

CLIENT SERVICES DEPARTMENT

Name: _		
Address:		

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. If it is your intent to designate all children born to or adopted by the Insured, please state, "All Children". However, if you wish to designate a specific child(ren) only, list the name and date of birth for each child to be designated as a beneficiary. Future children will not automatically be considered as a beneficiary with this designation.
- 4. Fill in current addresses and Tax Identification numbers for all beneficiaries. Use Social Security #'s for individuals. The last four positions of the Social Security # of the beneficiaries are sufficient. Use the full 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. The **spouse** of the owner must also sign if any policy was issued in a **community property state.** (CA, ID, NV, NM, WA, or WI. Also in LA, but ONLY if the new owner will be "The Estate".) 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 2 Contingent beneficiaries, 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 #'s:	/				
As owner of the P the new beneficiar	olicy(s) noted above, I hereby ry or beneficiaries the following	revoke the beneficiary designating:	ion(s) and any special sett	element agreement(s), and name a	
PRIMARY BENEFICIARY	Name		Relationship	Date of Birth (MO/DAY/YR)	
** see <u>NOTE</u>	Address			Social Security Number	
PRIMARY BENEFICIARY	Name		Relationship	Date of Birth (MO/DAY/YR)	
** see NOTE	Address			Social Security Number	
	rcentages allocated to all name	nd Primary Beneficiaries must tota	ıl 100%. Refer to General l		
CONTINGENT BENEFICIARY	Name		Relationship	Date of Birth (MO/DAY/YR)	
** see NOTE	Address			Social Security Number	
CONTINGENT BENEFICIARY	Name		Relationship	Date of Birth (MO/DAY/YR)	
** see <u>NOTE</u>	Address			Social Security Number	
	rcentages allocated to all name	d Contingent Beneficiaries must t	total 100%. Refer to Gener		
	OPTIONAL PROVISION	NS (Applicable to Primary Benefi	iciary and Contingent Bend	eficiary, if any)	
Short Term Su shall be deemed	arvivorship. If any beneficiary d for all purposes hereof not to l	dies simultaneously with the Insure	ed or within 30 days after th	e Insured's death, such beneficiary	
his or her lawfu	al descendants by right of repres	d Children. If any child of the Instendation: and if none, in equal shathe Insured taking such deceased ch	res to any other lawful surv	viving children of the Insured, the	
		GENERAL PROVISIO	<u>ONS</u>		
•	herwise, and subject to any elec	•			
Specific amoun	ts may not be designated.	ary or beneficiaries who shall survi	-		
2. If no primary be shares or in spe	eneficiary survives, payment wi scified percentages. Specific am	ill be made to the Contingent ben to the man and the designated.	eficiary or beneficiaries wh	no shall survive the Insured, in equal	
		sured, payment will be made to the			
be liable in any is designated a then the policy	way for the application of the s beneficiary, and if said trust	proceeds of the policy by a Truste fails for any reason, or if no trus m to the estate of the Insured. Pa	e beneficiary or other perso tee is appointed within one	partnership agreement and shall no on. It is further agreed that if a trus e year after the death of the Insured ny herein named trustee or trustees	
continued under a	nonforfeiture option on the date	of this request. After recording, t	his change of beneficiary v	cy or annuity is in force or is being will relate back and take effect as o pany waives its right of endorsemen	
	kruptcy or insolvency, voluntar			ny pledge or assignment thereof. No the undersigned under guardianship	
		Authorized Representative for the rization is valid from the date of m		ical records in order to facilitate the nonths.	
Social Security Num	ber or last 4 digits	Signature of Policyowner		Date	
Signature of Witness	s other than Beneficiary	Signature of Spouse (If policy	Signature of Spouse (If policy was issued in a Community Property State)		
This benef	iciary designation has been re	corded at the Home Office of BC	OSTON MUTUAL LIFE I	INSURANCE COMPANY	
Date Recorded:		By:			

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