THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS

APPLICATION AMENDMENT

- PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND SIGN BELOW

Proposed Insured	Application Dated	Reference Number

I hereby request that the application on the life of the proposed insured be amended to read as follows:

1. What is the purpose of the insurance?

2. Who will pay the premiums (name, relationship to proposed insured, present insurance amount)?

3. Does child reside with both parents? [ ] Yes [ ] No
   (If No, explain)

4. Family Details:

	Name	Date of Birth mo-day-year	Insurance Amounts Present	Pending
Father				
Mother				
Brothers &				
Sisters				

PLEASE SIGN HERE:

Date	X Signature of Proposed Insured (if age 15 or over)	X Signature of Applicant, if other than Proposed Insured

AM-15 (2-92)