



CLIENT SERVICES DEPARTMENT

Name _____

Address _____

Dear Policyholder:

We have received your request to change the ownership on your Boston Mutual policy(ies). 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.

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. Provide the street address (and mailing address if different), date of birth, 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** (California, Idaho, Louisiana, Nevada, New Mexico, 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 send the completed form to Boston Mutual Life Insurance Company, Attn.: Client Services Department, 120 Royall Street, Canton, MA, 02021. 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 and 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:

NEW OWNER	FULL NAME	DATE OF BIRTH	FULL SOCIAL SECURITY or TAX ID #
	RESIDENTIAL ADDRESS (cannot be P.O. Box)		MAILING ADDRESS (if different from residential address)
NEW CONTINGENT OWNER	FULL NAME	DATE OF BIRTH	FULL SOCIAL SECURITY or TAX ID #
	RESIDENTIAL ADDRESS (cannot be P.O. Box)		MAILING ADDRESS (if different from residential address)

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 non-forfeiture 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 (day #) (month) (full year)

Signature of Beneficiary/Spouse/Absolute Assignee
(Required for Spouse in Community Property States: CA, ID, LA, NV, WA and WI)

Signature and Social Security # or Tax ID # of Present Owner

Signature of Witness (not insured, assignee or beneficiary)

Signature of New Owner

****Please Note: The form will be returned if the signature is over 30 days from the date we receive it****

This change of ownership has been recorded at the Home Office of **BOSTON MUTUAL LIFE INSURANCE COMPANY**

Date Recorded _____ By _____ Secretary