

**Group Insurance Certificate Change Form** (see instructions below)

Boston Mutual Life Insurance Company • 120 Royall Street • Canton, MA 02021-9968 • (800) 669-2668

**Group Number:** G25950

**Division Number:** 0014

**Employer Name:** Midwestern Intermediate Unit IV

Employee Name (Last, First, Middle Initial)	Social Security Number
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Under the terms of the above policy(ies) I hereby request Boston Mutual Life Insurance Company to:

**Change of Beneficiary**

**Primary Beneficiary**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**Contingent Beneficiary (ies)**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**Change of Name to** \_\_\_\_\_

**Issue Duplicate Certificate (Policy)** because my original certificate (policy) has been lost or mislaid. I declare that such original certificate (policy) has not been pledged as security for any loan and that I do not know where such certificate (policy) is now. If such original certificate (policy) is found I will surrender it to the Insurance Company immediately.

I hereby agree that the copy of the signature appearing on the duplicate copy of this form shall be accepted as my signature and I further agree to the conditions appearing at the bottom of this form.

Employee Signature	Date
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**Policyholder's Acknowledgement of Change:** The authorized change(s) set forth in the foregoing instrument are hereby acknowledged.

Administrator's Authorized Signature	Date
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The changes requested on the face hereof shall be of no effect unless insurance is in force on the life of the "insured" under the described policy(ies) on the date of acknowledgement. The submission of this form and the acknowledgement thereof by Boston Mutual Life Insurance Company shall not be considered an admission that any insurance is in force on the life of said "insured" under said policy(ies).

**Instructions: Phraseology for nomination of beneficiary**

Type of Beneficiary	Phraseology
1. One beneficiary	Jane Doe, Wife.
2. Two beneficiaries	John Doe, Father, and Mary Doe, Mother, equally or the survivor.
3. Three or more beneficiaries	Jane J. Doe, Wife, John Doe, Father, and Mary Doe, Mother, Equally, or the survivors, or the survivor.
4. One beneficiary and one contingent beneficiary	Jane J. Doe, Wife, if living; otherwise Robert Doe, Son
5. One beneficiary and two contingent beneficiaries	Jane J. Doe, Wife, if living; otherwise Robert Doe, Son, and Roberta Doe, daughter, equally or the survivor.
6. Two beneficiaries and one contingent beneficiary	John Doe, Father, and Mary Doe, Mother, equally or the survivor, otherwise Jane J. Doe, Wife.