



Sample Policy
1 Linscott Rd
Woburn, MA 01898

Policy: 609411764
Insured: Sample Policy
Date: December 6, 2022

Congratulations! Your application for life insurance from SBLI has been approved.

As, you have requested, all payments due on your policy will be paid via an electronic transfer of funds from your bank account to SBLI of Massachusetts.

Please take a moment to examine your policy. If you have any questions about your new policy, please call our Customer Service Call Center at 800-694-7254. For your future service needs, you may also view and manage your account on our self-service website www.MySBLI.com

Thank you for your business, and please don't hesitate to contact us if we may be of further assistance.

Rose G. Conneely
COO

PRIVACY NOTICE

Our goal is to respect your privacy and maintain your trust. This Notice will help you to understand the steps we take to protect your privacy.

Information About Our Privacy Notice

This Notice is being given to you as required by federal and state laws. It is meant to inform you about the personal data that we collect. It also explains how we may share your data with our Affiliated and Non-Affiliated Parties.

We will only share your personal data as allowed by federal and state laws, and as permitted by this Notice. This Notice applies to both our current and former customers. Any rights you have in this Notice are not limited by our standard privacy notice.

Data We Collect and How We Collect It.

We collect your personal data to provide services and to help us meet your needs. The types of personal data we collect, and how we collect it, are set forth below.

Personal data includes any identifying information, such as:

- Name, address, e-mail address, and telephone number;
- Age, health, medical records, marital status, occupation, social security number, assets, income, and beneficiaries;
- Claim history, policy coverage, policy payment history, and other account information; and
- Credit standing, credit score, avocations, driving records, and personal characteristics.

We collect your personal data from:

- You in person, by telephone, or over the Internet;
- Forms you submit to us, such as applications, claim forms, or policy changes;
- From consumer reporting agencies, MIB, Inc., medical providers, other insurers and non-affiliated third parties; and
- From others when verifying information, investigating claims or preventing fraud.

Information obtained from a report prepared by an insurance support organization may be retained by that organization. They may disclose such information to other parties.

Protecting Your Personal Data

We take your privacy seriously. We protect your personal data. We have physical, electronic and procedural security measures in place that meet or exceed federal standards for protecting your personal data.

Access to your personal data is limited to our employees, contractors, and agents who must have such access to provide products or services to you. They are required to keep such data safe and secure. They are not permitted to use your personal data for any purpose other than that for which it was given.

We also require companies that work with us to protect your personal data. They may use it to provide the services we ask them to perform for us and to complete transactions requested by you.

How We Use and Disclose Personal Data.

Except as provided in this Notice, we do not share your personal data with anyone.

We use or share it for purposes of underwriting insurance, re-insurance, policy and claims administration, marketing purposes and as otherwise required or authorized by applicable law and regulation. We do not share your medical information, except to the extent we are required or permitted to under federal or state law.

We may share the personal data we collect with the following:

- Insurance companies, insurance agents or brokers, or credit reporting agencies who:
 - a. service and maintain your policy; or
 - b. process your transactions.
- Courts, or governmental, regulatory, and other administrative bodies when there is a lawful request;
- Law enforcement to protect against fraud or unauthorized transactions;
- Others with whom you ask that we share;
- As otherwise allowed by law; and
- With unaffiliated financial and nonfinancial companies to market or offer financial products or services or other professional or consumer products or services that may be of interest to you. We will not share your medical information for marketing purposes.

Privacy Preferences

You may request that we do not share your personal data with unaffiliated companies for marketing purposes.

To limit our sharing for these purposes, please have your policy number and:

- visit us online at: <https://www.mysbli.com/privacy>; or
- call us at: (800) 694-7254; and
- for California residents only, please refer to the Important Privacy Choice for California Consumers document.

Your request will apply to all of the products you have with us. If there is more than one owner of any insurance product or service, any one of you may request that we not share information on behalf of yourself and the other owners.

We will honor your request for as long as you are our customer and for as long as we keep information about you.

The process described above does not apply to residents of Minnesota, Montana, New Mexico, North Dakota and Vermont. In these states, we will not share information with unaffiliated companies for marketing purposes without first getting your authorization to do so.

We will continue to send you information about your contracts, benefits, and accounts. We may also include information about other SBLI products or services. Opting out will not affect the ability of your financial advisor, representative, or firm to recommend products or services to you. If you do not want to receive marketing email from us, you can follow the unsubscribe link provided in those emails.

Right to Access and Correct Information

You have a right to access your personal information that we collect. You may correct your personal information. To do so, contact us and request our Comprehensive Notice of Information Practices. You do not have the right to appeal any underwriting decision we make.



STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured Information

Insured: Sample Policy
 Date of Birth: May 14, 1992
 Age at Issue: 31
 Policy Number: 609411764
 Date Prepared: December 6, 2022

Plan

Level Premium Term - 30 Years

Rider(s)

\$10,000 Children's Level Term Insurance Rider (each insured child to age 25)
 \$150,000.00 Accidental Death Benefit Rider
 Waiver of Premium for Unemployment Rider
 Accelerated Death Benefit Rider
 Charitable Giving Benefit Rider

Basic Policy Information

Year	Age	Annual Premium	Prior Year Dividend	Guaranteed Death Benefit	Total Annual Premium*
1	31	\$500.00	\$0.00	\$500,000	\$749.00
2	32	\$500.00	\$0.00	\$500,000	\$749.00
3	33	\$500.00	\$0.00	\$500,000	\$749.00
4	34	\$500.00	\$0.00	\$500,000	\$749.00
5	35	\$500.00	\$0.00	\$500,000	\$749.00
10	40	\$500.00	\$0.00	\$500,000	\$749.00
20	50	\$500.00	\$0.00	\$500,000	\$749.00
30	60	\$500.00	\$0.00	\$500,000	\$629.00
55	85	n/a	\$0.00	\$0	\$0.00

