GROUP INSU	RANCE CERTIFIC	CAT	TE CHAN	IGE	FOF	RM	;	See Instru	ctions on	Reverse		
BOSTON MUTUAL LIFE	NSURANCE COMPANY •	120 R	OYALL STRE	ET •	CANTO	N, MASS	SACHUSE	TTS 020	21-9968	• (80	0) 669-	266
GROUP NUMBER	DIVISION NUMBER EMPI	OYER	(POLICYHOLDE	R) NAM	1E							
EMPLOYEE NAME (LAST, FIR						(CERTIFICA	TE#				
_	OVE POLICY(IES) I HEREBY REQUE	ST BO	STON MUTUAL LII	FE INSU	RANCE C	OMPANY TO):					
☐ CHANGE OF BENEF	ICIARY											
Primary Beneficiary Contingent Beneficiary (ies)		R - —	elationship		ate of Birth		Address o	f Beneficiary				_
Contingent Beneficiary (ies)		R	·									
		R	ISSUE DUPLICA that such original certificate (policy)	ATE CER'	TIFICATE (POLICY) be	ecause my orig	inal certificat	/ löan and th	at I do not	know whe	ere su
Contingent Beneficiary (ies) CHANGE OF NAME To: I hereby agree that the copy of the si	gnature appearing on the carbon copy of ature and I further agree to the conditions	R	ISSUE DUPLICA that such original certificate (policy) POLICYTHE AUTHOR	TE CER' certificate is now. If	TIFICATE (e (policy) ha f such certifi S ACKNOW ANGE(S) SI	POLICY) be so not been potential (policy)	ecause my orig oledged as se is found I will s F OF CHANGE I THE FOREG	inal certificat curity for any surrender it to	/ löan and th	at I do not	know whe	ere su
Contingent Beneficiary (ies) CHANGE OF NAME To: I hereby agree that the copy of the sit this form shall be accepted as my sign	ature and I further agree to the conditions	R	ISSUE DUPLICA that such original certificate (policy) POLICYH THE AUTHOR INST	ATE CER certificate is now. If HOLDER'S IZED CH.	TIFICATE (e (policy) ha f such certifit S ACKNOW ANGE(S) S ARE HERE	POLICY) be is not been potential (policy) in the policy) in the policy of the policy o	ecause my orig pledged as se s found I will s F OF CHANGE I THE FOREG VLEDGED.	inal certificat curity for any surrender it to	y loan ánd th o the Insuran	at I do not	know whe y immedia tor's Co	ere su itely.

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.