## **.∴** 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). 1. Policy number(s): 2. Insured's full legal name (First, MI, Last, Suffix): 3. Owner's full legal name (If different than Insured): 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 will 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): 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. Some banks may charge a fee to process the ACH/EFT. If MassMutual cannot make a deposit into the designated bank account via ACH/EFT for any reason, we reserve the right to mail a It may take up to 5 business days for your bank account to reflect check to the Owner at the address of record via U.S. Postal Service the deposit. First Class Mail. · ACH/EFT is only available for U.S.-based banks or participating MassMutual does not accept For Further Credit (FFC) accounts, credit unions. foreign bank accounts or brokerage accounts.

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.

Policy number(s):		
D Agreements & Signatures		• • • • • • • • • • • • • • • • • • • •
	orally or in writing) that: (1) the bank accou	nt is in good standing and can accept deposits; and (2)
This authorization will remain in effect during t	he processing of the transfer of funds ident	ified on this form.
I authorize MassMutual to deposit funds paya authorize MassMutual to debit the designated		designated bank account through an ACH/EFT. I also ts made to me.
Signature of Owner/Officer/Trustee:		
Printed name:		Date:
Title (If applicable):		Sole Officer
Printed name of Corporation/Partnersh	p/Trust (If applicable):	
Signature of Joint Policy Owner (If appl	icable):	
Printed name:		
Title (If applicable):		
Name of Corporation/Partnership or Tru	ust (include date of trust) (If applicable):	
For more information or general question	s, use the resources below or visit <u>ww</u>	www.massmutual.com. Once you have reviewed and ensibility for forms that are submitted as indicated
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual 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.