*Total Annual Premium includes all Other Policy Rider premiums

Other Policy Rider Information

Year	Age	Annual Premium
<i>Children's Level Term Insurance Rider</i>		
1	31	\$120.00
2	32	\$120.00
3	33	\$120.00
4	34	\$120.00
5	35	\$120.00
10	40	\$120.00
20	50	\$120.00
24	54	n/a

STATEMENT OF POLICY COST AND BENEFIT INFORMATION *continued*

Policy Rider Information - Accidental Death Benefit (ADB) Rider

Year	Age	Annual Premium	Rider Cash Value	Guaranteed Death Benefit
1	31	\$129.00	\$0.00	\$150,000
2	32	\$129.00	\$0.00	\$150,000
3	33	\$129.00	\$0.00	\$150,000
4	34	\$129.00	\$0.00	\$150,000
5	35	\$129.00	\$0.00	\$150,000
10	40	\$129.00	\$0.00	\$150,000
20	50	\$129.00	\$0.00	\$150,000
30	60	\$129.00	\$0.00	\$150,000
40	70	n/a	\$0.00	\$0

Policy Rider Information - Waiver of Premium for Unemployment Rider

The Unemployment Waiver of Premium Rider waives the premiums due under this Policy for one six-month period if the insured becomes unemployed during the time this Policy is In Force. Please refer to your Unemployment Waiver of Premium Rider for more details.

Policy Rider Information - Accelerated Death Benefit (ACCDB) Rider

This policy includes an Accelerated Death Benefit Rider, which provides for the payment of a portion of the policy death benefit *during the Insured's lifetime* if certain conditions are met. This Rider has no cash value. There is no premium charge for this Rider. However, if the Accelerated Benefit is paid, an Administrative Expense Charge may be deducted from the Accelerated Benefit Payment. *Limitations apply - Refer to your policy.*

Policy Rider Information - Charitable Giving Benefit Rider

This rider is available at no additional cost at issue. It provides for payment of a percentage of the Policy Face Amount to a named charity upon the death of the insured.

Important Messages

Dividends: Dividends are based on the Company's current scale and are not guaranteed.

Substandard Premium Ratings: Figures include charge for rating, if applicable. See your policy.

Cash Values: Riders and Term Policies do not have cash values.

More Information: Please contact your SBLI agent if you have any questions regarding this summary.

Contact Information

Contact the Producer listed below for more information.

Producer Name: Tim Smith
Producer Address: c/o Symmetry Financial Group LLC
204 Whitson Ave Ste 2c
Swannanoa, NC 28778



Exclusive Benefit for SBLI Customers

As an added benefit, SBLI has partnered with LegacyShield¹ to offer our customers a free lifetime subscription to Life's Mission Control®, a highly-secure digital tool which can help you protect what's most important to you and your loved ones.

Overview

Life's Mission Control features four unique, easy-to-use services which can help you not only create a lasting legacy, but also make sure that your loved ones can find everything you've left for them when the time is right.

With Life's Mission Control, you can:

- Store all of your documents, final wishes, family photos, videos, and more
- Consolidate and view all of your financial accounts in one convenient dashboard
- Create documents for your estate plan, including your will, power of attorney, HIPAA authorization, and advance directive
- Estimate tax refunds and insurance and retirement needs

An automated notification system will alert your family where they can find everything you've left for them in Life's Mission Control.

To get your free subscription, visit sbli.legacyshield.com/register or text **SBLI to 63566**.² If you have questions about these tools or need assistance, contact LegacyShield's Customer Service team by calling **877-966-2228** or emailing info@legacyshield.com. For more information, visit sbli.legacyshield.com/info.

¹SBLI has partnered with LegacyShield to provide Life's Mission Control at no cost. Additional LegacyShield products may also be available for purchase. Your relationship or agreements with LegacyShield are separate from your relationship or agreements with SBLI. The kits you may be receiving access to through LegacyShield are not intended to be legal, tax, or investment advice. You should consult your own legal, tax, or investment advisor regarding your personal situation. SBLI has a financial interest in LegacyShield. ²Standard message and data rates may apply. The Savings Bank Mutual Life Insurance Company of Massachusetts, Woburn, MA. Products and features may not be available in all states. © 2019 All rights reserved. NAIC #70435. 19-4112

Life Insurance Buyer's Guide

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. The association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

IMPORTANT THINGS TO CONSIDER

- 1) Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask a producer or company to help you.
- 2) Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
- 3) Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
- 4) Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
- 5) Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
- 6) Read your policy carefully. Ask your producer or company about anything that is not clear to you.
- 7) Review your life insurance program with your producer or company every few years to keep up with changes in your income and your needs.

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The Savings Bank Mutual Life Insurance Company of Massachusetts
One Linscott Road, Woburn MA 01801
Telephone (800) 694-7254

SBLI[®]
— SINCE 1907 —

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance producer or company to help you. A producer can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance producer or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the producer or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your producer or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance and cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period — even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the producer or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustrations are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build up quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The producer or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



The Savings Bank Mutual Life Insurance

**Company of Massachusetts
One Linscott Road
Woburn, Massachusetts 01801
Telephone 781-938-3500**

Sample Policy

LIFE INSURANCE POLICY

Sample Policy
1 Linscott Rd
Woburn, MA 01898



THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

Home Office: 1 Linscott Road, Woburn, MA 01801

Telephone: 781-938-3500 800-694-7254

www.sbli.com

The Savings Bank Mutual Life Insurance Company of Massachusetts (hereinafter called: "the Company," "we," "our," or "us") agrees to pay the Death Benefit to the Beneficiary, subject to the conditions and provisions of this Policy, upon the death of the Insured if such death occurs while this Policy is In Force.

The Death Benefit will be payable upon receipt at our Home Office of Due Proof of the Death of the Insured. This Policy is issued by us in consideration of the Application (and any amendments thereto) and receipt of payment of the premium(s) as described within the Policy.

READ YOUR POLICY CAREFULLY

This is a legal contract between the Owner (hereinafter referred to as "you", "your" or "Owner") and the Company.

