

Name and Address Change Form

Policy Number(s): _____
Name of Insured: _____
Name of Policyowner(s): _____
(if other than insured)

Name Change

Note: This is not intended as a Change in Ownership, only a name change of policyowner or insured.

For each policy listed above, please change the name of the (check one) ___ **Insured** ___ **Policyowner**

From: _____ To: _____

Reason for change: (check one) ___ Marriage ___ Court Order ___ other, explain _____

Address Change

For each policy listed above, please change the mailing address of the Policyowner to:

Note: When providing a new address for the Policyowner, we will use this address for mailing of all premium notices and policy related materials, unless otherwise indicated in the section below.

New Address: _____

New Telephone #: _____

For each policy listed above, please use the following address for mailing of premium notices and policy related materials:
Note: If the policyowner does not reside at this address, please indicate the name of the recipient receiving mail on behalf of the Policyowner so that we may send all premium notices and policy related materials in care of this person.

Address for Mailing: _____

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.

Note: If changing the Policyowner Name, we will require signatures in both the "Previous Name" and the "Current Name".

X _____ Signature of Policyowner (Previous Name)	_____ _____ Date
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X _____ Signature of Policyowner (Current Name)	_____ _____ Date
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Return completed form to: **The Savings Bank Mutual Life Insurance Company of Massachusetts**
P.O. Box 4048
Woburn, MA 01888

Instructions for Name and Address Change

The following instructions are to assist you with the completion of the attached Name and Address Change form. Please read these instructions carefully before completing the form.

Note: This form is not intended to be used for a change in Ownership, only a name change of Policyowner or Insured. If you are requesting to change Ownership of the policy, you will need to contact us for the proper form.

1. To make a change to the Policyowner or Insured Name, please complete the **Name Change Section** of this form. Indicate whose name is being changed (Insured or Policyowner); print the Previous Name (From) and the Current Name (To) and be certain to indicate the reason for the name change.
2. To make a change to the address, please complete the **Address Change Section** of this form. This address will be used for mailing premium notices and all other policy related materials. If there is no change to the Policyowner's address and you are requesting to have premium notices and all other policy related materials sent to an alternate address, you may do so by completing the second portion of the address change section.
3. The Policyowner must date and sign the request for all name and/or address changes. If changing the Policyowner name, we will require that the Policyowner sign in both their "Previous Name" and their "Current Name" where indicated.

Please **do not** mail the policy(ies) with your request, an acknowledgment of the change will be sent to you for your records.

If you have any questions regarding this form, please feel free to contact our Customer Service Call Center at 800-694-7254.

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Woburn, MA 01888