

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK

HOME OFFICE: 4300 CAMP ROAD, PO BOX 331 ATHOL SPRINGS, NY 14010
SERVICE ADDRESS: PO BOX 219 CANTON, MASSACHUSETTS 02021
TEL (800) 645-2317 FAX (781) 821-4976

Dear Policyholder:

Because we have been entrusted with some of your insurance planning up until now, we feel obligated to point out a few facts you should know about prior to proceeding with this surrender. Please read the following information carefully.

The enclosed form must be completed and returned to us before your request can be processed.

DO YOU PLAN TO REPLACE YOUR POLICY?

It may be advantageous to exchange your present coverage for a new policy; however, be sure you have all the facts. Be sure that the cash benefits you can expect and the premiums you will pay compare favorably to the return on your current policy. Be aware that contestability and suicide periods begin again, policy fees are usually higher and surrender charges may be levied. Finally, remember that dividend and interest projections are not guaranteed.

DO YOU NEED READY CASH?

Your policy has a loan provision that allows you to borrow a certain percentage of your policy's available cash value. This advance need not be repaid, although we suggest you pay the nominal annual interest charge. Your case value can also be used to pay future premiums, if that is your wish.

DOES YOUR POLICY NEED UPDATING?

There may be options and privileges available to change your coverage to fit your current situation. Riders can be added or deleted, coverage reduced or certain plans changed. You owe it to yourself to talk with one of our experienced representatives before making a final decision.

DO YOU NEED MORE INFORMATION?

If we have raised questions in your mind as to the advisability of surrendering your policy, please call us with your questions and requests. Our toll free number is 1-800-645-2317.

If you have decided to surrender the policy, please take a moment to tell us why. If we have made mistakes or have been unresponsive to your needs, let us know. With your input, we'll work to improve our products and services. Your business has always been important to us, so please consider Life Insurance Company of Boston & New York in the future when purchasing insurance.

Please check any that may apply:

- | | |
|--|--|
| <input type="checkbox"/> Premiums too high | <input type="checkbox"/> Insurance Needs Have Changed |
| <input type="checkbox"/> Poor Service | <input type="checkbox"/> Buying a new policy from another agent or company |
| <input type="checkbox"/> Lack of communication | <input type="checkbox"/> Other reasons: Please explain _____ |

Please mail or fax the enclosed form and your policy or certificate to Life insurance Company of Boston & New York.

Sincerely,
Client Services Department

REQUEST FOR CASH SURRENDER/USE OF VALUES

To avoid any delay in processing your request for cancellation, please complete sections 1 – 5.

SECTION 1

Please process the following request for Policy # _____ On the life of _____
Important – Please list any additional policies that you own, that you may wish to cancel.

_____ # _____ # _____

Send me a check

Other _____

SECTION 2

Bankruptcy Disclosure Statement (*Required*)

The policy owner certifies the following:

No, I am not the subject of bankruptcy proceedings

Yes, I am the subject of bankruptcy proceedings. (*please see below*)

If you are in Bankruptcy, we require written authorization from your court appointed Trustee/Attorney, which must be on their letterhead and be submitted along with this form.

SECTION 3

Authorized Signatures

The undersigned, as owner of the above-mentioned policy issued by Boston Mutual Life Insurance Company, hereby elects the surrender of this policy for its cash surrender value and, in consideration of the payment of such value, all rights and interests under the policy are released.

Owner name (please print) and date

Owner signature

Telephone number

Owner Social Security Number (last 4 digits)

Mailing Address

Residential Address (if different from mailing address)

Assignee or Irrevocable Beneficiary (if applicable)
(Please print name)

Assignee or Irrevocable Beneficiary signature

Witness name (please print) and date

Witness signature

SECTION 4

Statement of Policy Loss (*complete only if policy cannot be found*)

I have made a persistent search for this policy, but have no knowledge of its whereabouts.

My policy is unattainable at this time; however, I agree to send it to Life Insurance Company of Boston & New York Client Services in Canton, MA, if it is located.

SECTION 5

Owner's Name Change (*if applicable*)

New Name

Reason for Change

PLEASE NOTE: If other than for a spelling error or for Marriage or Divorce – you must provide proof of the change.

Please mail this form and your policy or certificate to: Life Insurance Company of Boston & New York / Attn: Client Services Department / Service Address: PO Box 219, Canton, MA 02021.