The Savings Bank Mutual Life Insurance Company of Massachusetts
One Linscott Road, Woburn MA 01801
Telephone (800) 694-7254 ~ www.sbli.com

Annuity Name and Address Change Request

Contract Number: _____

Name of Annuitant(s): _____

Name of Owner(s)**:** _____

☐ **SECTION A - NAME CHANGE**

NOTE: This is not intended as a Change in Ownership, only the change of a person's name.

For each contract listed above, please change the name of the (check one) ☐ Annuitant ☐ Owner

From _____ to _____.

Reason for change (check one) ☐ Marriage ☐ Court Order ☐ Other: _____.

"Old" Signature: **X** _____

"New" Signature: **X** _____

☐ **SECTION B - ADDRESS CHANGE**

For each contract listed above, please change the mailing address to the following. All correspondence is to be mailed to this address:

Include Number, Street, Apt.#, if any, City, State (or Country if outside the U.S.) and 5 digit Zip Code.

_____

_____

_____

_____

_____

X _____ **X** _____

Signature of Owner **Date**

Signed at _____
(City and State)

Please DO NOT mail contract with this request

An acknowledgment of this change will be sent to you for your records.

FOR OFFICE USE ONLY

Date request received: By: Recorded by: Date:

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Completing the Form

Insert the Annuitant's Name where indicated.

Insert the Case (if any) and contract number(s).

If you are requesting to change the name of either the Annuitant or the owner, complete section "A" of the form.

The individual whose name is to be changed should sign where indicated with his/her "Old" and "New" signatures.

If you are requesting to change the owner's address, complete section "B" of the form.

The form should then be dated and signed by the owner where indicated and returned to this office for processing.

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