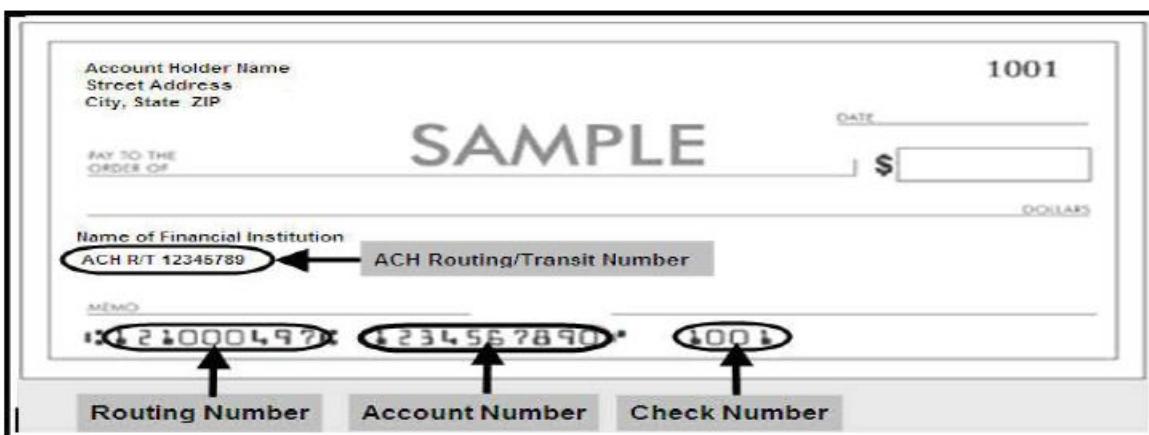




## D Important Instructions :::::::::::::::::::::

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1. This form is required to authorize Massachusetts Mutual Life Insurance Company "Company" to:
  - Establish a Pre-Authorized Check 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 certificates/policies to an existing PAC Account
2. Thoroughly read the Terms and Conditions in Section E before completing this form.
3. Retain a copy of this form and keep it with your insurance certificate.
4. 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.
5. 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.
6. Below is an example of a voided check highlighting the location of the routing/transit number and bank account number:



## E Terms and Conditions :::::::::::::::::::::

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By completing this PAC form, you are authorizing the Company 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 Company of its termination 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. Notice of termination must be received five (5) business days prior to the next draft to be in effect as of the draft date.
2. Notification of changes to an existing PAC Account 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 quarterly premiums if no period is indicated. Company 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, the Company 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, the Company will attempt to draft again one to five days later. If sufficient funds are still not available:
  - The Company will attempt to draft both the missed premium and your next premium either ten (10) days after the bank notifies the Company 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.
  - 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 the Company actually receives the funds.
6. The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
  - This authorization shall not impose any legal obligation on the Company to make withdrawals. The Company 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 the Company discontinues offering the service and provides written notice 30 days prior to termination.
7. 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.
8. Whenever possible, premium refunds will be returned via ACH direct deposit to the account provided on this form.
9. You will receive a Pre-Authorized Payment Notification listing the amount of your draft, draft date and bank information at the time your PAC Account 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.

## F Draft Date and Frequency :::::::::::::::::::::::::::::::::

1. The account holder may elect to have recurring premiums drafted any date between the 1<sup>st</sup> and the 28<sup>th</sup> 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.
2. If the draft date falls on a weekend or holiday, the draft will occur on the following business day.

## G Signature Instructions :::::::::::::::::::::::::

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

<b>Corporation, partnership, limited partnership Italicize</b>	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. <b>EXAMPLE</b> – John Doe, President/Partner/General Partner, ABC Corporation
<b>Trust*</b>	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. <b>EXAMPLE</b> – Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy
<b>Custodian</b>	<u>In all states except South Carolina and Vermont</u> , include the full name of the custodian "as custodian (insert name of minor) under the (name of state)'s UTMA. <b>EXAMPLE</b> - Joan Doe as custodian for Alice Doe under the Massachusetts' UTMA.  <u>In South Carolina and Vermont</u> , include the name of the custodian "as custodian for (insert name of minor) under the (name of state)'s <u>UGMA</u> ." <b>EXAMPLE</b> - Joan Doe as custodian for Alice Doe under the Vermont's UTMA.

<b>Executor*</b>	Include the full name of the appointed executor, administrator, or personal representative, as "executor, administrator, or personal representative ( <i>list only one capacity</i> ) for the estate of ( <i>insert name of deceased</i> ), deceased." If not previously submitted, a copy of the death certificate is required. <b>EXAMPLE</b> - Joan Doe, executor for the
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	estate of Sam Doe, deceased.
<b>Legal Guardian/Conservator*</b>	Include the full name of the legal guardian/conservator, "as guardian/conservator of the estate of ( <i>insert name of person affected</i> )." <b>EXAMPLE</b> - Joan Doe, Guardian/Conservator of the Estate of Sam Doe.
<b>Attorney-in-Fact*(Power of Attorney)</b>	Include the full name of the attorney-in-fact as "Attorney-in-Fact for ( <i>insert name of person</i> )." <b>EXAMPLE</b> - Joan Doe, Attorney-in-Fact for Sam Doe.
<b>If the certificate is assigned</b>	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. <b>NOTE:</b> If the right being exercised is granted to the assignee, only the assignee's signature is required.

By signing below, the authorizing account holder(s) acknowledge(s) receipt, review and agreement with the "Terms of Conditions" and "Draft Date and Frequency" on pages 2 and 3 of this form and confirm(s) the accuracy of the information provided on this form.

 Signature of Account Holder: _____ (& title when applicable)	Date:	m   m   /   d   d   /   y   y   y   y
 Signature of Additional Account Holder: _____ (& title when applicable)	Date:	m   m   /   d   d   /   y   y   y   y