GROUP INSURANCE CERTIFICATE CHANGE FORM

BOSTON MUTUAL LIFE INSURANCE COMPANY • 120 ROYALL STREET • CANTON, MASSACHUSETTS 02021-9966 • (800) 669-2888

GROUP NUMBER DIVISION NUMBER EMPLOYER (POLICYHOLDER) NAME

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) CERTIFICATE #

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

☐ CHANGE OF BENEFICIARY

Privacy Beneficiary

Relationship

Date of Birth

Address of Beneficiary

Contingent Beneficiary (ies)

☐ 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.

To:

I hereby agree that the copy of the signature appended 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.

Insured's Signature

Date

Administrator's Authorized Signature

Date

INSTRUCTIONS

PHRASEOLOGY FOR NOMINATION OF BENEFICIARY

TYPE OF BENEFICIARY PHRASEOLOGY

1. ONE BENEFICIARY JANE DOE, WIFE
2. TWO BENEFICIARIES JOHN DOE, FATHER AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR.
3. THREE OR MORE BENEFICIARIES JANE J. DOE, WIFE, JOHN DOE FATHER, AND MARY DOE, MOTHER, EQUALLY, OR TO THE SURVIVORS, OR THE SURVIVOR.
4. ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON.
5. ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON, AND ROBERTA DOE, DAUGHTER, EQUALLY, OR THE SURVIVOR.
6. TWO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.