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:

_____ _____ - _____ **X** _____

Date Agent's Name & Number (please print) Signature of Agent

AM-16A (9-92)