



CLIENT SERVICES  
DEPARTMENT

Dear Policyholder:

Please review the following instructions prior to completing the attached Change of Ownership form. If you have any questions, please call our Client Services Department at (877)624-2249.

### INSTRUCTIONS

1. Use the attached form to change the ownership on life insurance policies or annuity contracts owned by you. If the change of ownership is to apply to more than one policy or annuity, list all applicable numbers and insured names.
2. Use complete names (John J. Smith, not J.J. Smith).
3. List the address and tax identification number of the new owner(s). Use Social Security numbers for individuals or Federal Tax I.D. numbers for business entities.
4. If any policy was issued in a **community property state** (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), the spouse of the current owner must also sign. If the spouse is dead, a death certificate is required. If there has been a divorce, please furnish a certified copy of the divorce decree **and** property settlement agreement.
5. Because of their inability to legally exercise their ownership rights, it is recommended that a minor not be named owner.
6. **Juvenile Policies** - Unless otherwise endorsed, our juvenile policies stipulate that the insured shall become owner when he or she attains the age of majority. This change of ownership does not alter that stipulation, but only refers to that period prior to the insured reaching the age of majority.
7. It is not necessary to mail your policy, unless requested.

**Please mail or fax the completed form to Boston Mutual Life Insurance Company, Attn.: Client Services Department, 120 Royall Street, Canton, MA, 02021 (781)770-0490. A recorded copy will be returned to be attached to your policy.**

**To avoid delays, please be sure that the following signatures are completed: and signed by all necessary parties:**

**The current and new owners in all cases  
The current beneficiary if designated as irrevocable; or, the current absolute assignee, if any.  
A witness other than the new owner not having a personal interest (insured, assignee, beneficiary, etc.) in the contract**



CHANGE OF OWNERSHIP

Please list the numbers and names on those policies you wish to change.

POLICY #: \_\_\_\_\_ INSURED: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

As owner of the policy(ies) noted above, I hereby revoke the current ownership, and name as the new owner or owners the following:

Table with 2 main sections: NEW OWNER and NEW CONTINGENT OWNER. Each section has fields for NAME, ADDRESS, and TAX IDENTIFICATION NUMBER.

REQUEST FOR RETENTION OF OWNERSHIP (on Juvenile Policies Only)

As the current owner/payor of the above policy(ies), I request retention of ownership of said contract(s) notwithstanding the insured(s) attaining the age of majority. Upon my death, the rights of ownership will pass to the contingent owner, if designated, or to the insured if he or she survives.

GENERAL PROVISIONS

The new owner or owners shall be entitled to exercise all rights and privileges of the policy(ies), subject to the provisions contained in the Ownership section thereof, and shall also be entitled to all proceeds and benefits due or to become due under the policy(ies), including deposits with the Company for payment of future premiums. This change of ownership, however, shall not change any present beneficiary.

If there is more than one owner, the ownership shall be shared jointly, unless specifically stated otherwise, and the consent of all joint owners will be necessary to exercise any right. Upon the death of a joint owner, the remaining owner or joint owners shall succeed to the rights and privileges of the deceased joint owner. Upon the death of the owner or all joint owners, any contingent owner or owners designated above shall become the owner or owners, succeeding to all the rights and privileges of ownership. If no contingent owner is designated, the estate of the owner, or the estate of the last joint owner to die will succeed to all the rights and privileges of ownership. If a corporate owner is dissolved or not in existence, the rights of the corporation hereunder, if any, shall pass to those entitled to receive such rights by law.

This change of ownership will take effect when recorded by the Company at its Home Office only if the policy or annuity is in force or is being continued under a nonforfeiture option on the date of this request. After recording, this change of ownership will relate back and take effect as of the date of this request, without prejudice to any payments made by the Company before recording.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.
City and State

Signature of Beneficiary/Spouse Signature and Tax Identification # of Present Owner
Signature of Witness/Absolute Assignee Signature of New Owner

This change of ownership has been recorded at the Home Office of BOSTON MUTUAL LIFE INSURANCE COMPANY
Date Recorded \_\_\_\_\_ By \_\_\_\_\_ Secretary



Dear Policyholder:

Please review the following instructions prior to completing the attached Change of Beneficiary form.

#### INSTRUCTIONS

- 1 Use the attached form to change the beneficiary on insurance policies and annuity contracts owned by you. Use a separate form for each policy you wish to change.
- 2 Use complete names (John J. Smith, **not** J. J. Smith.), and use a married woman's own name (Mary S. Jones, **not** Mrs. John Jones).
- 3 List the names and dates of births for all present children to be designated as beneficiaries. Those born to or adopted by the Insured in the future may be automatically added by checking the appropriate box.
- 4 Fill in current addresses and Tax Identification numbers for all beneficiaries. (Social Security #'s for individuals, Federal tax I.D. for business entities)
- 5 **OPTIONAL PROVISIONS.** Check either or both of these as desired. Do not check **Payment to Lawful Descendants Of Deceased Children** box unless the Insured's children are designated as beneficiaries.
- 6 If any policy was issued in a **community property state** (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) the spouse of the owner must also sign. If the spouse is dead, a death certificate is required. If there has been a divorce, please furnish a certified copy of the divorce decree **and** property settlement agreement.
- 7 If a Trust is designated as beneficiary, please use the following format:  
The Blank National Bank of Boston, Massachusetts, as Trustee, under Agreement of Trust dated \_\_\_\_\_, or, John Jones as Trustee, under Agreement of Trust dated \_\_\_\_\_.
- 8 If you wish to name more than 2 Primary beneficiaries or 1 Contingent beneficiary, please continue on a piece of plain paper, listing the same information requested on this form. Please sign this additional page in the same manner as the original form.
- 9 **Mail or fax the completed form to the address or fax number noted above.** A recorded copy will be returned to be attached to your policy or annuity.

