MassMutual

Pre-Authorized Check (PAC) Premium Payment Service Form

The Pre-Authorized Check (PAC) premium payment service offers a convenient way to pay insurance premiums through electronic withdrawals from a checking/savings account. Please submit a voided check with this form. If a voided check is not submitted, ensure all written information is legible and all sections are complete. If submitting a starter check, the following information must be printed on the starter check: account holder name, account holder complete address, name of financial institution, ACH routing/transit number, and account number. Review section E - Terms & Conditions before completing this form.

A | Authorization to

Check all that apply:

☐ Authorize a recurring premium payment	☐ Change account, bank, or financial institution information
☐ Authorize a one-time payment for a past due premium to bring Certificate current	☐ Change draft date and/or draft amount

B | Certificate Information

Certificate Number	Insured Name	Draft Date *(Refer to section E)*	Change Draft Amount *(For Universal Life Certificates only)*
_____	_____	_____	☐ Target Premium ☐ Other $ _____
_____	_____	_____	☐ Target Premium ☐ Other $ _____
_____	_____	_____	☐ Target Premium ☐ Other $ _____
_____	_____	_____	☐ Target Premium ☐ Other $ _____

Draft Period Frequency *(Select one)*: ☐ Monthly *(Default)* ☐ Quarterly ☐ Semi-Annually ☐ Annually

PAC Effective Date *(mm/dd/yyyy)*: _____

C | Account Information

Account Type. *(Select only one option in each group below):*

☐ Savings ☐ Checking | ☐ Individual ☐ Other (Trust, Joint, etc.): _____

Account Information. *(Attach a voided check or complete the following information.)*

1. Name of bank/financial institution: _____
2. City, state, and zip of financial institution: _____
3. Bank routing/ABA transit number (9 digits):

4. Bank account number:

Authorizing Account Holder Information *(Please print)*

5. Name: _____
6. Address *(Street)*: _____

   Address *(City, State, zip)*: _____

   ☐ This is a new address for the Authorizing Account Holder
7. Additional account holder name: _____

D | Signatures

By signing below, the Authorizing Account Holder(s) acknowledge(s) receipt, review, and agreement with section E - Terms & Conditions on pages 3 & 4 of this form and confirm(s) the accuracy of the information provided on this form. Refer to section G - Signature Instructions for descriptions of how to sign for various owner types.

Signature of Account Holder: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer*

Signature of Additional Account Holder *(If applicable)*: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____

Assignee *(Required when the policy is assigned)*

Signature of Assignee: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer*

**If the Sole Officer box is selected and the signer is the only officer, a signed letter on company stationery to that effect or the signer's signature with the corporate seal affixed is required.*

E | Terms & Conditions

By completing this PAC form, you are authorizing MassMutual to debit the account provided on this PAC form to pay premiums on the certificates listed on this PAC form in accordance with these Terms and Conditions.

1. This authorization will remain in effect unless account holder notifies MassMutual of its termination or MassMutual notifies the account holder of the termination of the service. The account holder may terminate this authorization by calling or writing to MassMutual. Notice of termination must be received five (5) business days prior to the next draft to be in effect as of the draft date. If a voided check is not submitted and the information in section C is illegible, you will be notified in writing that the PAC Premium Payment Service has not been established.
2. Notification of changes to an existing PAC authorization must be received at least ten (10) business days prior to the next draft date to be in effect as of that draft date.
3. Recurring premiums shall be drafted based on the period indicated in Section B, or monthly if no period is indicated. MassMutual shall not be required to give notice of premiums due. Depending upon the timing of the initial draft, if the first draft is not sufficient to bring the Certificate current, MassMutual is authorized to make additional consecutive daily drafts of the premium in order to bring the certificate to a current due date. Once the certificate is current, subsequent drafts will be for the period indicated in Section B or as permitted when a draft has been dishonored due to a lack of sufficient funds on the draft date.
4. If sufficient funds are not available on your scheduled draft date, MassMutual will attempt to draft again one to five days later. If sufficient funds are still not available:
   - MassMutual will attempt to draft both the missed premium and your next premium either ten (10) days after the bank notifies MassMutual of the return or on your next scheduled draft date.
   - Your payment(s) for the certificate(s) may not be made or may be made late. Either situation could result in a certificate losing certain guarantees or coverage lapsing in accordance with the terms of the certificate.
   - It is your responsibility to ensure there are sufficient funds in your account. You agree to forego receiving notice of any adjustment from the recurring draft amount caused by past missed premium payments.
5. No premiums will be considered “paid” until MassMutual actually receives the funds.
6. MassMutual shall incur no liability as a result of a withdrawal being dishonored by your bank.
7. This authorization shall not impose any legal obligation on MassMutual to make withdrawals.
8. MassMutual may remove certificates from this service:
   - If any request for payment is not honored upon the second draft attempt initiated by your bank or financial institution
   - If there are two consecutive returns or three returns within one 12-month period, or
   - If MassMutual discontinues offering the service and provides written notice 30 days prior to termination.
9. ***If the account holder has elected the Automatic Premium Loan (APL) plan, which is available only under certain certificates, the APL plan will be inactive while premiums are payable under the service.***
10. Whenever possible, premium refunds will be returned via ACH direct deposit to the account provided on this form.
11. You will receive a Pre-Authorized Payment Notification listing the amount of your draft date and bank information at the time your PAC Authorization is initially set up for recurring premiums. To bring a certificate to a current due date, past due premium may be taken in consecutive daily draft payments that total more than the draft amount shown on the Notification. The amount of past due premiums will be provided in a Reminder Notice.

