (enclose copy of voided check)

SAVINGS ACCOUNT NUMBER

A. Bank routing number

B. Account number



## Customer Service

To submit your request, use one of the following:



**FAX this form to:**

413-226-4256

Retain this original and the fax machine's confirmation statement for your files.

**E-mail this form to:**

TFAdminUnit@massmutual.com



**MAIL this form to:**

Massachusetts Mutual Life Insurance Company  
Pension Risk Transfer Administration  
M352-TF  
P.O. Box 1295  
Springfield, MA 01101-9909

For additional information regarding your policy, please use any of the following resources:



Internet Service Connection  
[www.massmutual.com](http://www.massmutual.com)



MassMutual Customer Service Center  
1-800-775-4331  
Monday through Friday, 8:00 a.m. – 8:00 p.m. ET