RIGHT TO EXAMINE THIS POLICY:

This Policy may be returned within 20 days (30 days if Policy is a replacement) after you receive it by delivering it or mailing it to us at the address above or by returning it to the agent or agency office through which it was delivered. Upon such delivery or mailing, the Policy will be deemed void from the beginning. Any premium(s) including any fees or charges received by us will be refunded to you.

To obtain information about this policy or for assistance in resolving complaints, please call 800-694-7254.

This Policy is signed by us at our Home Office on the Issue Date.

President

Secretary

Level Premium Term - 30 Years, a CONVERTIBLE TERM LIFE INSURANCE POLICY

Premiums Payable Until Expiry Date

Annually Renewable to Expiry Date

Nonparticipating - not eligible for dividends

Benefits, premiums, and the risk classification are shown in the Policy Specifications Section

THIS POLICY IS NOT A FEDERALLY INSURED DEPOSIT AND IS NOT AN OBLIGATION OF, NOR IS IT GUARANTEED BY, ANY FEDERALLY INSURED BANK.

TABLE OF CONTENTS

	SECTION
POLICY SPECIFICATIONS	1
DEFINITIONS	2
GENERAL PROVISIONS	3
DEATH BENEFIT	4
PREMIUM PAYMENTS AND REINSTATEMENT	5
OWNER, ASSIGNMENT, BENEFICIARY	6
OWNER'S BENEFITS	7
RIDERS	
ENDORSEMENTS	
APPLICATION	

1. POLICY SPECIFICATIONS

Insured:	Sample Policy	Policy Number:	609411764
Face Amount:	\$500,000	Risk Classification:	Elite
Minimum Face Amount:	\$100,000		
Age at Issue:	31	Expiration Date:	December 6, 2076
Sex:	Male	End of Conversion Period	December 6, 2052
Issue Date:	December 6, 2022	Frequency:	Monthly
Policy Date:	December 6, 2022	Initial Premium:	\$65.16
Issue State:	Massachusetts - Insurance Department Tel # 617-521-7794		
Plan:	Level Premium Term - 30 Years Annually renewable to Age 85 thereafter		
Owner:	Sample Policy (may be subsequently changed)		
Beneficiary:	Refer to Application, unless subsequently changed.		
Attachments:	Insured's Application and any riders, amendments, questionnaires, and endorsements.		

Schedule of Benefits and Premiums

Benefit	Initial Annual Premium
Base Policy	\$500.00*
Riders	\$249.00
Total Initial Annual Premium	\$749.00

*See enclosed Premium Schedule for a complete list of Annual Premiums after the level premium term period.

Premiums if payable other than Annually:

Frequency	Modal Factor	Total Initial Modal Premium	Times Payable per year	Total Initial Annual Payment
Semi-Annual	0.510	\$381.99	2	\$763.98
Quarterly	0.260	\$194.74	4	\$778.96
Monthly	0.08700	\$65.16	12	\$781.92

ALL AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUMS" INCLUDE THE PREMIUMS FOR EACH RIDER. THE "TOTAL PREMIUMS" WILL BE REDUCED BY THE AMOUNT OF THE PREMIUM FOR THE RIDERS UPON TERMINATION OF THE RIDERS.

POLICY SPECIFICATIONS (continued)

PREMIUM SCHEDULE

Total Annual Guaranteed Premiums

Policy # 609411764

Insured: Sample Policy

Policy Year	Insured's Attained Age	Total Annual Premium	Policy Year	Insured's Attained Age	Total Annual Premium	Policy Year	Insured's Attained Age	Total Annual Premium
1	31	\$749.00	20	50	\$749.00	39	69	\$38,279.00
2	32	\$749.00	21	51	\$749.00	40	70	\$42,795.00
3	33	\$749.00	22	52	\$749.00	41	71	\$48,470.00
4	34	\$749.00	23	53	\$749.00	42	72	\$55,285.00
5	35	\$749.00	24	54	\$629.00	43	73	\$63,285.00
6	36	\$749.00	25	55	\$629.00	44	74	\$72,500.00
7	37	\$749.00	26	56	\$629.00	45	75	\$82,890.00
8	38	\$749.00	27	57	\$629.00	46	76	\$94,455.00
9	39	\$749.00	28	58	\$629.00	47	77	\$107,345.00
10	40	\$749.00	29	59	\$629.00	48	78	\$121,825.00
11	41	\$749.00	30	60	\$629.00	49	79	\$138,520.00
12	42	\$749.00	31	61	\$16,624.00	50	80	\$157,920.00
13	43	\$749.00	32	62	\$18,459.00	51	81	\$174,680.00
14	44	\$749.00	33	63	\$19,794.00	52	82	\$199,085.00
15	45	\$749.00	34	64	\$22,144.00	53	83	\$227,665.00
16	46	\$749.00	35	65	\$24,714.00	54	84	\$261,010.00
17	47	\$749.00	36	66	\$27,509.00	55	85	Policy Expiry
18	48	\$749.00	37	67	\$30,514.00			
19	49	\$749.00	38	68	\$33,874.00			

The above Total Annual Premiums include:

\$50.00 Annual Policy Fee

Base Policy Premium

Riders

Instead of being paid annually, premiums may be paid semi-annually, quarterly or monthly. See Automatic Payment Plan provision within this policy for monthly payments. Installments may be determined from the total annual premium by applying the modal factors listed in the Policy Specifications.

Premiums are not payable past the Expiration Date. If the Insured lives to the Expiration Date, this Policy will terminate and all insurance coverage will cease.

POLICY SPECIFICATIONS (Continued)

RIDER SPECIFICATIONS

ACCELERATED DEATH BENEFIT RIDER

The Accelerated Death Benefit Rider allows a portion of the Policy Benefit Amount to be paid to the Owner of the Policy. We require a completed claim form and a Physician's Statement that the Insured has a medical condition that will result in death within the Qualifying Period of Life Expectancy. Please refer to your Accelerated Death Benefit Rider for more details.