#### IMPORTANT NOTICE

We strongly urge that you thoughtfully consider any change of beneficiary. For example, many of our clients will name a minor child as the primary beneficiary, not realizing the consequences. If the child has not reached the age of majority at the time of the claim, he or she cannot give a valid release and we are therefore forced to hold up payment of the proceeds until the court appoints a legal guardian. As a result, the immediate benefits to the child could be delayed for some time.

To avoid delays, please be sure that this form is completed fully and legibly, and signed by all necessary parties:

- **The policyowner in all cases.**
- **The current beneficiary if designated as irrevocable; or, if the policy was issued prior to 1/1/1948.**
- **A witness other than the new beneficiary.**
- **The spouse in a community property state**

If you have any questions, please call our Client Services Department at (877)624-2249.



**CHANGE OF BENEFICIARY**

INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY #: \_\_\_\_\_

As owner of the Policy noted above, I hereby revoke the beneficiary designation(s) and any special settlement agreement(s), and name as the new beneficiary or beneficiaries the following:

FIRST PRIMARY BENEFICIARY _____%	NAME	RELATIONSHIP	DATE OF BIRTH (MO/DAY/YR)
	ADDRESS		TAX IDENTIFICATION #
	And other lawful surviving children of the Insured, if any		
SECOND PRIMARY BENEFICIARY _____%	NAME	RELATIONSHIP	DATE OF BIRTH (MO/DAY/YR)
	ADDRESS		TAX IDENTIFICATION #
	And other lawful surviving children of the Insured, if any		
CONTINGENT BENEFICIARY _____%	NAME	RELATIONSHIP	DATE OF BIRTH (MO/DAY/YR)
	ADDRESS		TAX IDENTIFICATION #
	And other lawful surviving children of the Insured, if any		

**OPTIONAL PROVISIONS (Applicable to Primary Beneficiary and Contingent Beneficiary, if any)**

**Short Term Survivorship.** If any beneficiary dies simultaneously with the Insured or within 30 days after the Insured's death, such beneficiary shall be deemed for all purposes hereof not to have survived the Insured.

**Payment To Lawful Descendants Of Deceased Children.** If any child of the Insured does not survive the Insured, that share shall be paid to his or her lawful descendants by right of representation: and if none, in equal shares to any other lawful surviving children of the Insured, the lawful descendants of any child not surviving the Insured taking such deceased child's share by right of representation.

**GENERAL PROVISIONS**

Unless specified otherwise, and subject to any elected Optional Provision:

1. Payment will be made to the **Primary** beneficiary or beneficiaries who shall survive the Insured, in equal shares, or in specified percentages. Specific amounts may not be designated.
2. If no primary beneficiary survives, payment will be made to the **Contingent** beneficiary or beneficiaries who shall survive the Insured, in equal shares or in specified percentages. Specific amounts may not be designated.
3. If none of the beneficiaries shall survive the Insured, payment will be made to the Insured's estate.
4. If a **Trust** is designated as beneficiary, it is agreed that the Company shall not be bound by any trust, deed, or partnership agreement and shall not be liable in any way for the application of the proceeds of the policy by a Trustee beneficiary or other person. It is further agreed that if a trust is designated as beneficiary, and if said trust fails for any reason, or if no trustee is appointed within one year after the death of the Insured, then the policy proceeds will be paid in one sum to the estate of the Insured. Payment of any proceeds to any herein named trustee or trustees shall fully and finally discharge the Company from all liability.

This change of beneficiary will take effect when recorded by the Company at its Home Office only if the policy or annuity is in force or is being continued under a nonforfeiture option on the date of this request. After recording, this change of beneficiary will relate back and take effect as of the date of this request, without prejudice to any payments made by the Company before recording. The Company waives its right of endorsement on the policy.

I reserve the right to change the beneficiary hereunder, subject to all the provisions of said policy and subject to any pledge or assignment thereof. No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability.

I appoint the above named Beneficiary(ies) as my Authorized Representative for the purpose of obtaining medical records in order to facilitate the payment of my life insurance benefits. This authorization is valid from the date of my death for a period of 12 months.

\_\_\_\_\_  
Signature of Witness other than Beneficiary

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Irrevocable Beneficiary, If Applicable

\_\_\_\_\_  
Signature of Spouse (If policy was issued in a Community Property State)

This beneficiary designation has been recorded at the Home Office of BOSTON MUTUAL LIFE INSURANCE COMPANY	
Date Recorded: _____	By: _____ Secretary