

Electronic Funds Transfer (EFT) from a checking or savings account

<b>A</b>	<b>Disclosures</b>
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**General Information**

Retain a copy of this document. “I”, “you” and “your” refer to the authorized Bank Account Holder.

By submitting your request, you authorize Massachusetts Mutual Life Insurance Company (the “Company”) to debit the bank account provided to pay premiums on the Policy(ies) identified, subject to the terms and conditions listed here.

Whenever possible, premium refunds will be returned via EFT direct deposit to the bank account provided.

If a debit block has been placed on the bank account, contact Customer Service at 1-800-272-2216 for the necessary information to provide the bank in order to establish the Pre-Authorized Check (PAC) Premium Payment Service.

Paying the annual premium in installments may result in additional expenses. 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 (APR) Calculator”, or call the Company.

The Company has the right to refuse a request to establish a PAC Account on a policy in its grace or lapse pending period until the Company has received sufficient premium to bring the policy out of grace.

**Draft Day & Draft Frequency.** The draft day is the day the Company will withdraw money from your bank account. Whenever possible, the Company will draft on the day elected for the premium that is due.

Unless otherwise noted below, the Bank Account Holder can elect to have recurring premiums drafted any date between the 1<sup>st</sup> and the 28<sup>th</sup> of the month. If no draft day is chosen, the Company will choose a date for you. If the draft date falls on a weekend or holiday, the draft will occur on the following business day.

The draft frequency is generally monthly; however, for certain products, you can elect either a monthly or quarterly draft frequency.

Product	Draft Day Options
Life, Long Term Care (LTC), Strategic Group Universal Life products* Strategic Group Variable Life products* Disability Income (DI)**	1 <sup>st</sup> – 28 <sup>th</sup>
Universal Life I***	1 <sup>st</sup> or 15 <sup>th</sup>
Variable Life Select & Variable Life I***	5 <sup>th</sup> or 20 <sup>th</sup>

\*For Strategic Group Universal Life (SGUL) and Strategic Group Variable Life (SGVUL) products, you can elect either a monthly or quarterly draft frequency.

\*\*For DI, you can elect either a monthly or quarterly draft frequency for the following: (1) inforce DI policies beginning with an “8” (excluding MassMutual Income Protection Option (MMIPO) policies); (2) DI policies applied for but not yet issued (excluding “over age 65 policies” applied for but not yet issued in FL, MN, NJ, or NY, and

MMIPO policies). You may select any date between the 1<sup>st</sup> and 28<sup>th</sup> as a draft date. If you do not select a draft date, the default draft date is the Policy’s anniversary date.

For MMIPO policies (in force and applied for), the draft frequency is monthly only. You can select any date between the 1<sup>st</sup> and the 28<sup>th</sup> as a draft date. If you do not select a draft date, the default draft date is the Policy’s anniversary date.

For all other DI policies (including “over age 65 policies” applied for but not yet issued in FL, MN, NJ or NY), the draft frequency is monthly only. You can select any date between the 1<sup>st</sup> and the 28<sup>th</sup> as a draft date. If you do not select a draft date, the Company will select the draft date for you.

\*\*\*If no selection is made, the draft date will be the 15<sup>th</sup> for Universal Life I, and the 20<sup>th</sup> for Variable Life Select & Variable Life I.

**Establishing a New PAC Account**

For the initial premium:

- An email address is required for the one-time EFT for initial premium (*cannot pay initial premium by PAC for SGUL or SGVUL products*). The email address is required because the Company will send notice of the EFT to the email address provided. Bank information will not be provided in the email.
- With a Temporary Insurance Receipt/Agreement or Conditional Receipt (“TIR”), the one-time EFT for the initial premium will occur immediately when the Company receives this request in good order and the applicable terms and conditions of the TIR have been met. Otherwise, the one-time EFT will occur when the Company receives all required paperwork in good order. Signing and submitting the Pre-Authorized Check (PAC) Premium Payment Service Form (F6445) to draft the initial premium does not mean that insurance coverage is effective. Coverage is effective only as stated in the application or TIR and the applicable terms and conditions therein have been met.

For recurring premiums:

- If the Company is unable to draft on the scheduled draft day because of the required processing time to set up a PAC Account, the Company will draft more than one month’s/quarter’s premium (including past premiums) on the next scheduled draft day to bring the Policy to a current due date.
- The Company will draft premium payments monthly or quarterly (depending upon the policy type and frequency selected) and will not be required to send monthly/quarterly bills.
- The option for choosing a draft amount for recurring premiums applies only to Strategic Group Universal Life, Strategic Group Variable Life, Variable Life and Universal Life policies. Refer to the Policy or contact your financial services representative for more information about choosing draft amounts.
- If the Automatic Premium Loan (APL) plan, which is available only under certain policies, has been elected, the APL plan will be inactive while premiums are payable under the PAC service.

<b>A</b>	<b>Disclosures</b> <i>(continued)</i>
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**Changing an Existing PAC Account**

Notification of changes to an existing PAC Account must be received at least 7 business days prior to the next draft date to be in effect as of that draft date.

If the recurring draft amount changes as the result of a policy conversion, a rider, automatic renewal, cost of living adjustment, or other policy change, the Company will notify you of the new draft amount prior to the next draft for which the change will take effect. The Company will be authorized to draft the new amount.

**Returns/Insufficient Funds**

The Company will consider the premium paid only if the EFT is honored by your bank, and we receive the funds. If sufficient funds are not available on your scheduled draft date, the Company will automatically attempt to draft again one to five days later.