Rider Effective Date	December 6, 2022
Qualifying Period of Life Expectancy	12 Months or less
Maximum Policy Benefit Amount Available for Acceleration	50% of the Policy Benefit Amount as stated in the Rider, or \$250,000, whichever is less
Maximum Administrative Expense Charge	\$150.00

ACCIDENTAL DEATH BENEFIT RIDER

The Accidental Death Benefit Rider provides an additional death benefit should the Insured die as a result of an accident. Certain exclusions apply. Please refer to your Accidental Death Benefit Rider for more details.

Amount of Accidental Death benefit	\$150,000
Rider Expiry Date	The Policy anniversary nearest to the Insured's Age 70.

CHILD LEVEL TERM INSURANCE RIDER

The Rider Benefit Amount, less any applicable adjustments, will be paid to you upon the death of an Insured Child, unless the cause of death was suicide within the Contestability period. Please refer to your Child Level Term Insurance Rider for more details.

Rider Effective Date	December 6, 2022
Rider Benefit Amount	\$10,000
Rider End Date	December 6, 2045

INSURED CHILDREN	DATE OF BIRTH	SEX
Sample Kid	December 12, 2019	Female

CHARITABLE GIVING BENEFIT RIDER

The Charitable Giving Benefit Rider pays the Charitable Gift Amount to the charity of the Owner's choosing upon the death of the Insured.

Charitable Gift Amount	0.50% of the Policy Face Amount
Charitable Beneficiary	

UNEMPLOYMENT WAIVER OF PREMIUM RIDER

The Unemployment Waiver of Premium Rider waives the premiums due under this Policy for one six-month period if the insured becomes unemployed during the time this Policy is In Force. Please refer to your Unemployment Waiver of Premium Rider for more details.

2. DEFINITIONS

Age

Age means, on any given date, the Age of the Insured on his or her nearest birthday.

Application

Your Application for this Policy and any additional document used to provide Evidence of Insurability to apply for this insurance or any reinstated coverage, a copy of which is attached hereto and incorporated herein.

Beneficiary

A Beneficiary is any party named within our records to receive insurance proceeds when the Insured dies.

Due Proof of Death

Due proof of death refers to evidence that death has occurred. It may include a certified copy of a certificate of death. It may also be the statement of an attending physician, a finding from a court of competent jurisdiction, or any other proof that is acceptable to us.

Evidence of Insurability

Evidence of Insurability refers to proof satisfactory to us that an insured is an acceptable risk for insurance coverage.

Face Amount

The Face Amount is shown in the Policy Specifications. It is the amount of life insurance provided as of the Policy Issue date. The actual amount payable in the event of death may be different, as described under the provisions in this Policy.

In Force

In Force refers to the status of the insurance coverage provided under this Policy. It means that the Policy has been issued, premiums are current and coverage is in place.

Irrevocable Beneficiary

Irrevocable Beneficiary refers to a Beneficiary whose interest cannot be changed without his or her consent.

Issue Date

Issue Date is shown in the Policy Specifications, and means the date from which the Suicide and Incontestability provisions of this Policy are applied.

Monthly Process Date

Monthly Process Date is the same day of each month as the Issue Date.

Policy

This life insurance contract, including the attached Application, any supplemental Applications, any riders and any endorsements.

Policy Date

Policy Date is shown in the Policy Specifications. Premiums are calculated from the Policy Date. Policy months and years are determined from the Policy Date.

3. GENERAL PROVISIONS

Entire Contract

Your entire contract with us consists of:

- This Policy;
- The attached Application and any supplemental Applications;
- Attached riders and rider Applications, if any;
- Endorsements attached to this Policy, if any;
- Any amendments attached to this Policy, if any; and
- Any other forms attached to this Policy, if any.

Additional written requests or Applications for Policy changes may be submitted to us after issue and may become part of this Policy. Any Application, amendments or questionnaires for reinstatement will become part of this Policy if the reinstatement is approved by us.

Statements

We rely on all statements made by or for the Insured in the written Application. Each statement made in an Application will, in the absence of fraud, be deemed a representation and not a warranty. No statement will be used to void this Policy or in defense of a claim under this Policy unless:

1. It is contained in the Application or in a supplemental Application; and
2. A copy of that Application is attached to this Policy when issued or made a part of this Policy when changes become effective.

Policy Changes

We reserve the right to make any change to the provisions of this Policy to comply with, or give you the benefit of, any requirement of the Internal Revenue Code. We will provide you with a copy of any such change, and file such a change, if required, with the insurance supervisory official of the state in which the Policy is delivered.

Only the President, Executive Vice President, a Senior Vice President, or the Secretary of the Company may, on our behalf, change, modify, or waive any provisions of this Policy. Any changes, modifications, or waivers must be in writing. No agent or person other than the above named officers has the authority to change or modify this Policy or waive any of its provisions. We have the right to correct any clerical errors in this Policy, or in our administration of this Policy.

Nonparticipating

This Policy does not pay dividends.

Conformity with Interstate Insurance Product Regulation Commission Standards

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission ("IIPRC"). It was issued under IIPRC standards. Any provision of this Policy that on the effective date of the provision is in conflict with IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the effective date of the provision.

Suicide Exclusion

If the Insured, whether sane or insane, dies as a result of a suicide within two years from the Issue Date or within two years from any reinstatement of this Policy and while this Policy is In Force, this Policy will automatically terminate. Our liability will then be limited to an amount equal to the return of premiums received under this Policy, less any acceleration of death benefit, if any, on the date of death.

If this Policy was issued as the result of the exercise of an option given in another policy and proof of insurability was not required, the suicide period applicable to the coverage resulting from the option exercise will end at the same time as it would have under the original policy.

Incontestability

In the absence of fraud when permitted by applicable law in the state where this Policy is delivered or issued for delivery, this Policy shall be incontestable after it has been In Force during the lifetime of the Insured for two years from the Issue Date, except for nonpayment of premium.

In the case of reinstatement, this Policy shall be incontestable after it has been In Force during the lifetime of the Insured for two years from the date of reinstatement, except for nonpayment of premium. During this contestable period only statements in the reinstatement Application may be used to contest, unless the original contestable period has not expired. In the case of any other Policy change requiring Evidence of Insurability, the incontestable period shall be two years from the effective date of such Policy change. During this contestable period only statements in the Application for the request for the Policy change may be used to contest, unless the original contestable period has not expired. The contest will be limited to the applied for change. Any premium payment which we accept subject to insurability shall be deemed a Policy change for purposes of this section.

