



Affiliate:  
Annuity Investors Life Insurance Company®

Administrator for:  
Continental General Insurance Company®  
Loyal American Life Insurance Company®

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax

Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

**REQUEST FOR AUTOMATED LOAN PAYMENTS**

**Instructions:** **MUST attach** a voided check for payments from a checking account or a deposit slip for payments from a savings account and provide the necessary information below to initialize electronic payments to your policy loan(s). Your loan payments must be current in order to utilize this service. Please allow a minimum of thirty days from receipt of this information by MassMutual Ascend or Affiliate to begin your electronic payments. MassMutual Ascend or Affiliate issuing the annuity contract will send an initial confirmation letter indicating the amount of each draft and the date that these automatic payments will begin. The final draft with respect to any loan may vary to reflect the exact amount needed to pay off the loan on the loan settlement date. **Prior to the initial draft, it is important that you continue to mail your scheduled payment as you normally do in order to avoid placing your loan(s) in default.** Please be advised that only one bank account may be used for automated loan payments for all loans on your annuity contract.

Owner/Participant	Contract/Certificate Number	
Address	Social Security Number	
City/State/Zip	Daytime Phone # ( )	Evening Phone # ( )
Bank Name	Name(s) on Account	
Bank Phone No.	<input type="checkbox"/> Checking    Account Number <input type="checkbox"/> Savings	
Bank Address	Bank Routing Number	
City/State/Zip	Branch	

**THIS AUTHORIZATION APPLIES TO: INITIAL ONE** (If neither or both boxes are initialed, this authorization will apply to all outstanding loans under this contract/certificate which are not in default.)

**AUTHORIZATION APPLIES TO ALL OUTSTANDING LOANS UNDER THIS CONTRACT/CERTIFICATE WHICH ARE NOT IN DEFAULT**

**AUTHORIZATION APPLIES TO THE FOLLOWING ACTIVE LOANS ONLY:**

Loan Origination Date(s): \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

I hereby authorize a periodic draft from my bank account. I understand that this draft will correspond with the repayment terms provided in my loan agreement. Please return this form to MassMutual Ascend or Affiliate and notify us immediately if any of the above information changes.

\_\_\_\_\_  
Signature of Owner/Participant

\_\_\_\_\_  
Date

**ATTACH A VOIDED CHECK OR DEPOSIT SLIP**

ATTACH HERE	<b>Name</b>	
	Address	
	City, State	XXXX
	Zip	
	Payable to:	_____
	Memo:	_____
{Routing Number} {Check/Deposit Number} {Account Number}		

