The Savings Bank Mutual Life Insurance Company of Massachusetts

Policy Change Request

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

Please indicate the type of change requested:

	Cancellation of Rider: I hereby request the cancellation of the following Rider coverage(s) indicated below: Rider to be cancelled: _____.
	Correction in Date of Birth: I hereby request that the Insured's date of birth be corrected reflecting the date of birth as _____. Please attach evidence of this change by submitting a photocopy of one of the following: Birth Certificate Passport Driver's License Other
	Reduction in Coverage: I hereby request the face value of the policy indicated above be reduced from _____ to _____.

I understand that this change may result in a proportionate reduction in the premium and dividend amounts as well as the cash value. If the policy has cash value and will be reduced by this change, I agree to the surrender of any excess cash value; which exceeds the value required to maintain the policy. I understand a cash payment will be made to me in a lump sum for this amount.

I hereby request that SBLI waive any requirement that this change be endorsed on the original 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.

If the policy is currently under collateral assignment, the Assignee must sign below; otherwise, the Policy Owner must sign.

X _____ _____
Signature of Policy Owner **Date**

If the Beneficiary has been designated "without power of revocation", the Beneficiary must sign below.

X _____ _____
Signature of Irrevocable Beneficiary **Date**

DO NOT MAIL POLICY
When processed, an acknowledgment will be sent to you for your records

Return completed form to: **The Savings Bank Mutual Life Insurance Company of Massachusetts**
P.O. Box 4048
Woburn, MA 01888