THIS FORM SHOULD BE SENT TO CARLA FEDE AT MILTON TOWN HALL

GROUP INSURANCE CERTIFICATE CHANGE FORM

See Instructions on Reverse

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

GROUP NUMBER	DIVISION NUMBER	EMPLOYER (POLICYHOLDER) NAME
		Town of Milton

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(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

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.

❑ **ISSUE DUPLICATE CERTIFICATE (POLICY)** because my original certificate (policy) has been lost or mislaid. I declare that such original certificate (policy) has not been pledged as security for any loan and that I do not know where such certificate (policy) is now. If such certificate (policy) is found I will surrender it to the Insurance Company immediately.

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

Insured's Signature

Date

Administrator's Authorized Signature

Date

Administrator's Copy
Attach to
Enrollment Card

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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

TYPE OF BENEFICIARY	PHRASEOLOGY
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.