.∴ MassMutual

One-time ACH/EFT for Disbursements

For use with life policies only

Use this form to authorize MassMutual to deposit funds payable from a policy disbursement of \$500 or more into a designated bank account through Automated Clearing House (ACH)/Electronic Funds Transfer (EFT).

The corresponding transaction form is required in addition to this form. 1. Policy number(s): 2. Insured's full legal name (First, MI, Last, Suffix): **3.** Owner's full legal name (If different than Insured): B Transaction Information::::::::::: Complete this section to receive an ACH/EFT deposit into your bank account. A voided check or signed specification (spec) sheet/ letter of instruction from the bank must be submitted with this form. Deposit slips and starter checks will not be accepted. To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing an ACH/EFT. If we are unable to independently validate the bank and customer account information to support the ACH/EFT, we will mail a check via U.S. Postal Service First Class Mail to the Owner at the address of record. Refer to the Disclosures in section C for further information. 1. Type of transaction (Select one): Dividend withdrawal Loan Surrender Universal Life/Variable Life partial withdrawal **2.** Transfer amount (Select one): Maximum Other (Specify): \$ 3. Bank account type (Select one): Light Checking (Submit a voided check or submit a signed spec sheet/letter of instruction from the financial institution) Savings (Submit a signed specification (spec) sheet/letter of instruction from the financial institution) 4. Full legal name on bank account: 5. Name of bank/financial institution: 6. Bank routing/ABA transit number (9 digits): 7. Bank account number: The ACH/EFT will only be accepted and processed if the policy Owner's name matches the name on the bank account. If the payee is a Trust, Estate or Corporation/Partnership, deposits cannot be made into the personal account of a trustee, executor or officer. MassMutual shall incur no liability as a result of a deposit being · If MassMutual is not able to validate the bank and customer acdishonored by your bank. count information, there may be a delay processing your request. If MassMutual cannot make a deposit into the designated bank ac-Some banks may charge a fee to process the ACH/EFT. count via ACH/EFT for any reason, we reserve the right to mail a It may take up to 2-3 business days from the date the disbursement check to the Owner at the address of record via U.S. Postal Service is processed for your bank to reflect the deposit. First Class Mail. ACH/EFT is only available for U.S.-based banks or participating credit unions. MassMutual does not accept requests to deposit funds to For Further Credit (FFC) accounts, foreign bank accounts or brokerage

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.

accounts.

Policy number(s):		
D Agreements & Signa	ntures::::::::::::::::::::::::::::::::::::	
I authorize the bank named above to		unt is in good standing and can accept deposits; and (2)
This authorization will remain in effect	t during the processing of the transfer of funds iden	tified on this form.
	nds payable from the requested transaction into the signated bank account to recover any over-payment	e designated bank account through an ACH/EFT. I also nts made to me.
Signature of Owner/Officer/Tru	ustee:	
Printed name:		Date:
Title (If applicable):		Sole Officer
Printed name of Corporation/F	artnership/Trust (If applicable):	
Signature of Joint Policy Owner	er (If applicable):	
Printed name:		
Title (If applicable):		
Name of Corporation/Partners	hip or Trust (include date of trust) (If applicable):	
For more information or general		ww.massmutual.com. Once you have reviewed and onsibility for forms that are submitted as indicated
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 Eastern Time	Mail: MassMutual p.m. Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	Fax: Attention: Life Hub 1-866-329-4527 Retain this original and the fax machine confirmation statement for your files.