

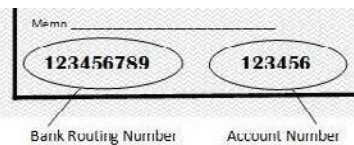
How to Enroll:

Please provide all information below and email to: **AdvisorOperationsHub@MassMutual.com**

If needed, the form can be faxed or mailed to:

Fax: 1-888-388-3661
Mail: MassMutual FastCash
1295 State Street-D114
Springfield, MA 01111-0001

Select your account(s):



Routing number (9-digits) and account number for a checking account is found on the bottom left of your check as shown, (do not use a deposit slip). To find the routing number for a bank at which you have a savings account please contact your bank. A void check does not need to be provided.

MassMutual Non-Variable Compensation

- Direct my MassMutual compensation for Life, Annuity, Disability, Worksite, LTC (as applicable) to the account listed below. (Personal or corporate checking / savings account)

*Select Account Type (only one):

- Checking Savings

*Routing #

*Account # _____

*Bank /Financial Institution's Name: _____

Variable Compensation *(must be paid to a registered broker dealer or a licensed entity on behalf of the broker dealer)*

- Direct my variable compensation to the account listed below, (licensed corporate account)

*Select Account Type (only one):

- Checking Savings

*Routing #

*Account # _____

*Bank /Financial Institution's Name: _____

Commission Statements / Voucher:

Commission statements for Brokers / Entities are mailed the same day as your payment is deposited to the address MassMutual has on record. Please allow 5 to 7 business days for mailing. If your address has changed, please send a separate address change request to AdvisorOperationsHub@MassMutual.com.

NOTE: I acknowledge that MassMutual may at any time change the rules for participation in this program and that as a participant in the program MassMutual shall notify me of the changed rules and I shall have the option to discontinue the program if I do not want to be bound under the new rules. I authorize MassMutual to deposit my net compensation into my account listed below. I also authorize MassMutual to initiate debits to the bank account for payments made to me in error and the financial institution named below to debit my account and refund any such payments to MassMutual. Payments made under this agreement shall fully satisfy MassMutual's obligation to make payments to me. 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.

Disclaimer:

By signing below I certify that if I choose to include compensation relating to MassMutual's variable products in this direct deposit authorization, the account to which my funds will be deposited is not a personal checking or savings account (must be a licensed corporate account to receive variable compensation).

* _____
Authorized signature Date

*Producer or Company Name (please print): _____

*SSN or Tax ID:

*Phone Number: - -

*E-mail Address: _____

For questions regarding FastCash, please email

advisoroperations@massmutual.com,

or call 1-800-767-1000, ext. 48850

8 a.m. to 6 p.m. EST Monday - Friday

*Denotes Required Fields