

## Ownership and/or Beneficiary Change Request

**Policy Number(s)**  \_\_\_\_\_  
**Name of Insured:**  \_\_\_\_\_  
**Name of Policyowner(s)**  \_\_\_\_\_  
(if other than insured)

### Section A: Ownership Change

If two or more owners are named, state the class. \*Class 1 = Primary, Class 2 = Contingent. The owner shall be the surviving owner in the lowest class. I hereby request heretofore effective ownership designation under each of the above policies be revoked and the ownership changes be transferred to:

Policyowner Name and Address (Required)	Age (Required)	Class* (Required)	Relationship to Insured (Required)	Social Security # (Required)

### Section B: Beneficiary Change (if applicable)

When designating multiple beneficiaries in the same class, the proceeds will be paid in equal shares, unless otherwise indicated. To designate specific percentages among the beneficiaries indicate the percentage to be paid to each beneficiary under the percentage of benefits section below. The total of all percentages within each class must equal 100%. If any beneficiary within the same class does not survive the Insured, any share due to that beneficiary will be paid proportionately to the beneficiaries within the same class, unless otherwise specified. If designating "Children of the Insured", the designation includes only lawful children born to or legally adopted by the Insured.

In lieu of payment as now provided, I hereby request that the net proceeds payable under each of the above policies in the event of the Insured's death be paid as follows:

Beneficiary Name and Address (Required)	Class* (Required)	% of Benefits (Optional)	Relationship to Insured (Required)	Social Security # (Required)

I hereby request that SBLI waive any requirement that this change be endorsed on the policy. I agree that the change herein requested shall be assumed to become effective without such endorsement, and I further agree that acknowledgment of receipt of this form by SBLI shall be construed as a waiver of the requirement of any such endorsement without further acknowledgment or notice by it.

X \_\_\_\_\_  
**Signature of Current Policyowner** \_\_\_\_\_  
(If deceased, Executor, Administrator or Personal Representative for the Estate) **Date**

X \_\_\_\_\_  
**Signature(s) of New "Primary" Policyowner** \_\_\_\_\_  
 **Date**

If the previous Beneficiary on this policy has been designated "without power of revocation", that Beneficiary must sign below.

X \_\_\_\_\_  
**Irrevocable Beneficiary** \_\_\_\_\_  
 **Date**

**SIGNATURE OF WITNESS:** I hereby certify under the penalties of perjury that I am over 18 years of age, a disinterested party who will not benefit from this policy and have witnessed the signing of this form by the policyowner.

X \_\_\_\_\_  
**Signature of Witness** \_\_\_\_\_  
 **Date**

**DO NOT MAIL POLICY**  
 When processed, an acknowledgment will be sent to you for your records

# The Savings Bank Life Insurance Company of Massachusetts

## Instructions for Ownership and/or Beneficiary Change

The following instructions are to assist you with the completion of the attached Ownership and/or Beneficiary Change form.

Please read these instructions carefully before completing the form.

1. Complete **Section A** of the enclosed form to designate a change of ownership. This new designation revokes **ALL** previous ownership. Therefore, even if the current owner or contingent owner is to remain the same while the other is changed, such owner must be renamed on this form to remain effective.
2. Print the full names and addresses of each new owner. Be certain to include the Class, Age, Relationship to Insured and Social Security Number(s).
3. The current owner(s) and the new owner(s) must sign and date the form.
4. Complete **Section B** of the enclosed form to designate or make changes to your current beneficiary (ies). The information on this form will replace any prior beneficiary designation on your policy.
5. Print the full names and addresses of each beneficiary. Be certain to include the Relationship to Insured, \*Class, and Social Security Number(s), if available.

\*For example:

### **Class 1 = Primary**

The primary beneficiary (ies) is the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares (unless otherwise specified). In the event that a primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

### **Class 2 = Contingent**

The contingent beneficiary (ies) is the person (s) or entity you choose to receive your life insurance proceeds if the primary beneficiaries (ies) die before the insured. Payment will be made in equal shares (unless otherwise specified). In the event that a contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares to all to the sole remaining contingent beneficiary.

6. A disinterested third party who will not benefit from the policy and is 18 years of age must witness the Owner's signature.
7. If you have any questions regarding this form, please feel free to call our Customer Service Call Center at 800-694-7254.

Return completed form to:

The Savings Bank Life Insurance Company of Massachusetts  
P.O. Box 4048  
Woburn, MA 01888