GROUP INSURANCE CERTIFICATE CHANGE FORM:

This form is used when an employee’s name changes, if a beneficiary change is desired, or when the original certificate is lost.

The Plan Administrator should fill in the Group Number, Division Number and Policyholder Name at the top of the form. All other information should be completed by the employee.

*Both the employee and the Plan Administrator should sign the bottom of the form.*

Attach the original completed form to the employee’s enrollment form; give a copy of the form to the employee for attachment to the Certificate of Insurance.

*It is not necessary to send a copy of this form to our Home Office.*
GROUP INSURANCE CERTIFICATE CHANGE FORM

BOSTON MUTUAL LIFE INSURANCE COMPANY • 120 ROYALL STREET • CANTON, MASSACHUSETTS 02021-9968 • (800) 669-2668

GROUP NUMBER DIVISION NUMBER EMPLOYER (POLICYHOLDER) NAME

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) CERTIFICATE #

UNDER THE TERMS OF THE ABOVE POLICY(IES) I HEREBY REQUEST BOSTON MUTUAL LIFE INSURANCE COMPANY TO:

- CHANGE OF BENEFICIARY
  - Primary Beneficiary
    - Relationship
    - Date of Birth
    - Address of Beneficiary
  - Contingent Beneficiary (ies)

- CHANGE OF NAME
  - To:

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.

Insured’s Signature

Administrator’s Authorized Signature

Date

POLICYHOLDER’S ACKNOWLEDGEMENT OF CHANGE
THE AUTHORIZED CHANGE(S) SET FORTH IN THE FOREGOING INSTRUMENT ARE HEREBY ACKNOWLEDGED.

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

<table>
<thead>
<tr>
<th>TYPE OF BENEFICIARY</th>
<th>PHRASEOLOGY</th>
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<tbody>
<tr>
<td>1. ONE BENEFICIARY</td>
<td>JANE DOE, WIFE</td>
</tr>
<tr>
<td>2. TWO BENEFICIARIES</td>
<td>JOHN DOE, FATHER AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR.</td>
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<tr>
<td>3. THREE OR MORE BENEFICIARIES</td>
<td>JANE J. DOE, WIFE, JOHN DOE FATHER, AND MARY DOE, MOTHER, EQUALLY, OR TO THE SURVIVORS, OR THE SURVIVOR.</td>
</tr>
<tr>
<td>4. ONE BENEFICIARY AND ONE CONTINGENT BENEFICIARY</td>
<td>JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON.</td>
</tr>
<tr>
<td>5. ONE BENEFICIARY AND TWO CONTINGENT BENEFICIARIES</td>
<td>JANE J. DOE, WIFE, IF LIVING; OTHERWISE ROBERT DOE, SON, AND ROBERTA DOE, DAUGHTER, EQUALLY, OR THE SURVIVOR.</td>
</tr>
<tr>
<td>6. TWO BENEFICIARIES AND ONE CONTINGENT BENEFICIARY</td>
<td>JOHN DOE, FATHER, AND MARY DOE, MOTHER, EQUALLY, OR THE SURVIVOR; OTHERWISE JANE J. DOE, WIFE.</td>
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