



Name Change Request FUNERAL PROTECTION PLAN

Issued by The Savings Bank Life Insurance Company of Massachusetts

*This form is to be used to report a name change of the Insured or Plan Owner.
It is not a change in ownership form.*

Plan number:

Insured name:

Plan Owner name (if other than Insured):

1. Name Change

Whose name is changing (check one): ☐ Insured ☐ Plan Owner

Previous name

New name (including title)

Reason for change (check one): ☐ Marriage ☐ Court Order ☐ Other, (please explain):

2. Acknowledgements

Unless you specify a later date, the change of name will take effect on the date you sign this request, subject to any action we've taken before we received it.

Note: When changing the Plan Owner's name, we will require signatures in both the 'Previous Name' and the 'New Name'.

Signature of Plan Owner (previous name)

Date

Signature of Plan Owner (new name)

Date

We're here to help

If you have any questions regarding this form, please feel free to **call our Customer Service Center at 1-855-552-4374**. An acknowledgement will be sent to you as soon as we've processed your request.