

**Affiliates:**

Annuity Investors Life Insurance Company®
 Manhattan National Life Insurance Company

Administrator for Life Insurance and Annuities:

Continental General Insurance Company®
 Loyal American Life Insurance Company®

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Overnigh Address: 191 Rosa Parks St, Cincinnati OH 45202

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Complete this form to request Direct Electronic Deposit of your annuity benefit/systematic payments. **If your account information cannot be verified, a check will be sent to your address of record** in place of the direct deposit.

IMPORTANT NOTES:

- EFTs may only be made to a bank or savings & loan account. EFTs may not be made to an IRA or other tax-qualified account or to an insurance company.
- An EFT transaction normally takes 2-3 business days for the funds to be credited to your financial institution account.
- Distributions will be reported as income to the contract owner(s), regardless of whether or not the owner is a named owner of the financial institution account.
- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit form must be on file. EFTs can only be made to an account where the person who gave the POA is a named owner of the account.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted. EFTs can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.

1. AUTHORIZATION AGREEMENT

Contract Owner(s):	Contract Number:
Contract Owner(s) Address:	Social Security/Tax ID Number
City/State/Zip:	Daytime Phone #: ()

I hereby authorize MassMutual Ascend or Affiliate and the financial institution indicated below to deposit my annuity benefit or systematic payments into my [] **checking account** [] **savings account**. I also authorize MassMutual Ascend or Affiliate and the financial institution indicated below to adjust any over-deposit made to my account. I understand that prior to the initial direct deposit of my annuity benefit/systematic payment, the scheduled payment may be sent via regular mail.

Financial Institution Name:	List Names of <u>ALL</u> Owners on the Financial Institution Account:
Financial Institution Routing Number:	Financial Institution Account Number:

This Authorization Agreement remains in full effect until I notify MassMutual Ascend or Affiliate in writing of its termination. Notice will be provided in such time and manner so as to afford MassMutual Ascend or Affiliate a reasonable opportunity to act on it. I agree and certify that MassMutual Ascend or Affiliate is authorized to process this request as indicated above, and I will hold MassMutual Ascend or Affiliate harmless against any and all claims made by reason of its compliance with this request.

Pursuant to the transaction requested, the Company may use a third-party service provider to verify your identity or confirm your ownership of the account to which you are requesting funds to be transferred.

Signature of Contract Owner(s): _____ **Date:** _____

2. SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE (If applicable)

Your signature on this Authorization Agreement for Automatic Deposits must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
 _____) SS:
 COUNTY OF _____)

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Authorization Agreement for Automatic Deposits and acknowledged to me that he/she/they signed the same.

My Commission expires:

 MM/DD/YYYY

 Signature of Notary Public

SEAL

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).