## **GROUP INSURANCE CERTIFICATE CHANGE FORM**

See Instructions on Reverse

BOSTON MUTUAL LIFE INSURANCE	CE COMPANY • 12	0 ROYALL STREE	ET • CANTON,	MASSACHUSET	TS 02021-996	38 · (800)	669-2668		
GROUP NUMBER DIVISION N		DYER (POLICYHOLDER) NAME f Framingham - Framingham Public Schools							
EMPLOYEE NAME (LAST, FIRST, MIDDLE	INITIAL)			CE	RTIFICATE #				
UNDER THE TERMS OF THE ABOVE POLICY  CHANGE OF BENEFICIARY	(IES) I HEREBY REQUES	Γ BOSTON MUTUAL LIF	E INSURANCE COMP	PANY TO:					
Primary Beneficiary(ies)	Residential Address		Date of Birth	Social Security #	Tele. #	Relationship	% of Benefit		
Contingent Beneficiary(ies)	Residential Address		Date of Birth	Social Security #	Tele. #	Relationship	% of Benefit		
CHANGE OF NAME		that such original co	ertificate (policy) has not	LICY) because my originat been pledged as secur	ity for any loan and	that I do not kno	ow where such		
I hereby agree that the copy of the signature appearing on the carbon copy of this form shall be accepted as my signature and I further agree to the conditions appearing on the reverse side hereof.		POLICYHOLDER'S ACKNOWLEDGEMENT OF CHANGE THE AUTHORIZED CHANGE(S) SET FORTH IN THE FOREGOING INSTRUMENT ARE HEREBY ACKNOWLEDGED.							
Insured's Signature	Administrator's Authori		Administrator's Copy Attach to Enrollment Card						
Date	Date				Linoline	ii Caiu			

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

TYPE OF BENEFICIARY

2.

3.

4.

5.

6.

## PHRASEOLOGY FOR NOMINATION OF BENEFICIARY

**PHRASEOLOGY** 

. C	DNE BENEFICIARY	JANE DOE, WIFE
. Т	WO BENEFICIARIES	JOHN DOE, FATHER AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR.
. Т	HREE OR MORE BENEFICIARIES	JANE J. DOE, WIFE, JOHN DOE FATHER, AND MARY DOE, MOTHER, EQUALLY, OR TO THE SURVIVORS, OR THE SURVIVOR.
	ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY	JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON.
	ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES	JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON, AND ROBERTA DOE, DAUGHTER, EQUALLY, OR THE SURVIVOR.
	WO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY	JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.