



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**

<b>TYPE OF BENEFICIARY</b>	<b>PHRASEOLOGY</b>
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.