

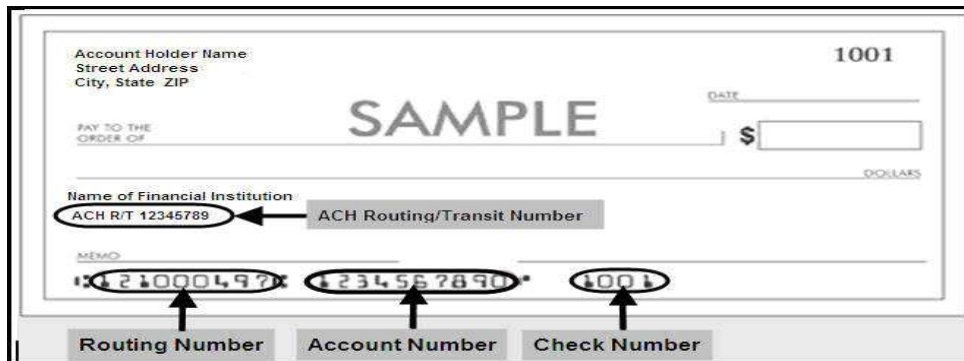
Massachusetts Mutual Life Insurance Company
and affiliates, Springfield, MA 01111-0001

www.massmutual.com

The Pre-Authorized Check ("PAC") Premium Payment Service offers a convenient way for customers to pay insurance premiums through electronic withdrawals from a checking/savings account. Use this form to pay an initial premium (Life and Disability Income policies only) and/or automatic recurring premiums. After a policy is issued, customers can set up or make changes to a PAC Account online by visiting www.massmutual.com/pac or by submitting a completed PAC form to MassMutual's Home Office.

A Important Instructions

- This form is required to authorize Massachusetts Mutual Life Insurance Company (hereinafter referred to as the "Company") to:
 - Initiate a one-time Electronic Fund Transfer (EFT) transaction for the initial premium (Life and Disability Income Products only). Note – An e-mail address is required in Section 4 (Bank Account Information) of the form for the one time EFT for initial premium.
 - Establish a Pre-Authorized Check (PAC) Service Account for recurring premiums (PAC 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.
- Retain a copy of this form and keep it with your insurance policy.
- In order to ensure timely and accurate processing, please include a voided check when submitting the form. If a voided check is not attached, please ensure any written information is legible and all sections are completed.
- 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:



Account Holder Name
Street Address
City, State ZIP

1001

DATE

PAY TO THE ORDER OF

SAMPLE

Name of Financial Institution

ACH R/T 12345789

ACH Routing/Transit Number

MEMO

1234567890

1001

Routing Number

Account Number

Check Number

B Terms and Conditions

- By completing this form, you are authorizing the Company to debit the account provided on this form to pay premiums on the policies listed on this form, subject to the Terms and Conditions listed here.
- This authorization will remain in effect until the Company receives notification of its termination from the account holder, 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 E 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. A request to terminate this authorization for the one-time EFT transaction 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 transaction has already been processed.
- Notification of changes to an existing PAC Account must be received at least 10 business days prior to the next draft date to be in effect as of that draft date.
- Recurring premiums shall be drafted monthly (or quarterly for certain Disability Income policies), and the Company shall not be required to give notice of premiums due. Depending upon the timing of the first recurring draft, the Company may need to draft more than one month's premium (including past premiums) in order to bring the policy to a current due date.

