

Ownership Change Form – Trust Ownership Designation**Policy Number(s):** _____**Name of Insured:** _____**Name of Policyowner(s):** _____

(if other than insured)

I hereby request that the effective Ownership designations under each of the above policies be revoked and that the Ownership be changed or transferred as follows:

To:

(Name of Trustee)_____
(Address)_____
(Relationship to Insured)_____
(Name of Trustee)_____
(Address)_____
(Relationship to Insured)_____
(Name of Trustee)_____
(Address)_____
(Relationship to Insured)

as Trustee(s), or said Trustee(s)' successor or successors, as Trustees under the _____
(Name of Trust)

Indenture of Trust dated: _____
(Date of Trust)

Trust Tax Identification Number (required): _____

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.

Date: _____ **Signature of Current Policyowner:** _____**Date:** _____ **Signature(s) of New Policyowner(s):** _____

(Trustee Signatures)

(Trustee Signatures)

**** If the previous Beneficiary on this policy has been designated “irrevocable” or “without power of revocation”, that Beneficiary must sign below.**

Date: _____ **Signature of Previous Beneficiary:** _____**DO NOT MAIL POLICY**

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

Instructions for Ownership Change

Completing the form

1. Insert the Insured's Name where indicated.
2. Insert the Name(s) of the Trustee(s), their Address and Relationship to the Insured.
3. Enter the full Name and Date of the Trust.
4. Enter the Trust Tax Identification Number.
5. The form should be dated and signed by the Policyowner where indicated. Note: for policies issued prior to 5/1/75: any Absolute Assignee must sign as Policyowner.
6. The form should be dated and signed by the New Policyowner(s), where indicated. This will be the Trustee(s) of the Trust.
7. In the event that the previous beneficiary designation was irrevocable (named "without power of revocation") or if the policy was issued prior to 12-15-39 and the right to change the beneficiary was not reserved, the previous beneficiary must also sign the request, thereby agreeing to the requested change.

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

Return completed form to:

**The Savings Bank Mutual Life Insurance Company of Massachusetts
P.O. Box 4048
Woburn, MA 01888**