While insurance is contestable, we may either rescind the insurance or deny a claim or adjust the Death Benefit on the basis of:

1. A material misstatement in the Application or supplemental Application for this Policy;
2. A material misstatement in the reinstatement Application if there has been a reinstatement of this Policy;
3. A material misstatement in the Application for a request for a Policy change requiring Evidence of Insurability.

If this Policy was issued as the result of the exercise of an option given in another policy and proof of insurability was not required, the contestable period applicable to the coverage resulting from the option exercise will end at the same time as it would have under the original policy.

If we contest the validity of all or a portion of the Death Benefit provided under this Policy, the amount we pay with respect to the contested amount will be limited to the return of any paid premium required by us for the contested amount.

Misstatement of Age or Sex

If the Age or sex of the Insured has been misstated, the benefits under this Policy will be those which the most recent premium paid would have purchased at the correct Age and sex. The amounts will be based on our rates in effect on the Policy Date.

Termination of Coverage

The coverage under this Policy will terminate on the earliest of:

1. The date of death of the Insured;
2. The expiration of the Grace Period for any unpaid premium, except as otherwise provided;
3. The date we acknowledge receipt of your written request to cancel this Policy;
4. The Expiration Date listed in the Policy Specifications.

4. DEATH BENEFIT

Face Amount

The Face Amount is shown in the Policy Specifications, and is used in determining the Death Benefit under this Policy.

You may request a reduction in Face Amount at any time after this Policy's first anniversary without additional Evidence of Insurability provided this Policy is In Force and the remaining Face Amount is not less than the Minimum Face Amount shown in the Policy Specifications. Premiums will be adjusted accordingly. Any reduction in premium may not necessarily be proportionate to the reduction in Face Amount. The reduction in Face Amount will be effective the next Policy Monthly Process Date following our approval of your request.

Increases in Face Amount are not allowed under this Policy.

Death Benefit

If the Insured dies while this Policy is In Force we will pay the Death Benefit in a lump sum upon receipt of Due Proof of Death of the Insured, subject to any applicable provisions of this Policy. The Death Benefit at the death of the Insured is

equal to the Face Amount in effect on the date of death of the Insured, plus any insurance then in effect on the life of the Insured that is provided by any riders, plus or minus any premium adjustments, and less any acceleration of death benefit, if any. We will pay interest on any Death Benefit paid in accordance with the Interest on Proceeds provision below. We will refund any premiums received beyond the date of death.

Interest on Proceeds

Interest shall accrue and be payable from the date of death to the date of payment. The interest rate used shall be the rate paid by us for funds left on deposit with us as of the date of death.

Additional interest at a rate of 10% annually shall accrue beginning with the date that is 31 calendar days from the latest of items (1), (2), and (3) to the date the claim is paid, where:

- (1) Is the date that Due Proof of Death is received by us;
- (2) Is the date we receive sufficient information to determine liability, the extent of liability, and the appropriate payee legally entitled to the proceeds; and
- (3) Is the date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us.

Legal impediments to payment include, but are not limited to:

- (a) The establishment of guardianships;
- (b) The establishment of conservatorships;
- (c) The appointment and qualification of trustees, executors and administrators; and
- (d) The submission of information required to satisfy state and federal reporting requirements.

5. PREMIUM PAYMENTS AND REINSTATEMENT

Premium

The amount of each annual premium can be found in the Premium Schedule. No insurance coverage under this Policy will take effect until our underwriters approve issuance of this Policy and the conditions specified in the Application form have been satisfied. The first premium is due on the Issue Date and the Insured must be alive when it is paid. Thereafter all premiums are payable in advance on each Policy anniversary at our Home Office at the address on the cover page of this Policy.

You may select, upon written request, a mode of premium payment other than annually, including semiannually, quarterly or monthly. See the Automatic Payment Plan provision below for monthly payments. The amount of each modal premium payment can be determined by applying the modal factors listed in the Policy Specifications, to the total annual premium.

Automatic Payment Plan

You may give us a completed request for enrollment in the Automatic Payment Plan (the "Plan"). While you maintain the Plan with us, premiums may be paid once, twice, four times a year, or monthly. If we approve the request, the Plan provides for the payment of amounts due under this Policy by electronic debit entries. The debit entries will be to the checking or savings account of the Owner.

We have the right to require a minimum debit amount if the monthly mode is selected. Monthly debit amounts may be determined from the Total Annual Premium by multiplying the annual premium by the applicable modal factor listed in the Policy Specifications. If the Plan starts on the Issue Date, the date of the first debit to your account will be determined by the date of approval of the Application for insurance attached to this Policy. If this Policy is backdated pursuant to your signed Application, a debit may be made for each payment due up to the then current modal period.

We have the right to terminate the Plan at any time, in which case we will provide advance Written Notice. A partial premium may be due for the time from the then current paid-to date to the start of the next regular premium period.

This provision does not modify any other Policy provision or rider. Nothing in this provision relieves you of the need to make payments when due.

Grace Period

A Grace Period of 31 days will be allowed for the payment of any premiums, except for (i) the initial premium to put this Policy In Force or (ii) any payment necessary to reinstate this Policy. If a premium is not paid at the end of the Grace Period, the Policy will lapse (i.e. terminate) without value as of the due date of the unpaid premium. During the Grace Period, the insurance remains in effect unless surrendered. If the Insured dies during the Grace Period, the Death Benefit payable will be reduced by any due and unpaid premium existing under this Policy. Any payments sent by U.S. mail and postmarked within the Grace Period shall be treated as received by us within the Grace Period. Unless a rider provides otherwise, no riders will be in effect after this Policy lapses.

