



# Owner/Beneficiary Change Request

## FUNERAL PROTECTION PLAN

Issued by The Savings Bank Life Insurance Company of Massachusetts

Plan number:

Insured name:

Current Plan Owner name (if other than Insured):

### 1. Ownership Change

*Please complete this section only if you intend to change the Plan Owner of your Funeral Protection Plan. All fields are required. Plan Owners must be at least 18 years old.*

The rights of the current Plan Owner are to be transferred to:

Full name (including title):

Social security number:  Relationship to Insured:

Address:

City:  State:  Zip:

Phone:  Email:

Preferred method of contact:

### 2. Beneficiary Change

*Please complete this section only if you intend to change the Beneficiary of your Funeral Protection Plan. All fields are required. Beneficiaries must be at least 18 years old.*

The current Beneficiary is to be replaced by:

Full name (including title):

Relationship to Insured:

### 3. Acknowledgements

**Plan Owner:** Unless you specify a later date, the change of ownership and/or beneficiary will take effect on the date you sign this request, subject to any action we've taken before we received it.

Signature of current Plan Owner:  Date:   
(If deceased, Executor, Administrator or Personal Representative for the Estate)

Signature of new Plan Owner (if applicable):  Date:

**Required if changing beneficiary**

**Witness:** I hereby certify under the penalties of perjury that: I am over 18 years of age; a disinterested party who will not benefit from this Plan; and I have witnessed the signing of this form by the Plan Owner.

Signature of Witness:  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.