If sufficient funds are still not available:

- For the initial premium, *(cannot pay initial premium by PAC for SGUL or SGVUL products)* the Company will notify you via the email address provided, and the Policy will remain inactive until the premium has been successfully received by the Company. If the EFT draft amount for the initial premium under this authorization is not enough to pay the full initial premium due, the Company will contact you to obtain authorization to draft the additional required premium.

For recurring premiums, For recurring premiums, the Company will attempt to draft both the missed premium and the next monthly premium either 10 business days after the bank notifies the Company of the return or on the next scheduled draft date depending on policy type.

For products on quarterly draft, the Company will draft the missed quarterly premium either the next month on the selected draft day or on the draft day of the next quarter, depending upon policy type. The Company will notify you of the new amount prior to the draft. The Company will not incur any liability as a result of your bank not honoring an EFT. If an EFT is not honored, your payment(s) into the Policy(ies) may not be made or may be made late. Either situation could result in a policy losing certain guarantees or coverage lapsing in accordance with the terms of the Policy.

**Terminating a PAC Account**

This authorization will remain in effect until the Company receives notification of its termination from the Bank Account Holder, or notifies the Bank Account Holder of the termination of the PAC service.

By the Bank Account Holder: The Bank Account Holder may terminate this authorization by calling or writing to the Company. Refer to the Contact Information section below for applicable phone numbers and addresses.

- A request to terminate this authorization for the one-time EFT for the initial premium must be submitted immediately. It is possible that the Company may not be able to honor such a termination request if the one-time EFT has already been processed.
- Requests for termination must be received 7 business days prior to the next draft to be in effect as of the draft date.

By the Company: The Company reserves the right to terminate a PAC Account at any time for reasons including, but not limited to, two consecutive returns or three returns within one year.

<b>B</b>	<b>Contact Information</b>
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*For more information or general questions, use the resources below or for additional information regarding the Policy, visit [www.massmutual.com](http://www.massmutual.com).*

<b>Life &amp; Disability Income</b>		
<b>Phone:</b> 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	<b>Fax:</b> Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i>  <b>Email:</b> IPMPacForms@iuo.massmutual.com
<b>Strategic Group Universal Life &amp; Strategic Group Variable Life</b>		
<b>Phone:</b> 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	<b>Mail:</b> MassMutual PO Box 2488 Springfield, MA 01101-2488	<b>Fax:</b> 1-413-226-4054 <i>Retain this original and the fax machine confirmation statement for your files.</i>  <b>Email:</b> LCMclientservices@massmutual.com
<b>LifeCare</b>		
<b>Phone:</b> 1-888-505-8952 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	<b>Mail:</b> MassMutual Long Term Care Administrative Co. 21600 Oxnard Street, Suite 1500 PO Box 4243 Woodland Hills, CA 91367	<b>Fax:</b> Attention: Long Term Care Administrative Co. 1-818-887-4595 <i>Retain this original and the fax machine confirmation statement for your files.</i>

*Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.*

For Internal Use Only	
Agent's Name	_____
Agency Number	_____
Agent's Phone Number	_____

**1 Authorization to: (check all that apply)**

- Initiate a one-time EFT transaction for the initial premium (For Life & DI products only). **Must include e-mail address below in Section 4.**
- Establish a PAC Account for recurring premiums
- For an existing PAC account:**
- Change Bank/Financial Institution
- Change draft date and/or draft amount
- Add policies (*list one policy from existing account*): \_\_\_\_\_

**2 Policy Information** - For the one-time EFT for initial premium, include the name of the insured and draft amount. For recurring premiums, include the policy number, name of the insured, draft date, draft amount (VL and UL policies only) and effective date to begin drafting for each policy. Please refer to the Disclosures in this form for information and restrictions regarding draft dates.

Policy Number	Name of Insured	Draft Date <i>(refer to Section A)</i>	Draft Amount <i>(if applicable)</i>	Effective Date <i>(mm/yyyy)</i>
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

**3 Draft Frequency** - This selection applies only to SGUL, SGVUL & DI policies beginning with an 8\*  Monthly  Quarterly  
\*Excluding MMIPO DI policies; for MMIPO DI policies and all other policies not described above, the draft frequency will be monthly.

**4 Bank Account Information or Voided Check Copy** - Securely attach a voided check or complete the information below

Account Type - check only one option in each group below:

Savings  Checking  Individual  Joint  Other (*Corp., Trust, etc.*): \_\_\_\_\_

Print Name of Financial Institution \_\_\_\_\_

City, State, Zip of Financial Institution \_\_\_\_\_

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Bank Routing/Transit Number (*always 9 digits*)

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Bank Account Number

**Authorized Account Holder Information**

Check here to have the address of the Authorized Bank Account Holder changed to the address listed below.

Printed Name of Authorized Bank Account Holder \_\_\_\_\_

Printed Name of Additional Authorized Bank Account Holder \_\_\_\_\_

Street Address of Authorized Bank Account Holder \_\_\_\_\_

City, State and Zip of Authorized Bank Account Holder \_\_\_\_\_

E-mail Address of Authorized Bank Account Holder\* \_\_\_\_\_

Phone Number of Authorized Bank Account Holder \_\_\_\_\_

\*E-mail address is required for the one-time EFT for the initial premium.

**5 Signature Section** - By signing below, the account holder(s) acknowledge(s) that they have received, read and agree to the Disclosures on pages 1 and 2 of this form and confirm(s) the accuracy of the information provided on this form.

**X** \_\_\_\_\_  
Signature of Account Holder (& title when applicable) Date

**X** \_\_\_\_\_  
Signature of Additional Account Holder (& title when applicable) Date