

Animation Guild 401(k) Plan
Authorization Agreement for Participant Loan Debit ACH (“Agreement”)

Account Number SF 51878

I authorize Massachusetts Mutual Life Insurance Company (hereinafter known as “MassMutual”), to initiate debit entries to the bank account designated below, in the bank named below (hereinafter known as Bank). I authorize and request the Bank to accept any debit entries initiated by MassMutual for such account without responsibility for, or liability for, the correctness or accuracy thereof.

Bank Account Number Information

Bank Name: _____ ACH Transit Routing Number: _____

City: _____ State: _____ Bank Account: _____

Account Type (<i>select one</i>)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Debit Frequency	<input checked="" type="checkbox"/> Monthly	
Debit Day* (<i>select one</i>)	<input type="checkbox"/> 3 rd of a Month	<input type="checkbox"/> 15 th of a Month

**If the debit day is not a business day, the debit will occur on the next business day.*

Please attach a voided check or pre-printed deposit slip from the account referred to above.

It is understood and agreed that this Agreement shall remain in full force and effect until MassMutual receives written notification from me of its cancellation. Such notification shall be forwarded to MassMutual at its corporate headquarters. Any such notification to MassMutual shall be effective only with respect to entries initiated by MassMutual after receipt of such notification and a reasonable period of time within which to effect such notice. It is understood and agreed that MassMutual reserves the right to terminate this Agreement at any time with written notice to me. The Bank and MassMutual will not be liable in any manner for damages incurred if 1) there are at any time insufficient funds available in the account to initiate any debit entries or adjustment entries on the processing date; or 2) any other circumstances beyond the control of MassMutual or the Bank. I understand and agree, as acknowledged by the signing of this Agreement, that MassMutual and the Bank are responsible only for exercising ordinary care in the course of their respective duties regarding the processing of debit entries and adjustment entries pursuant to this Agreement.

Participant Name (Please print) _____

Participant Social Security Number _____

Participant Signature _____ Date _____

Phone Number () _____

To change your Debit ACH authorization, please contact the MassMutual Participant Information Center at 1-800-74-FLASHSM (35274).

Please mail the completed form to:

MassMutual
1295 State Street, N405
Springfield, MA 01111-0001