

GROUP INSURANCE CERTIFICATE CHANGE FORM

See Instructions on Reverse

BOSTON MUTUAL LIFE INSURANCE COMPANY • 120 ROYALL STREET • CANTON, MASSACHUSETTS 02021-9968 • (800) 669-2668

GROUP NUMBER	DIVISION NUMBER	EMPLOYER (POLICYHOLDER) NAME
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		CERTIFICATE #
<div></div>		<div></div>

UNDER THE TERMS OF THE ABOVE POLICY(IES) I HEREBY REQUEST BOSTON MUTUAL LIFE INSURANCE COMPANY TO:

☐ CHANGE OF BENEFICIARY

Primary Beneficiary	Relationship	Date of Birth	Address of Beneficiary
<div></div>			
Contingent Beneficiary (ies)			
<div></div>			

☐ CHANGE OF NAME

To:

I hereby agree that the copy of the signature appearing on the carbon copy of this form shall be accepted as my signature and I further agree to the conditions appearing on the reverse side hereof.

☐ **ISSUE DUPLICATE CERTIFICATE (POLICY)** because my original certificate (policy) has been lost or mislaid. I declare that such original certificate (policy) has not been pledged as security for any loan and that I do not know where such certificate (policy) is now. If such certificate (policy) is found I will surrender it to the Insurance Company immediately.

POLICYHOLDER'S ACKNOWLEDGEMENT OF CHANGE
THE AUTHORIZED CHANGE(S) SET FORTH IN THE FOREGOING
INSTRUMENT ARE HEREBY ACKNOWLEDGED.

Insured's Signature	Administrator's Authorized Signature	Administrator's Copy Attach to Enrollment Card
Date	Date	

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THE CHANGES REQUESTED ON THE FACE HEREOF SHALL BE OF NO EFFECT UNLESS INSURANCE IS IN FORCE ON THE LIFE OF THE "INSURED" UNDER THE DESCRIBED POLICY(IES) ON THE DATE OF ACKNOWLEDGEMENT. THE SUBMISSION ON THIS FORM AND THE ACKNOWLEDGEMENT THEREOF BY BOSTON MUTUAL LIFE INSURANCE COMPANY SHALL NOT BE CONSIDERED AN ADMISSION THAT ANY INSURANCE IS IN FORCE ON THE LIFE OF SAID "INSURED" UNDER SAID POLICY(IES).

INSTRUCTIONS

PHRASEOLOGY FOR NOMINATION OF BENEFICIARY

TYPE OF BENEFICIARY

1. ONE BENEFICIARY
2. TWO BENEFICIARIES
3. THREE OR MORE BENEFICIARIES
4. ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY
5. ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES
6. TWO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY

PHRASEOLOGY

JANE DOE, WIFE
JOHN DOE, FATHER AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR.
JANE J. DOE, WIFE, JOHN DOE FATHER, AND MARY DOE, MOTHER, EQUALLY, OR TO THE SURVIVORS, OR THE SURVIVOR.
JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON.
JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON, AND ROBERTA DOE, DAUGHTER, EQUALLY, OR THE SURVIVOR.
JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.