GROUP INSURANCE CERTIFICATE CHANGE FORM

See Instructions on Reverse

BOSTON MUTUAL LIFE INSURANCE	CE COMPANY • 12	20 ROYALL STREE	ET • CANTON,	MASSACHUSE	TS 02021-996	68 • (800)	669-2668
GROUP NUMBER DIVISION I	NUMBER EMPLO	YER (POLICYHOLDER	i) NAME				
EMPLOYEE NAME (LAST, FIRST, MIDDLE	INITIAL)			CE	RTIFICATE #		
UNDER THE TERMS OF THE ABOVE POLICY CHANGE OF BENEFICIARY	Y(IES) I HEREBY REQUES	T BOSTON MUTUAL LIF	E INSURANCE COMP	PANY TO:			
Primary Beneficiary(ies)	Residential Address		Date of Birth	Social Security #	Tele. #	Relationship	% of Benefit
Contingent Beneficiary(ies)	Residential Address		Date of Birth	Social Security #	Tele. #	Relationship	% of Benefit
CHANGE OF NAME		that such original or	E CERTIFICATE (POL ertificate (policy) has no now. If such certificate	t been pledged as secu	rity for any loan and	that I do not kno	ow where such
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.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	POLIO THE AUTH	CYHOLDER'S ACKNO HORIZED CHANGE(S) NSTRUMENT ARE HE	OWLEDGEMENT OF SET FORTH IN TH	F CHANGE HE FOREGOING	•
Insured's Signature		Administrator's Authori		Administrator's Copy Attach to Enrollment Card			
Date		Date				EHIOHME	ii Galu

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

TYPE OF BENEFICIARY

PHRASEOLOGY FOR NOMINATION 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.
TWO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY	JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.