

DIRECT DEPOSIT AGREEMENT

Account Number 51506-1-1

Sponsor Name HRSA-ILA

Plan Name HRSA-ILA Annuity & Savings Plan

Select Which Item Applies: Initial Election Change of Bank or Account

PARTICIPANT INFORMATION

Participant's Name _____
first middle last

Participant's Address _____
street
city state zip

Social Security No. _____ Telephone # or E-mail Address _____

AUTHORIZATION

I authorize MassMutual to make all retirement payments due to me under the above-numbered account by Electronic Direct Deposit to the bank account designated below. I also authorize MassMutual to initiate debits to that bank account for overpayment made to me and the bank named below to debit my account and refund any such overpayment to them. Payments made under this agreement fully satisfy any 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 MassMutual's Home Office. Upon my death, my executors or administrators will pay to MassMutual from my estate the amount of any payments collected by the Bank which may have been considered as an overpayment depending upon the type of distribution election I made.

Bank Name _____
city state

Bank Transit Routing Number _____ Telephone # _____
Account Number: _____ Savings Checking Other _____

ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

SIGNATURE

Participant _____

_____/_____/_____
Date

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