B	Terms and Conditions <i>continued</i>
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5. If sufficient funds are not available on your scheduled draft date, the Company will attempt to draft again one to five days later. If sufficient funds are still not available:
 - For the initial premium, the Company will notify you via the e-mail address provided, and the policy will remain inactive until the premium has been received by the Company.
 - For recurring premiums, the Company will attempt to draft both the missed premium and your next monthly premium either 10 days after the bank notifies the Company of the return or on your next scheduled draft date depending on policy type.
 - 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.
 - You agree to forego receiving notice of any adjustment from the recurring draft amount caused by past missed premium payments.
6. No premiums will be considered "paid" until the Company actually receives the funds.
7. The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
8. This authorization shall not impose any legal obligation on the Company to make withdrawals. The Company may remove policies from this service:
 - If any request for payment is not honored upon the second draft attempt initiated by your financial institution.
 - If there are two consecutive returns or three returns within one year.
 - If the Company 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 policies, 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. 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 and access the "Modal Charge Disclosure and Annual Percentage Rate Calculator", or call the Company.
12. You will receive a notice listing the amount of your draft, draft date and bank information:
 - For the EFT transaction for the initial premium, an e-mail address must be provided. The e-mail address is required because the Company will send notice of the EFT to the e-mail address provided on the PAC form. Bank information will not be provided in the e-mail.
 - At the time your PAC Account is initially set-up for recurring premiums.
 - Any time a subsequent change is made to your existing PAC Account.

C	Draft Date, Frequency and Amount
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1. With a Temporary Insurance Receipt/Agreement or Conditional Receipt ("TIR"), the one-time draft for the initial premium will occur immediately when the Company receives this form in good order and the applicable terms and conditions of the TIR have been met. Otherwise, the one-time draft will occur when the Company receives all required paperwork in good order. Signing and submitting this authorization 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.
2. To determine the available draft date of your policy(ies), please contact your financial services representative or review the PAC draft guidelines on www.massmutual.com.
3. Unless otherwise noted below, the account holder may elect to have recurring premiums drafted any date between the 1st and the 28th of the month. If you do not specify a date, we will select one. We will send a Pre-Authorized Payment Notification 10 days in advance of the draft.
4. Variable Life Select and Variable Life I policies can only draft on the 5th or the 20th of the month, with a default draft date of the 20th.
5. Universal Life I policies can only draft on the 1st or the 15th of the month, with a default draft date of the 15th.
6. PALM policies can elect a draft date of the 7th, 14th, 21st, or 28th of the month, with a default draft date of the 14th. Drafts are only permitted from a checking account.
7. For inforce Disability Income policies beginning with an "8" and Disability Income policies applied for but not yet issued (other than "overage 65 policies" applied for but not yet issued in FL, MN, NJ or NY), you can elect any date between the 1st and the 28th and either a monthly or quarterly draft frequency. The default draft date is the policy anniversary date. For all other Disability Income policies (including "overage 65 policies" applied for but not yet issued in FL, MN, NJ or NY), please refer to number 3 in this section.
8. Long Term Care policies can draft any date between the 1st and the 28th of the month, with a default draft date of the 5th.
9. Strategic Group Universal Life policies can only draft on the 1st of the month.
10. If the draft date falls on a weekend or holiday, the draft will occur on the following business day.

Draft Amount

1. 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.
2. The option for choosing a draft amount for recurring premiums applies only to Variable Life and Universal Life policies. Please refer to your policy or contact your financial services representative for more information about choosing draft amounts.
3. 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.

D Signature Instructions

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

- 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 stationary to that 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
- Custodian**
- In all states except South Carolina and Vermont, include the full name of the custodian "as custodian for (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 UGMA.
- 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 as 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 policy is assigned** The 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.

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

E Customer Service Information**Life and Disability Income 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

Long Term Care Products and Long Term Care Administration Company**Mailing Address**

21600 Oxnard Street, Suite 1500
PO 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

Internet Service Connection

www.massmutual.com



Pre-Authorized Check (PAC) Premium Payment Service

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

www.massmutual.com

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): _____

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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 amount (VL and UL policies only) and effective date to begin drafting for each policy. Please refer to the Terms and Conditions in this form for information and restrictions regarding draft dates.

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

3 Draft Frequency - This selection applies only to Disability policies beginning with an 8. ☐ Monthly ☐ Quarterly

4 Bank Account Information or Copy of Voided Check - Please securely attach a voided check or complete the information below. Refer to "Section A - Important Instructions" regarding the use of starter checks and account number location.

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.**

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Signature Section - By signing below, the account holder(s) acknowledge(s) that they have received, read and agree to the "Terms and Conditions" and "Draft Date, Frequency and Amount" conditions 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