



# Setting Up Debit ACH

For use with the Total Retirement Center (TRC)

## About the Debit ACH Options

Empower Retirement(Empower) will use the banking information on file to debit ACH your account when we receive contribution files, or if you have elected the service for paying monthly Plan expense bills.

## How to Add a Bank Account on the TRC

1. Under the **Plan Management** top line menu, select **Plan-Related Forms**, then follow the next steps:



2. Once the page loads, select the **Debit ACH Authorization Agreement** form from the list:

## Plan Forms

### Plan Forms

#### Generic MassMutual Forms

##### [Automatic Enrollment Permissible Withdrawal Request](#)

Used for the return of deferred salary contributions under automatic enrollment that are returned within a 30 to 90 day window, as elected under the plan, to participants who did not make an affirmative election to contribute to the plan. **NOTE: The Special Tax Notice must be provided to the Participant with this withdrawal request form.**

##### [Automatic Rollover Participant Notice](#)

This notice must be provided to terminated participants, along with the Special Tax Notice and benefit election forms, if your Plan has an involuntary cash-out provision for vested account balances of \$5,000 or less and you don't use our Retirement Specialist Group for distribution services. The involuntary cash-out of a terminated participant's vested account balance that is greater than \$1,000 but less than or equal to \$5,000, must be rolled over to an IRA. The name of the IRA provider your Plan uses for automatic rollovers must be added on the appropriate line of this notice.

##### [Beneficiary Designation](#)

Used to change and/or correct beneficiary information and participant name information for a participant's account (shown on RetireSMARTSM or Benefit Statements). Participants generally may update beneficiary designation electronically through RetireSMARTSM. Spousal consent may be required for a married participant's beneficiary designation.

##### [Beneficiary/Alternate Payee Election Form](#)

Used when a Beneficiary or a QDRO Alternate Payee chooses to leave the account balance with MassMutual. The beneficiary or alternate payee must complete this form and attach it to the *Notice of Death* election form. If the deceased has multiple beneficiaries, each beneficiary electing to leave the account balance must complete the form and return it with the completed *Notice of Death* election form.

##### [Benefit Election](#)

##### [Citizenship Statement](#)

Used by a Participant or beneficiary who has an address outside the U.S. Attach this Statement to the distribution form.

##### [Debit ACH Authorization Agreement](#)

Used to start our Debit ACH service.

3. The **Debit ACH Authorization Agreement** form can be used to add a new bank account or to change an existing bank account on file. Indicate which type of request this is on the top right section on the form:

**Debit ACH Authorization Agreement**☐ New Election ☐ Change

Please refer to instructions on reverse side for additional information.

☐ [Check here to allow for Contribution Debit ACH](#)

**Contribution Debit ACH Bank Account Information:**

Bank Name:  Bank City:  Bank State:

ABA Transit Routing Number:  Bank Account Number:

Please attach a copy of a voided check or pre-printed deposit slip from the above referenced account.

**Contribution Debit ACH Elections:**

**Debit Days:** Select "Yes" to debit your account two business days after the contribution file is received (default). If "No", then choose 3, 4 or 5 business days to debit account after the contribution file is received.

Yes ☐ No ☐  
3 days ☐ 4 days ☐ 5 days ☐

**E-mail Notification:** Select "Yes" to receive an e-mail notifying you of the debit. If "Yes", please provide the names and e-mail addresses of those authorized to receive this e-mail.

Yes ☐ No ☐

Name  E-mail address

Name  E-mail address

**Forfeitures (if applicable):** Select "Yes" to use all available forfeitures first, each time a contribution file is processed. If a selection is not made (no election made), then MassMutual will not apply forfeitures.

Yes ☐ No ☐

**Loans (if applicable):** Select Yes to allow Debit ACH for loan repayments on closed loans. If a selection is not made (no election made), then MassMutual will debit for closed loans.