Reinstatement

If this Policy lapses in accordance with the Grace Period provision, you may reinstate this Policy during the reinstatement period, provided the Insured is still alive. We may consider reinstatement of the Policy and any Riders on a separate basis. The reinstatement period is three years from the date of lapse. We require receipt of a written application within the reinstatement period showing Evidence of Insurability acceptable to us. If the Policy lapses during the Level Premium Term period, we also require all overdue premiums, with interest at 6% per year compounded yearly from the date each overdue premium was due to the date of reinstatement, plus our receipt of the next modal premium payment. If the Policy lapses after the Level Premium Term Period, we require one month's premium at the Insured's Attained Age at lapse, with interest at 6% per year compounded yearly from the date the overdue premium was due to the date of reinstatement, plus our receipt of the next modal premium payment.

The Insured must be alive on the date we approve the request for any reinstatement. If the insured is not alive, such approval is void.

Neither this Policy nor any rider can be reinstated if we have received from you a written request to cancel this Policy.

Upon completion of all the above requirements, the Policy will be reinstated with the same Expiration Date as is shown in the Policy Specifications.

The reinstated policy and/or any riders will be contestable in accordance with the Incontestability provision.

Policy Renewal

Subject to the continued timely payment of premiums due, we will renew this Policy each year as one year renewable term insurance to the Expiration Date shown in the Policy Specifications. We will not require new Evidence of Insurability. Renewal will occur only if all premiums have been paid to the renewal date. The renewal date is each Policy anniversary. Premiums for each one year renewal will be as shown in the Policy Specifications. Renewal premiums shall be subject to a grace period.

6. OWNER, ASSIGNMENT, BENEFICIARY

Owner

The original Owner of this Policy is the Insured. While the Insured is living, you may exercise all rights and privileges provided under this Policy. While the Insured is living, you may make a written request to change the Owner. Unless you specify a later date, a change of Owner will take effect as of the date you sign the Written Notice. A change will take effect whether or not you or the Insured is alive on the date we receive the Written Notice. The changes will not affect the interest of any Beneficiary, nor will they affect the interest of any party to whom this Policy has been transferred as collateral security. However, we will not be liable for any payments made to or other actions taken prior to acknowledging the Written Notice of the change in Owner.

If there is more than one Owner, all Owners must exercise the rights of ownership by joint action. At the death of the Owner, his or her estate will be the Owner unless a successor Owner has been named.

The rights of the Owner will end at the death of the Insured, except as provided in the Beneficiary provision.

At time of payment of benefits, we can rely on an affidavit of any Owner or other responsible person to determine family relations or members of a class.

Assignment

Subject to the limitations described below, you can assign this Policy. No assignment of this Policy will be binding on us unless it is in writing, signed, and on file with us at our Home Office. We will not be responsible for the legal effects, validity, or sufficiency of any assignment. Once we receive a signed copy, the rights of the Owner and the interest of any Beneficiary (other than an Irrevocable Beneficiary named by the Owner before the assignment) or any other person will be subject to the assignment. Unless you specify a later date, the assignment shall take effect on the date the notice of assignment is signed by you, subject to any payments made or actions taken by us prior to acknowledging the notice. We will not be liable for any payments made or actions taken before Written Notice of any assignment is acknowledged by us. We will not be responsible for determining whether an assignment is valid.

You may, with the consent of any Irrevocable Beneficiary, assign this Policy as collateral security for a loan or other obligation. A collateral assignment will not cause a change of ownership. However, the rights of any Owner, Beneficiary, or other payee will be subject to the terms of the collateral assignment. A duplicate copy of the transfer must be filed with us.

Beneficiary

A Beneficiary is any party named within our records to receive insurance proceeds when the Insured dies. The original Beneficiary is named in the attached insurance Application. You may name contingent Beneficiaries. The interest of any Beneficiary who predeceases the Insured will pass to any contingent Beneficiaries who have survived the Insured according to their respective interests. If no Beneficiary survives the Insured or no Beneficiary is named, the proceeds will be paid in one sum to you, if living, otherwise to your estate.

There may be more than one Beneficiary in a particular class. If so, those named in a particular class will share the proceeds equally, unless you specify otherwise. You may change the Beneficiary at any time while the Insured is living. To do so, you must notify us in a written form. When we receive the request, unless you specify a later date, the change in Beneficiary shall take effect on the date the notice is signed by you, subject to any payments made or actions taken by us prior to acknowledging the change. We will not be liable for any payments made or actions taken before such change is acknowledged by us. If the Insured dies between the date of signing and the date of receipt, the change will still take effect. However, any payment made by us before acknowledging the request will discharge us to the extent of such payment.

Any Beneficiary may be named as an Irrevocable Beneficiary. The rights of an Irrevocable Beneficiary cannot be changed without his or her consent. You can exercise all Policy rights without the consent of Beneficiaries except Irrevocable Beneficiaries.

Beneficiaries who are not Irrevocable have no rights in this Policy until the Insured dies. The rights or benefits of a Beneficiary when the Insured dies are subject to the rights of anyone to whom this Policy has been transferred as collateral security.

7. THE OWNER'S BENEFITS

Improvement in Risk Classification

You may request that we improve the Policy's risk classification, if eligible. We will allow an improvement in risk classification if available, and if we receive evidence satisfactory to us that the Insured's health has improved. A change in risk classification will be subject to the following conditions:

1. You may be required to pay for any evidence we may need to establish the Insured's health;
2. Any evidence we may require must be provided by a Company approved medical examiner.

A new policy will not be issued. However, new Policy Specifications will be provided to you.

Conversion

Subject to the terms of this Policy, you have the right, upon written request, to convert all or part of the Face Amount of this Policy without Evidence of Insurability to a new policy on the life of the same Insured under this Policy to a different plan of insurance. To convert this Policy, you must return it to us at our Home Office. Conversion must be exercised while this Policy is In Force, but no later than the End of Conversion Period shown in the Policy Specifications. If you elect to convert all of the Face Amount of this Policy, coverage under this Policy will terminate. If you elect to convert part of the Face Amount of this Policy, coverage will be reduced by the amount of coverage converted, subject to the Minimum Face Amount, and premiums will be adjusted accordingly. Any reduction in premium may not necessarily be proportionate to the reduction in Face Amount.

