ANNUITY OWNERSHIP CHANGE REQUEST

Limitations on Annuity Ownership Apply
(see last page of form)

Contract Number(s): _____

Name of Annuitant(s): _____

Address of New First Owner: _____

_____

_____

_____

I hereby request the heretofore effective ownership designation under each of the above contracts be revoked and the ownership changed or transferred to:

Class	Owner Name(s)	Age	Relationship to Annuitant
1	_____	_____	_____
	New First Owner Social Security Number _____/____/____		
1	_____	_____	_____
	Joint First Owner, if applicable		
2	_____	_____	_____
	Contingent Owner		

If two or more owners are named, state the class: 1,2,3, etc.. The owner from time to time shall be the surviving owner in the lowest class.

I hereby request that SBLI waive any requirement that this change be endorsed on the contract. I agree that the change herein requested shall be assumed to become effective without such endorsement, and I further agree that acknowledgement of receipt of this from SBLI shall be construed as a waiver of the requirement of any such endorsement without further acknowledgement or notice by it.

I certify under penalties of perjury that the number shown is my taxpayer identification number and that I am not subject to backup withholding.

X _____ _____
Signature of NEW First Owner — Signature of Joint Owner, if any

Signed at _____ _____
City and State — Date

X _____
Signature of OLD Owner,

- Names must be full first name, middle initial and full last name.
- Contact SBLI if you have any questions or if your new ownership arrangement is more complex than allowed for above.
- OLD Class 1 Owner and NEW Class 1 Owner must sign above.

DO NOT MAIL CONTRACT

When processed, an acknowledgment will be sent to you for your records.

FOR OFFICE USE ONLY

Date request received: By: Recorded By: Date:

Instructions for Annuity Ownership Change Request

1. Insert the Annuitant's name where indicated.

2. Insert the address of the NEW Owner.

3. Insert any additional contract numbers. NOTE: If you are requesting a Change in Ownership on multiple contracts and there are different owners on each contract, each owner must complete a different form.

4. Insert the name of the NEW Owner next to "**CLASS 1"**, designating the person to be names as the primary owner. You must also indicate the New Owner's Age, Relationship to the Annuitant, and Social Security Number. If designating Contingent Owners, simply complete the remaining section marked "Class 2,3, and 4" with the additional Owner's Name, Age and Social Security Number. NOTE: If Joint Owners are named (2 Class 1 Owners), they must be either married to each other or one must be the Annuitant. A Contingent (Class 2) Owner may only be designated if there are not Joint Primary Owners.

Class	Owner Name	Age	Relationship to Annuitant
1	Brian Smith	66	Husband
	New First Owner Social Security Number: 111-22-3333		
2	James Smith	37	Son
3	Mary Smith	34	Daughter
4	Tom Smith	31	Son

Please Note: We recommend that you do not designate a minor (under age 18) as Primary or Contingent owner of your contract. By law, that individual would not be able to make any changes to the contract until he or she attains age 18.

5. If you are designating a Corporation as owner, insert the name of the Corporation, list Relationship to Annuitant as "None", and list the Taxpayer Identification Number as Social Security Number.

6. If you are designating a Trust as owner, please contact SBLI at 1-800-694-7254 for the required form.

7. The NEW Owner (Class 1 only) must sign the form where indicated. if designating a Corporation as owner, an officer of the corporation other than the present owner must sign the form. The present owner may sign if he or she is the sole officer of the Corporation.

8. The present owner must date and sign the form where "OLD Owner" is indicated, and complete the Section indicating the City and State in which the form is being executed.

9. Do not send any contracts with this request. Once your request is processed, we will send an acknowledged copy of your request to the address of record, unless an address change has been indicated on the form. The acknowledged copy should be filed with your contract.

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

MAIL TO: **SBLI**
P.O.BOX 4048
WOBURN, MA 01888