Yes ☐ No ☐

4. Next, complete the below portion on the form to set-up the **Contribution Debit ACH** functionality by filling in each section:

<b>Debit ACH Authorization Agreement</b>		<input type="checkbox"/> New Election <input type="checkbox"/> Change
Please refer to instructions on reverse side for additional information.		
<input type="checkbox"/> <i>Check here to allow for Contribution Debit ACH</i>		
<b>Contribution Debit ACH Bank Account Information:</b>		
Bank Name: <input style="width: 300px;" type="text"/>	Bank City: <input style="width: 150px;" type="text"/>	Bank State: <input style="width: 50px;" type="text"/>
ABA Transit Routing Number: <input style="width: 150px;" type="text"/>	Bank Account Number: <input style="width: 150px;" type="text"/>	
Please attach a copy of a voided check or pre-printed deposit slip from the above referenced account.		
<b>Contribution Debit ACH Elections:</b>		
Debit Days: Select "Yes" to debit your account two business days after the contribution file is received (default). If "No", then choose 3, 4 or 5 business days to debit account after the contribution file is received.		Yes <input type="checkbox"/> No <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/>
E-mail Notification: Select "Yes" to receive an e-mail notifying you of the debit. If "Yes", please provide the names and e-mail addresses of those authorized to receive this e-mail.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name <input style="width: 200px;" type="text"/>	E-mail address <input style="width: 150px;" type="text"/>	
Name <input style="width: 200px;" type="text"/>	E-mail address <input style="width: 150px;" type="text"/>	
Forfeitures (if applicable): Select "Yes" to use all available forfeitures first, each time a contribution file is processed. If a selection is not made (no election made), then MassMutual will not apply forfeitures.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Loans (if applicable): Select Yes to allow Debit ACH for loan repayments on closed loans. If a selection is not made (no election made), then MassMutual will debit for closed loans.		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. The **Debit ACH Authorization Agreement** form will also allow you to add a bank account on file for monthly plan expenses. If you would like Empower to debit your account automatically for monthly expenses, complete the following section (if not, you can skip this section on the form):

<input type="checkbox"/> <i>Check here to allow for Contract Expense Bill Debit ACH</i>	
<b>Contract Expense Bill Bank Account Information:</b> (Debit day will be the 25th of the month, or the next business day.)	
Use the same account for both Contributions and Expenses   Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" is selected; please complete the bank information below:	
Bank Name: <input style="width: 250px;" type="text"/>	Bank City: <input style="width: 150px;" type="text"/> Bank State: <input style="width: 50px;" type="text"/>
ABA Transit Routing Number: <input style="width: 150px;" type="text"/>	Bank Account Number: <input style="width: 150px;" type="text"/>
Please attach a copy of a voided check or pre-printed deposit slip from the above referenced account.	

6. The final step is to add **Plan** and **Contact Information**:

<b>Plan Information</b>	
Plan Name: _____	MassMutual Contract Number: _____
Plan Number(s): _____ All Plan Numbers <input type="checkbox"/>	Subscriber Number(s): _____ All Subscriber Numbers <input type="checkbox"/>
Authorized Person (Please Print): _____	Authorized Signature: <i>Sign here after document is printed.</i> Date: <i>Date signed.</i>
The signature above confers acceptance with the Terms and Conditions as outlined above.	

  

<b>Contact Information</b>	
Who do you authorize MassMutual to contact should we have any questions? The individual designated below will receive confirmation regarding Debit ACH services. E-mail Address requires TRC Access	
Contact Name: _____	Contact Phone Number: _____
Contact Fax Number: _____	Contact Email Address: _____

7. Once you have completed the **Debit ACH Authorization Agreement** form, please return to Empower via the following methods:

Please return the signed form to Empower, PO Box 219062, Kansas City MO 64121-9062-9909. You may also e-mail a signed version of the form to [RSCSOprocessing@massmutual.com](mailto:RSCSOprocessing@massmutual.com). You will receive confirmation that this service is activated after we process your Debit ACH Authorization Agreement. To revoke your Debit ACH authorization, please contact your Empower account representative.

On December 31, 2020, Empower Retirement acquired the retirement business of Massachusetts Mutual Life Insurance Company. Following an initial transition period, Empower Retirement will become the sole administrator of this business. Empower Retirement refers to the products and services offered by Great-West Life & Annuity Insurance Company and its subsidiaries, including Empower Retirement, LLC. Empower Retirement is not affiliated with MassMutual or its affiliates.

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