



CLIENT SERVICES DEPARTMENT

Name: _____

Address: _____

Dear Policyholder:

Because we have been entrusted with some of your insurance planning up until now, we feel obligated to point out a few facts you should know about before proceeding with this surrender. Please read the following information carefully.

The enclosed form must be completed and returned to us before your request can be processed.

DO YOU PLAN TO REPLACE YOUR POLICY?

It may be advantageous to exchange your present coverage for a new policy; however, be sure you have all the facts. Be sure that the cash benefits you can expect and the premiums you'll pay compare favorably to the return on your current policy. Be aware that contestability and suicide periods begin again, policy fees are usually higher, and surrender charges may be levied. Finally, remember that dividend and interest rate projections are not guaranteed.

DO YOU NEED READY CASH?

Your policy has a loan provision that allows you to borrow a certain percentage of your policy's available cash value. This advance need not be repaid, although we suggest you pay the nominal annual interest charge. Your cash value can also be used to pay future premiums, if that is your wish.

DOES YOUR POLICY NEED UPDATING?

There may be options and privileges available to change your coverage to fit your current situation. Riders can be added or deleted, coverage reduced or certain plans changed. You owe it to yourself to talk to one of our experienced representatives before making a final decision.

DO YOU NEED MORE INFORMATION?

If we have raised questions in your mind as to the advisability of surrendering your policy, please call us with your questions and requests. Our toll free number is 1-877-624-2249.

If you've decided to surrender your policy, please take a moment to tell us why. If we have made mistakes or been unresponsive to your needs, let us know. With your input, we'll work to improve our products and services. Your business has always been important to us, so please consider Boston Mutual in the future when purchasing insurance.

Please check any that may apply.

- Premiums too high
- Insurance needs have changed
- Poor service
- Buying a new policy from another agent or company
- Lack of communication
- Other reasons. Please explain: _____

Please mail or fax this form and your policy or certificate to Boston Mutual Life Insurance Company, Attn.: CLIENT SERVICES DEPARTMENT, 120 ROYALL STREET, CANTON MA 02021 (781) 770-0490

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

