

**Authorization for Pre-Authorized Checking**

**Policy Number:** \_\_\_\_\_  
(Please include all policy numbers to draft from this account)

I hereby request and authorize MassMutual Ascend Life Insurance Company to debit my banking account at the financial institution listed below:

<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Mode of Payment:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
<b>Routing Number:</b> _____	<b>Account Number:</b> _____
<b>Name of Bank:</b> _____	<b>Bank Phone Number:</b> _____
<b>Address of Bank:</b> _____	
<b>Withdrawal Date:</b> _____ <i>This is the date you wish your account to be charged each month. Choose any date from the 1<sup>st</sup> through the 28<sup>th</sup> of the month.</i>	
<b>Owner of Contract:</b> _____ <b>Social Security Number:</b> _____	
<b>Signature of depositor</b> _____ <b>Date</b> _____ <b>Must be same as signature on file with the bank</b>	

This plan shall not be construed as a modification of any of the provisions of the policy. Cancelled pre-authorized checks will constitute receipts for the premiums paid, or in the case of electronic transfer, the payment amount will be listed on the monthly account statement. The payment of premiums under this plan may be discontinued by the bank account holder or policy owner upon **30 days written notice**, or automatically discontinued by the Company if any check is dishonored by the Bank, unless such failure is a result of error by the Bank or the MassMutual Ascend Life Insurance Company.

**A VOIDED sample check must be attached and returned with this form.**  
We cannot accept a deposit slip or starter check.

*Affiliates:*  
Annuity Investors Life Insurance Company®  
Manhattan National Life Insurance Company

*Administration for Life Insurance and Annuities:*  
Cigna National Health Insurance Company  
Continental General Insurance Company®  
Loyal American Life Insurance Company®  
Provident American Life & Health Insurance Company