Except as provided, the new policy may be any permanent life insurance policy we make available for conversion purposes at the time of conversion. The new policy will be issued with a Policy Date that is the same as the date we surrender this policy for its conversion ("conversion date"). This Policy cannot be converted after it has terminated.

The new policy will:

1. be for a face amount not in excess of the coverage amount provided by this Policy on the conversion date;
2. be for a face amount not less than the minimum coverage amount we then offer under the new policy;
3. be based on the Age of the Insured on the conversion date;
4. have premiums based on the Age of the Insured and the rates in use by us on the conversion date;
5. be in the same risk classification as this Policy or, if not available, the risk classification available that is most comparable to this one;
6. have an Issue Date that is the same as the conversion date;
7. if applicable, include riders providing benefits in the event of total disability if:
 - a) the benefit is In Force under this policy on the conversion date;
 - b) such benefit is available with new policies at the then current Age of the Insured; and
 - c) the Insured is not totally disabled at the time of conversion.

The incontestability and suicide provisions of the new policy attributed to the coverage converted will run from the date of this original Policy.

Any person to whom this Policy has been transferred as collateral security must consent to conversion. All Irrevocable Beneficiaries must consent to conversion as well.

The first premium for the new policy is due on the conversion date.

THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

OPTIONAL BENEFITS

CHILD LEVEL TERM LIFE INSURANCE RIDER

The Child Level Term Life Insurance Rider has been added to your Policy. This Rider provides term life insurance coverage for any Insured Children.

Your Child Benefit Amount, Premium and any Insured Children are shown in your Policy Specifications. The Premium for this Rider provides coverage for all Insured Children.

This Rider has no cash value and no loan value. This Rider is non-participating and pays no dividends.

Definitions

Please refer to your Policy for terms not defined below.

Child Benefit Amount means the amount of the benefit this Rider will pay on the death of each Insured Child. The scheduled amount is shown in the Policy Specifications.

In Force means that your Child Level Term Life Insurance Rider has been issued, your Premium has been paid and is current, and your benefits under this Rider are in effect.

Insured Child or Insured Children means a child named in your Policy Specifications who is covered by this Rider. A child may only be insured if the child is the natural, legally adopted, step child, grandchild or great-grandchild of the Primary Insured and is at least 30 days old and less than 17 years old.

Issue Date means the legal start date of your Child Level Term Life Insurance. The Issue Date is the date your first Premium is due.

Policy means the life insurance Policy to which this Rider is attached and made a part of.

Premium refers to the amount you pay for this Rider. This amount is shown in the Policy Specifications.

Primary Insured means the person identified as the Insured under the Policy.

About the Child Level Term Life Insurance Benefit

You will be the beneficiary for the Child Benefit Amount. While this Rider is In Force, we will pay your Child Benefit Amount, less any applicable adjustments, upon Proof of Death of an Insured Child.

Decreases to the Child Benefit Amount are allowed at any time in \$1,000 increments, subject to the minimum amount.

About Covering Additional Children

Additional children not named in your Policy Specifications and unknown to you at the Issue Date of the Policy, may be added to your Policy at any time provided the eligibility requirements for an Insured Child are met.

An application form is required to add additional children. Additional children can be added at no extra cost.

About Converting the Child Level Term Life Insurance to an Individual Policy

An Insured Child may choose to convert their Child Level Term Life Insurance to a new permanent life insurance policy within 31 days of the earlier of:

- The Policy anniversary after the Insured Child turns 25;
- The death of the Primary Insured; or
- The Maturity Date of the Policy.

This new policy will be one that we are issuing at the time of conversion and will be subject to the rates and limits in effect at the time. Conversion acceptance is guaranteed.

In order to convert:

- The Policy must not be under Reduced Paid-Up Insurance;
- Child Level Term Life Insurance must be In Force; and
- An application must be completed and the first Premium paid within 31 days of the events listed above, whichever is earlier.

The new, premium-paying, permanent life insurance policy issue date will be the same as the conversion date.

The Benefit Amount under the new policy may not be greater than the Child Benefit Amount.

The Incontestability and Suicide provisions of the new policy will run from the Effective Date of the coverage for the Insured Child under this Rider.

Contestability

Except for nonpayment of Premium, or in the case of fraud when allowed by the law of the state where this Rider is issued, we can only contest the coverage provided by this Rider on the basis of a material misrepresentation of fact during the lifetime of each Insured Child for the two year period following:

- The Rider Effective Date shown in the Policy Specifications using statements in the Application; or
- The effective date of reinstatement, using statements in the application for reinstatement; or
- The effective date of any policy change which required Evidence of Insurability, using statements in that Evidence of Insurability.

Our liability will be limited to a return of Premium from either the Rider Effective Date, effective date of reinstatement, or the effective date of the policy change.

Misstatement of Age

If the birth date or Age of an Insured Child has been misstated, all your benefits and our obligations regarding each Insured Child will be consistent with his or her correct birthdate or Age.

Suicide

Suicide of the Primary Insured

If the Primary Insured commits suicide, while sane or insane, during the first two years from the Rider Effective Date, this Rider will end. Our liability under this Rider will be limited to the return of any Premium received by us for this Rider. This amount will be included in any amount paid under the Policy because of the suicide of the Primary Insured.

Suicide of an Insured Child

If an Insured Child commits suicide, while sane or insane, within two years of the effective date of coverage for that Insured Child, we will refund half of the Premium paid for this Rider to date. The Rider will continue with regard to any other Insured Children.

About When Coverage Begins and Ends

Start Date

The start date of this Rider will be the same as the Issue Date of the Policy unless a later Rider Effective Date is shown on the Policy Specifications.

End Date

Coverage for each Insured Child will continue until the earlier of:

- The Policy anniversary after the Insured Child turns 25;
- The Insured Child dies;
- Your Policy or Child Level Term Life Insurance Lapses;
- You cancel your Policy;
- You cancel or convert Child Level Term Life Insurance; or

- The Primary Insured dies.

We will return any identifiable unearned premium for this Rider upon the death of the Primary Insured.

