Direct Deposit Agreement
Please select all items which apply:

☐ New Enrollment  ☐ Bank Change
☐ Address Change  ☐ Account # Change

Section A - Payee Information

CONTRACT NUMBER
13103-1-0

NAME

AREA CODE & HOME TELEPHONE

Section B - Payee's Mailing Address (for correspondence and tax purposes)

NUMBER AND STREET OR P.O. BOX

CITY, STATE, ZIP

COUNTRY

I hereby authorize MassMutual to make all pension payments due me under the above numbered contract by electronic Direct Deposit to the bank account designated below. I also authorize MassMutual to initiate debits to that bank account for overpayments made to me and the bank named below to debit my account and refund any such overpayments to MassMutual. Payments made under this agreement shall fully satisfy MassMutual's obligation to make payments to me.

I also agree that to cancel this agreement, I must give at least one month's written notice to the MassMutual Home Office. Upon my death, my executors or administrators shall pay to MassMutual from my estate the amount of any payments collected by the Bank which were not payable because they were issued after my death.

SIGNATURE OR HAND OR PERVERSICAL AUTHORIZED REPRESENTATIVE

SEE REVERSE SIDE FOR DIRECT DEPOSIT INFORMATION
Section C – Bank Information (cannot be deposited to a Foreign Bank or Money Market Account)
If you are depositing to a checking account please provide a copy of voided check not a deposit slip.

BANK NAME

AREA CODE & TELEPHONE

BANK STREET ADDRESS

CITY, STATE, ZIP

Please indicate only one account category below.

YOUR NINE DIGIT BANK ROUTING NUMBER (see below for example of where to locate routing number)

A
CHECKING ACCOUNT NUMBER (enclose copy of voided check)  SAVINGS ACCOUNT NUMBER (enclose copy of savings deposit slip)

B

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