ANNUITY BENEFICIARY CHANGE REQUEST

See last page of this form for instructions and example arrangements.

Owner: _____

Contract Number(s): _____

In lieu of payment as now provided, I hereby request that the net proceeds payable under each of the above contracts in the event of the death of the Annuitant be paid as follows:

Section A
Standard Beneficiary Designation

Class	Beneficiary Names(s)	Address (Include City, State and Zip Code)	Relationship to Annuitant

If two or more beneficiaries are named, state the class: 1,2,3, etc... Surviving beneficiaries in the lowest class will share equally. If the children of any person are named, the designation includes only the lawful children born to or legally adopted by that person. All decisions made by SBLI in good faith as to the identity of beneficiaries not designated by name shall be conclusive as to the liability of SBLI and any payment made in accordance therewith shall, to the extent thereof, discharge SBLI of its obligation for such payment.

Section B
Trust Beneficiary Designation

To designate a primary beneficiary to this, use Section D below

_____ as Trustee(s), or said Trustee(s)' successor or successors, as
(Name of Trustees)
Trustees under the_____ Indenture of Trust Dated
(Name of Trust)
_____ without responsibility on the part of SBLI as to the application of
(Date of Trust)
the said proceeds by such Trustee. If said indenture of trust is then terminated, the said proceeds shall be paid to the Estate of the Annuitant.

Section C
Custodian For A Minor Beneficiary Designation

To designate a primary beneficiary to this, use Section D below

_____, _____ as custodian for the
(Name if Custodian) (Relationship to the Annuitant)
Annuitant's child(ren), listed below in equal shares or the whole to the survivor(s) under the Massachusetts Uniform Transfers to Minors Act until such time as the child(ren) attain age _ .

Child's Name	Sex (M/F)	Birth Date

Section D
Designating A Primary Beneficiary To The Arrangement in Section B or C

Note: This can only be used in conjunction with one of the above arrangements provided in either section B or C.
_____, _____ of the Annuitant, if living, otherwise to:
(Name of Primary Beneficiary) (Relationship to the Annuitant)
The person named in this section will be the primary beneficiary under each of the above contracts. In the event that the primary beneficiary named herein predeceases the Annuitant, the proceeds will be paid in accordance with the alternate arrangement provided under either Section B or C above.

Section E
Time Clause To Be Effective?

☐ **YES or** ☐ **NO** (Check off either Yes or No. if not indicated, Time Clause will NOT be effective)
When the Time Clause is effective, any beneficiary who survives the Annuitant, but dies prior to the 15th day after the date of death of the Annuitant shall be deemed not to have survived the Annuitant.

Required Signatures

Contract Owner's Telephone #: Days (____)_____- _____ Evenings (____)_____- _____
Signed at X_____ Date: X_____
X_____ X_____
(Signature of Owner) (Signature of Witness)

FOR OFFICE USE ONLY

Date request received: By: Recorded By: Date:

Information & Instructions Regarding Beneficiary Changes

Using Section A - Standard Beneficiary When designating multiple beneficiaries it is important to designate the specific class of each beneficiary you are naming. You may have as many classes as you feel necessary, recognizing that the surviving beneficiary(ies) designated the lowest class will be paid in equal shares in the event of a claim.

Class 1 - Indicates the person or persons who will be the primary recipient(s) of the proceeds.

Class 2 - Indicates the person or person(s) who will be the contingent recipient(s). They will receive the proceeds only if there are no surviving beneficiaries in Class 1.

Class 3 - Indicated the person or person(s) who will be the tertiary recipient(s). They will receive the proceeds only if the beneficiaries designated in Class 1 and Class 2 have not survived the Annuitant.

Example:
Proceeds to be paid to the Annuitant's Spouse if living, otherwise to the Annuitant's three children in equal shares if living, otherwise to the Annuitant's brother.

Class	Beneficiary Name(s)	Address (include City, State, Zip code)	Relationship to Annuitant
1	***Robert M. Smith***	***100 Main St, Boston, Ma 02140***	***Husband***
2	***Robert M. Smith, Jr.***	***Same as above***	***Son***
2	***Meagan E. Smith***	***Same as above***	***Daughter***
2	***Christopher A. Smith***	***Same as above***	***Son***
3	***Michael D. Smith***	***200 Main St, Boston, Ma 02140***	***Brother***

Using Section B - Trust Beneficiary Proceeds to be paid to a trust, must include the name of trust, date of trust and all trustees. You may designate an individual as primary beneficiary with the trust as a contingent by completing both section B and D of the form. (See example of Section D below)

Example:

Robert M. Smith as Trustee(s) or said Trustee(s) successor or successors, as Trustees under
(Names of all trustees)
the ***Smith Family Trust*** Indenture of Trust dated ***7-1-00*** without responsibility on the part of SBLI as to the
(Name of Trust) (Date of Trust)
application of the said proceeds by such Trustees. If said indenture of trust is then terminated, the said proceeds shall be paid to the Estate of the Annuitant.

Using Section C - Minor Beneficiary If you are naming a minor as beneficiary (ies) it is advised that you designate a custodian to receive proceeds on behalf of the minor(s). If a custodian is not named and a beneficiary is a minor at the time of the Annuitant's death, court appointed Guardianship of the minor(s) will need to be obtained before any payment can be made. Be sure to indicate the age in which the minor will be able to receive the proceeds on their own behalf (Age 18, 19, 20 or 21).

Note: You may also designate an individual as primary beneficiary with the trust as a contingent by completing both section B and D of the form. (See example of Section D below)

Example:

Michael D. Smith, Brother as custodian for the Annuitant's child(ren) listed below, in equal shares or the whole
(Names of Custodian) (Relationship to Annuitant)
to the survivor(s) under the Massachusetts Uniform Transfers to Minors Act until such time as the child(ren) attain age 18 .

Child's Name	Sex (M/F)	Birthdate
Robert M. Smith, Jr.	M	01-12-1998
Meagan E. Smith	F	04-21-2000
Christopher A. Smith	M	10-14-2002

Using Section D - This is only to be used if you are adding a Primary beneficiary to receive proceeds prior to the arrangements of section B or C.

Robert M Smith , ***Husband*** of the Annuitant, if living otherwise to:
(Names of Primary Beneficiary) (Relationship to the Annuitant)

SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS
ONE LINSCOTT ROAD, WOBURN, MA 01801 1-800-694-7254

Mail Completed Form To: **SBLI**
P.O.BOX 4048
WOBURN, MA 01888