BOSTON MUTUAL LIFE INSURANCE COMPANY - 1891-

FAMILY MATTERS. NO MATTER WHAT.®

POLICY INFO CHANGE FORM

Thank you for being a valued Boston Mutual Life Insurance customer. **Please complete any section below that applies and return the completed form to the address or fax number at the bottom of this page.** If you have any questions please call our Client Services Department at (877) 624-2249.

As owner of the policy(ies) noted below, I authorize you to make the following changes as indicated:

_____

POLICY #: INSURED NAME:

☐ **NAME CHANGE** ☐ Insured ☐ Payor ☐ Beneficiary ☐ Owner

(Please do not use this form to designate a new beneficiary or owner.)

FORMER NAME: _____ NEW NAME: _____

Reason for Change:_____

(Please Note: If other than for a spelling error or for Marriage or Divorce – you must provide proof of the change.)

☐ **ADDRESS CHANGE** ☐ Insured ☐ Payor ☐ Beneficiary ☐ Owner ☐ Employer (List Bill)

NEW RESIDENTIAL ADDRESS: _____

NEW MAILING ADDRESS: _____

☐ **SOCIAL SECURITY NUMBER CORRECTION:**

(For policyowner only. Social Security Number for individuals, Corporate Tax I.D. Number for companies.)

OWNER'S NAME: _____ CORRECTED SSN: _____

Reason for Change:_____ *(Requires proof of the corrected SSN)*

☐ **LOST POLICY CERTIFICATE REQUEST**

☐ **DUPLICATE POLICY REQUEST** **(THERE IS A $ 10.00 CHARGE FOR A DUPLICATE POLICY WHICH MUST ACCOMPANY YOUR REQUE**ST)

- ☐ I have made a persistent search for this policy, but have no knowledge of its whereabouts.
- ☐ My policy is unobtainable at this time, but I agree to send it to Boston Mutual if and when it is located

Please complete the section below, incomplete and\or missing information may delay this request:

_____ DATE

_____ OWNER NAME

_____ AGENT/WITNESS SIGNATURE

(A witness signature is not required but is strongly recommended)

_____ OWNER SIGNATURE

(_____) _____-_____ TELEPHONE NUMBER

___XXX / XX / _____ OWNER SOCIAL SECURITY NUMBER

_____ RESIDENTIAL ADDRESS

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