



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 review the terms, conditions and instructions in Sections D, E, F, and G before completing and signing this form to authorize automatic recurring premium payments.

Check any that apply:

- ☐ Establish a PAC Account for recurring premiums
- ☐ Change an existing PAC premium payment service:
- ☐ Change bank or financial institution
 - ☐ Change draft date and/or draft amount
 - ☐ Add certificate(s) (list one existing certificate account)

<u>Certificate Number</u>	<u>Name of Insured</u>	<u>Draft Date</u> (refer to Section F)	<u>For Universal Life Certificates</u> Change Draft Amount	
			<input type="checkbox"/> Target Premium	<input type="checkbox"/> Other: \$ _____
			<input type="checkbox"/> Target Premium	<input type="checkbox"/> Other: \$ _____
			<input type="checkbox"/> Target Premium	<input type="checkbox"/> Other: \$ _____
			<input type="checkbox"/> Target Premium	<input type="checkbox"/> Other: \$ _____

Draft Period Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Change Effective Date: If no date is provided, the change will be effective on the next draft date.

Please complete the information below or securely attach a voided check. Refer to “Section D – Important Instructions” regarding the use of a starter check and locating the routing/transit number and the account number.

Account Type – check only one option in each group below:

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

Print Name of Bank or Financial Institution

City, State, Zip of Financial Institution

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[illegible][illegible]

Account Number

Authorizing Account Holder Information

Printed Name of Account Holder

Printed Name of Additional Account Holder

Street Address of Account Holder

Street Address of Account Holder

City, State and Zip Code of Account Holder

- ☐ This is a new address for the Authorizing Account Holder

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:

The diagram shows a check with the following fields and annotations:

- Account Holder Name:** Street Address, City, State, ZIP
- 1001** (Check Number)
- DATE** (blank)
- \$** (Amount)
- PAY TO THE ORDER OF** (blank)
- SAMPLE** (Large watermark text)
- Name of Financial Institution** (blank)
- ACH Routing/Transit Number** (123456789) - circled and labeled with an arrow pointing to the "ACH R/T 12345789" field.
- MEMO** (blank)
- 12345678901001** (MICR line) - circled and labeled with arrows pointing to the "Routing Number", "Account Number", and "Check Number" fields.
- Routing Number** (123456789)
- Account Number** (1234567890)
- Check Number** (1001)

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.

- F** Draft Date and Frequency :::::::::::::::::::::::::::::::::::::::
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- G** Signature Instructions :::::::::::::::::::::::::::::::::::::::
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<p>Corporation, partnership, limited partnership Italicize</p>	<p>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.</p> <p>EXAMPLE – John Doe, President/Partner/General Partner, ABC Corporation</p>
<p>Trust*</p>	<p>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</p>
<p>Custodian</p>	<p><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. EXAMPLE - Joan Doe as custodian for Alice Doe under the Massachusetts' UTMA.</p> <p><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 UGMA." EXAMPLE - Joan Doe as custodian for Alice Doe under the Vermont's UTMA.</p>

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