12. The account holder may elect to have recurring premiums drafted any date between the 1st and the 28th of the month. If a date is not specified, we will select one. We will send a Pre-Authorized Payment Notification ten (10) days in advance of the first draft.
13. If the draft date falls on a weekend or holiday, the draft will occur on the following business day.
14. Retain a copy of this form and keep it with your insurance certificate.

F | Submission & Contact Information

Once you have reviewed and completed this form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below. You can also reach us online at **https://www.MassMutual.com/retirement/worksite-benefits.**

Email:	**Mail:**	**Phone:**
MassMutualService@illumifin.com **Fax:** 1-877-888-2677 *Retain this original and the fax machine confirmation statement for your files.*	Administrative Office P.O. Box 64340 St Paul, MN 55164-0340	1-844-975-7522 Monday - Friday, 8:00 a.m. - 6:00 p.m., Eastern Time

G | Signature Instructions

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

Title	Description
Corporation, partnership, limited partnership	Include the full name of the corporation. Print or type the full name and corporate title of each officer who signs. If the officer is the insured or a family member, we require the signature of another officer who is not related or, if all officers are related, the signature of two officers. If the insured is the only officer, we require either a letter on company stationery to the effect or the insured's signature with the corporate seal affixed. ***EXAMPLE*** – John Doe, President/Partner/General Partner, ABC Corporation.
Trust*	Those trustees required to sign under the trust agreement, include the full name of the trust, the date of the trust agreement, and the title(s) of the officer(s), if corporate trust, signing. ***EXAMPLE*** – Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy.

Title	Description
Custodian	In all states except South Carolina and Vermont, include the full name of the custodian "as custodian (insert name of minor) under the (name of state)'s UTMA. ***EXAMPLE*** - Joan Doe as custodian for Alice Doe under the Massachusetts' UTMA. In South Carolina and Vermont, include the name of the custodian "as custodian for (insert name of minor) under the (name of state)'s UGMA." ***EXAMPLE*** - Joan Doe as custodian for Alice Doe under the Vermont's UTMA.
Executor*	Include the full name of the appointed executor, administrator, or personal representative, as "executor, administrator, or personal representative (list only one capacity) for the estate of (insert name of deceased), deceased." If not previously submitted, a copy of the death certificate is required. ***EXAMPLE*** - Joan Doe, executor for the estate of Sam Doe, deceased.
Legal Guardian Conservator*	Include the full name of the legal guardian/conservator, "as guardian/conservator of the estate of (insert name of person affected)." ***EXAMPLE*** - Joan Doe, Guardian/Conservator of the Estate of Sam Doe.
Attorney-in-Fact* (Power of Attorney)	Include the full name of the attorney-in-fact as "Attorney-in-Fact for (insert name of person)." ***EXAMPLE*** - Joan Doe, Attorney-in-Fact for Sam Doe.
If the certificate is assigned	The Certificate owner and assignee must sign. Include the full name of the assignee. If the assignee is a corporation, also include the title(s) of all officer(s) signing. ***NOTE:*** If the right being exercised is granted to the assignee, only the assignee's signature is required.

** Submit a copy of the legal document that establishes the authority to execute this PAC form or indicate that the document is already on file.*

Massachusetts Mutual Life Insurance Company (MassMutual®) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.