

THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS

APPLICATION AMENDMENT

- AGENT CERTIFICATION -

Proposed Insured		Application Dated	Reference Number
Amount Applied for	Kind applied for	Agency Name	Agency Number

Does the sale of this insurance involve a replacement of an existing life insurance policy or annuity (other than SBLI)?

Yes (submit form A-52)

No

I hereby certify that I have completed the application on the proposed insured named above.

**PLEASE SIGN HERE:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name & Number (please print)

\_\_\_\_\_  
**X**  
Signature of Agent