BOSTON MUTUAL
LIFE INSURANCE COMPANY
- 1891 -

CLIENT SERVICES DEPARTMENT

Dear Policyholder:

Please choose one payment method and mail or fax the completed form to the address or fax number noted above. If you have any questions please call our Client Services Department. (877) 624-2249

As owner of the policy(ies) noted below, I authorize you to make the mode of payment change as indicated below*:

_____
POLICY: INSURED:
_____

MODE	**COST PER MODE**	
☐ ANNUAL	$_____	
☐ SEMI ANNUAL	$_____	
☐ QUARTERLY	$_____	
☐ ELECTRONIC FUND TRANSFER (EFT)	$_____	*(Please complete separate Electronic Fund Transfer form)*

NOTE: Please check with your agent or contact the Home Office Client Services Department before submitting your request as there may not be a cost due at this time. In addition, specific payment modes may not be available for all policies.

Comments:_____

_____

_____
Please complete this section with all appropriate signatures and information. Missing data may delay processing.

_____   _____
DATE   OWNER NAME

_____   _____
AGENT OR WITNESS SIGNATURE   OWNER SIGNATURE

(_____)_____   _____
TELEPHONE NUMBER   OWNER SOCIAL SECURITY NUMBER *(Last 4 digits)*

                                                                       _____
                                                                       OWNER RESIDENTIAL ADDRESS

                                                                       _____