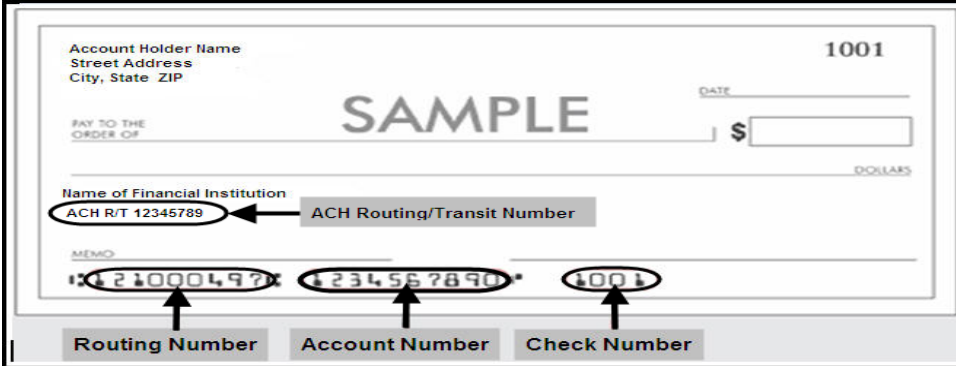


Massachusetts Mutual Life Insurance Company  
and affiliates, Springfield, MA 01111-0001

www.massmutual.com

## A Important Instructions

- This form is required to authorize Massachusetts Mutual Life Insurance Company (hereinafter referred to as the "Company") to:
  - Establish a new Pre-Authorized Check (PAC) Premium Payment Service (hereinafter referred to as the "Service") account
  - Change the banking or financial institution information on an existing PAC account
  - Change the draft date or draft amount on an existing PAC account
  - Add policies to an existing PAC account
- Thoroughly read the Terms and Conditions in section B before completing this form. Contact your financial services representative with any questions.
- To ensure timely processing, please be sure to **complete all fields** on this form.
- Retain pages 1 and 2 of this form and keep them with your insurance policy.
- If submitting a starter check, please ensure the following information is printed or written on the starter check: account holder name, account holder complete address, name of financial institution, ACH routing/transit number and account number.
- Below is an example of a voided check highlighting the location of the routing/transit number and bank account number:



The image shows a sample voided check form. The word "SAMPLE" is printed in large letters across the center. The form includes fields for Account Holder Name, Street Address, City, State, ZIP, DATE, PAY TO THE ORDER OF, Name of Financial Institution, ACH R/T 12345789, ACH Routing/Transit Number, MEMO, and a MICR line at the bottom: ⑆ 21000497 ⑆ 1234567890 ⑆ 1001. Arrows point from labels below to the routing number, account number, and check number on the MICR line.

## B Terms and Conditions

- By completing this form you are authorizing the Company to debit the account provided on this form under the Company's PAC Service for the purpose of making premium payments on the policies or contracts listed on this form, subject to the Terms and Conditions listed here.
- The authorization(s) made in this form shall remain in effect until 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 or writing to the Company. Refer to Section D for phone numbers and addresses. Requests for termination must be received five days prior to the next draft to be in effect as of the draft date.
- Premiums shall be paid monthly (or quarterly for Disability Income (DI) policies beginning with an 8), and the Company shall not be required to give notice of premiums due. Automatic withdrawal will be made each month (or quarter) for the total of all premiums due or past due. You agree to forego receiving notice of any adjustment from the recurring draft amount caused by past missed premium payments.
- Any missed premium payments may be drafted on the next available draft date, which might not be your scheduled draft date.
- Under the Service, no premiums will be considered "paid" until the Company actually receives the funds.
- The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
- Notification of account changes must be received at least 15 days prior to the next draft date to be in effect as of that draft date.
- This authorization shall not impose any legal obligation on the Company to make withdrawals. The Company may remove policies from the Service:
  - If any request for payment is not honored upon second draft attempt initiated by your financial institution.
  - If there are two consecutive returns or three returns within one year.
  - By written notice of termination by the Company which will be provided 30 days prior to such termination.
- If the account holder has elected the Automatic Premium Loan (APL) plan, which is available only under certain policies, the APL plan will be inactive while premiums are payable under the Service.
- Whenever possible, premium refunds will be returned via ACH direct deposit to the account provided on this form.
- If you pay your annual premium in installments, you may incur an additional expense. To obtain the total dollar amount and Annual Percentage Rate of the additional expense, go to [www.massmutual.com/calculators](http://www.massmutual.com/calculators) and access the "Modal Charge Disclosure and Annual Percentage Rate Calculator", or call the Company.

