GROUP INSURANCE CERTIFICATE CHANGE FORM

See Instructions on Reverse

BOSTON MUTUAL LIF	E INSURANC	CE COMPAI	NY • 120	RC	DYALI	STRE	ET · CA	NTON,	MASSACHU	SETTS 02021-	·9968 • (800)	669-2668
GROUP NUMBER DIVISION 24362 0001		NUMBER		yer (policyholder) nam own of Tewksbury								
EMPLOYEE NAME (LAST, F	IRST, MIDDLE	INITIAL)								CERTIFICATE #	SSN#	
UNDER THE TERMS OF THE	E ABOVE POLICY	(IES) I HEREBY	REQUEST E	BOS	TON M	UTUAL LI	FE INSURAN	ICE COM	PANY TO:			
☐ CHANGE OF BEN	EFICIARY											
Primary Beneficiary(ies)		Residential Add	ess			Date of Birt	h	Social Security #	Tele. #	Relationship	% of Benefit	
Contingent Beneficiary(ies)		Residential Addr	ess				Date of Birt	h	Social Security #	Tele. #	Relationship	% of Benefit
CHANGE OF NAM	ЛE		C	_	that suc	h original	certificate (po	licy) has no	ot been pledged as	security for any loan	icy) has been lost or m and that I do not kno Insurance Company ir	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.				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	
Date				Date							Enrollmei	nt Card

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

2.

3.

4.

5.

6.

PHRASEOLOGY FOR NOMINATION OF BENEFICIARY

PHRASEOLOGY

. C	DNE BENEFICIARY	JANE DOE, WIFE
. Т	WO BENEFICIARIES	JOHN DOE, FATHER AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR.
. Т	HREE OR MORE BENEFICIARIES	JANE J. DOE, WIFE, JOHN DOE FATHER, AND MARY DOE, MOTHER, EQUALLY, OR TO THE SURVIVORS, OR THE SURVIVOR.
	ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY	JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON.
	ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES	JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON, AND ROBERTA DOE, DAUGHTER, EQUALLY, OR THE SURVIVOR.
	WO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY	JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.