

IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY ANNUITY TRUST
1470 Worldwide Place • Vandalia, Ohio 45377-1156
Phone (937) 454-1744 • FAX (937) 454-5457
Toll Free: (800) 331-4277

October 15, 2018

FIRST NAME LAST NAME
ADDRESS
CITY, STATE ZIP

Re: Loan Payments

Dear Plan Participant,

We are writing to inform you of an upcoming change that affects how you make your monthly annuity loan payment. Effective January 1, 2019, all loan payments will be processed by MassMutual. You will no longer mail your loan payment to the Fund Office. MassMutual offers two types of payment options.

Option 1: Pay Electronically

MassMutual allows you to make your monthly loan payments electronically free of charge. All you need to do is complete the Authorization Agreement enclosed and select whether you would like the debit to occur on the 3rd or 15th of each month. Return the completed form, along with your voided check to our attention in the enclosed envelope no later than December 10, 2018.

Option 2: Money Order or Cashier's Check

If you choose to mail checks to repay your loan to MassMutual, your loan payment must be made with a cashier's check or a money order. MassMutual does not accept personal checks. MassMutual will charge you a one-time set up fee of \$75.00 per loan that will be deducted from your annuity account. MassMutual will mail you a new coupon book in January.

For payments made on or after January 1, 2019, follow the below instructions:

Make your money order or cashier's check payable to:

Reliance Trust Company
Mail payments to:
MassMutual Retirement Services
PO Box 219062
Kansas City, MO 64121-9062

If you have any questions, please contact MassMutual at 1-800-743-5274, or the Annuity Trust Office at 1-800-331-4277.

Sincerely,

Board of Trustees

Iron Workers District Council of So. Ohio & Vicinity Annuity Trust Authorization Agreement for Participant Loan Debit ACH (“Agreement”)

Account Number SF 60359 - 1

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 (*select one*) Checking Savings

Monthly Debit Day* (*select one*) 3rd of a Month 15th of a Month

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

1. Please attach a voided check or ACH debit instructions from your banking institution for the account referred to above.
2. Provide your e-mail address if you want a confirmation that your account is set up for debit transactions.

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 (last four digits) _____

Participant Signature _____

Date _____

E-Mail Address for initial confirmation _____

Phone Number () _____

Please note MassMutual will charge you \$75 for any Debit ACH that is returned for insufficient funds.

To revoke this Debit ACH authorization, please contact MassMutual at 1-800-743-5274.