## Terms and Conditions, *continued*

### Draft Date and Frequency

1. For **most policies/contracts**, the account holder may elect to have premiums debited any date between the 1<sup>st</sup> and the 28<sup>th</sup> of the month. The default draft date for these policies will be the 28<sup>th</sup> when a draft date is not indicated on this form.
2. Variable Life Select and Variable Life I policies can only draft on the 5<sup>th</sup> or the 20<sup>th</sup> of the month, with a default draft date of the 20<sup>th</sup>.
3. Universal Life I policies can only draft on the 1<sup>st</sup> or the 15<sup>th</sup> of the month, with a default draft date of the 15<sup>th</sup>.
4. PALM policies can elect a draft date of the 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, or 28<sup>th</sup> of the month, with a default draft date of the 28<sup>th</sup>.
5. DI policies beginning with an 8 can elect a monthly or quarterly draft frequency; the default draft date is the policy anniversary day. For all other DI policies, the default draft date is the 28<sup>th</sup> of the month.
6. Long Term Care policies can only draft on the 5<sup>th</sup> of the month.
7. Strategic Group Universal Life policies can only draft on the 1<sup>st</sup> of the month.
8. To determine the available draft date for your policy/ies, please contact your financial services representative or review the [PAC draft guidelines](#) on MassMutual.com.

### Draft Amount

1. The option for choosing a draft amount applies only to Variable Life and Universal Life policies. Please refer to your prospectus or contact your financial services representative for more information about choosing draft amounts.
2. To the extent the recurring draft amount changes as a result of cost of living adjustments or other riders on your policy, the Company will notify you of any such changes before the next draft date for which the change will take effect.

## C Signature Instructions

The following descriptions explain the signature requirements for each type of ownership arrangement

<b>Corporation, Partnership, Limited Partnership</b>	Include the full name of the corporation. Print or type the full name and corporate title of the officer who signs. <b>EXAMPLE</b> - John Doe, President/Partner/General Partner, ABC Corporation
<b>Trust **</b>	Include the full name of the trust, the date of the trust agreement and the title of the officer, if corporate trust, signing. <b>EXAMPLE</b> - Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy
<b>Custodian</b>	<ul style="list-style-type: none"><li>• In all states except South Carolina and Vermont, include the full name of the custodian "as custodian for (<i>insert name of minor</i>) under the (<i>name of state</i>)'s <u>UTMA</u>." <b>EXAMPLE</b> - Joan Doe as custodian for Alice Doe under the Massachusetts UTMA.</li><li>• In South Carolina and Vermont, include the name of the custodian "as custodian for (<i>insert name of minor</i>) under the (<i>name of state</i>)'s <u>UGMA</u>." <b>EXAMPLE</b> - Joan Doe as custodian for Alice Doe under the Vermont UGMA.</li></ul>
<b>Executor**</b>	Include the full name of the appointed executor, administrator, or personal representative as "executor, administrator, or personal representative ( <i>list only one capacity</i> ) for the estate of ( <i>insert name of deceased</i> ), deceased." If not previously submitted, a copy of the death certificate is required. <b>EXAMPLE</b> - Joan Doe, executor for the estate of Sam Doe, deceased.
<b>Legal Guardian /Conservator**</b>	Include the full name of the legal guardian/conservator, "as guardian/conservator of the estate of ( <i>insert name of person affected</i> )." <b>EXAMPLE</b> - Joan Doe as Guardian/Conservator of the Estate of Sam Doe.
<b>Attorney-in-Fact** (Power of Attorney)</b>	Include the full name of the attorney-in-fact as "Attorney-in-Fact for ( <i>insert name of person</i> )." <b>EXAMPLE</b> - Joan Doe, Attorney-in-Fact for Sam Doe.

\*\* Copies of the legal document that established authority must be submitted with this form unless already on file.

## D Customer Service Information

### Life, Variable and Universal Products

#### Mailing Address

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

**Fax Number:** 1-866-329-4527

#### Customer Service Center

1-800-272-2216  
Available Monday through Friday,  
8:00 a.m. to 8:00 p.m.

#### Internet Service Connection

[www.massmutual.com](http://www.massmutual.com)

### Long Term Care Products and Long Term Care Administration Company

#### Mailing Address

21600 Oxnard Street, Suite 1500  
P.O. Box 4243  
Woodland Hills, CA 91367

### Executive Benefit Products

#### Mailing Address

Massachusetts Mutual Life Insurance Company  
LCM Document Management Hub  
1295 State Street  
PO BOX 2488  
Springfield, MA 01101-2488

**Fax Number:** 1-860-562-6154

#### Customer Service Center

1-800-548-0073  
Available Monday through Friday,  
8:00 a.m. to 5:00 p.m.

**E-Mail** [LCMclientservices@massmutual.com](mailto:LCMclientservices@massmutual.com)

#### Internet Service Connection

[www.massmutual.com](http://www.massmutual.com)

