

## GROUP INSURANCE CERTIFICATE CHANGE FORM:

This form is used when an employee's name changes, if a beneficiary change is desired, or when the original certificate is lost.

The Plan Administrator should fill in the Group Number, Division Number and Policyholder Name at the top of the form. All other information should be completed by the employee.

***Both the employee and the Plan Administrator should sign the bottom of the form.***

Attach the original completed form to the employee's enrollment form; give a copy of the form to the employee for attachment to the Certificate of Insurance.

***It is not necessary to send a copy of this form to our Home Office.***

# 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 #																																		
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>																													<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>								

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
_____	_____	_____	_____
Contingent Beneficiary (ies)	_____	_____	_____
_____	_____	_____	_____

**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	<b>Administrator's Copy Attach to Enrollment Card</b>
_____ Date	_____ Date	

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	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.