Reinstatement

If this Rider has Lapsed for nonpayment of Premiums, coverage may be reinstated as a part of, and under the same conditions as, the Policy. This Rider will not be reinstated for any other reason.

These provisions will apply in place of any conflicting provisions in your Policy.

Matthew C. Pagan III

Secretary

THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

ACCIDENTAL DEATH BENEFIT RIDER

This Rider provides benefits upon the Accidental Death of the Insured

PLEASE READ THIS RIDER CAREFULLY PROVISIONS MAY DIFFER FROM THOSE IN THE POLICY

This Rider Is a Part of this Policy

This Rider is attached to and made part of the Policy. It is issued in consideration of the written application from the Policy Owner and payment of the required initial premium. The provisions of this Rider apply in lieu of any Policy provisions to the contrary. This Rider has no cash value or loan value. This Rider pays no dividends.

The Issue Date - Anniversaries

The Rider Issue Date is the Policy Issue Date. In this Rider, Anniversary means the Policy Anniversary.

Non-Convertible

This Rider is not convertible

Benefit

If the Insured's Accidental Death occurs while the Policy and this Rider are in force, we will pay the Accidental Death Benefit to the Beneficiary of the Policy:

- In addition to Policy Proceeds otherwise payable; and
- In the same manner as we pay Policy Proceeds.

Payment will be made when due proof of the Insured's Accidental Death is received by us.

Accidental Death

Accidental Death is death that resulted, directly and independently of all other causes, from an accidental bodily injury received while this Rider is in force and occurred within 180 days of the accidental bodily injury.

Accidental bodily injury means bodily harm which:

- a. Is the direct result of an accident or trauma that occurs while this Rider is in force
- b. Results in death independently of sickness and all other causes (other than sickness caused by the injury)

We, us, our

"We", "us" and "our" refers to The Savings Bank Mutual Life Insurance Company of Massachusetts.

Insured, Owner

Insured means only the Insured under the Policy to which this Rider is attached. It does not include any other individuals covered under other riders that may be attached to the Policy.

Owner means the Owner under the Policy to which this Rider is attached and may be referred to as "you", "your" or "owner".

Amount of Accidental Death Benefit

The Amount of the Accidental Death Benefit under this Rider is shown in the Policy Specifications.

The amount of the benefit may be reduced by the Owner. This is done by notifying us in a form we provide. The consent of any Irrevocable Beneficiary and any Assignee of record is needed. The reduction will take effect as of the date the request is received by us.

The amount of the benefit under this Rider may not be increased.

Premiums for this Rider

The premiums for this Rider are shown in the Policy Specifications. Premiums for this Rider are due and payable on the same dates, frequency and manner as for the Policy. Premiums are to be paid to the Rider Termination.

Incontestability

In the absence of fraud where permitted by applicable law in the state where the Policy is delivered or issued for delivery, we will not contest this Rider after it has been in effect during the lifetime of the Insured for two years from: (a) the Rider Effective Date; or (b) the effective date of any Reinstatement. The only exception may be if premiums are not paid when due.

Exclusions

Accidental Death DOES NOT include death caused by, contributed to by, or resulting directly or indirectly, wholly or in part, from any of the following:

- Death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- An infection not occurring as a direct result or consequence of the accidental bodily injury;
- Death caused or contributed to by suicide or any attempted suicide, or self-inflicted injury, while sane or insane;
- Death caused or contributed to by travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
- Death caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
- Death caused or contributed to by active participation in a riot, insurrection or terrorist activity;
- Death occurring while the Insured is incarcerated;
- Death caused or contributed to by committing or attempting to commit a felony;
- Death caused or materially contributed to by voluntary intake or use by any means of:
 - (i) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's written instructions, or;
 - (ii) Any poison, gas or fumes, unless a direct result of an occupational accident;
- Death caused or contributed to by intoxication as defined by the jurisdiction where the accidental bodily injury occurred;
- Death caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- Death occurring before the Insured's first birthday;
- Death caused or materially contributed to by participation in an illegal occupation or activity;
- Death caused or contributed to by bungee jumping, rock or mountain climbing, or aeronautics (hang-gliding, skydiving, parachuting, ultra-light, soaring, ballooning and parasailing) or any other hazardous sport or avocation.
- Death caused or contributed to by "war", declared or undeclared, or any "act of war".

Proof of Accidental Death

We must receive proof that the cause of death was accidental as stated above. Proof may consist of a certified death certificate indicating the cause and manner of death, an attending physician's statement, or an autopsy report.

We reserve the right to have the Insured's body examined. Unless prohibited by law we reserve the right to request an autopsy performed at our expense.

Limited Benefit in Case of Suicide

If the Insured, whether sane or insane, dies as a result of a suicide within two years from the Rider Issue Date or within two years from any reinstatement and while the Rider is In Force, this Rider will automatically terminate.

Our liability will then be limited to an amount equal to the return of premiums received under this Rider. This amount will be included in the amount paid under the Policy because of the suicide of the Insured.

Termination

The benefits provided by this Rider will terminate on the earliest of any of the following dates:

- (a) The Rider Expiry Date as shown in the Policy Specifications.
- (b) The date this Rider lapses according to the Grace Period provision of the Policy.
- (c) The date the policy matures, is surrendered or is continued under any Nonforfeiture Option.
- (d) The date of death of the Insured.
- (e) The date we receive a written request from the Owner to terminate this Rider.

Termination of this Rider shall not prejudice the payment of benefits for any accident that occurred while the Rider was in force.

Any premium paid for any period after the date of termination of this Rider will be refunded.

REINSTATEMENT

This Rider may be reinstated as part of, at the same time, and under the same conditions, as the Policy if it lapsed due to non-payment of the Policy's premium.

This Rider will not be reinstated if the date of Reinstatement would be on or after the Rider Expiration Date.

Misstatement of Age or Sex

If the Age or Sex of the Insured has been misstated, the benefits under this Policy will be those which the most recent premium paid would have purchased at the correct Age and Sex. The amounts will be based on our rates in effect on the Policy Date.

By:



Secretary

THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

OPTIONAL BENEFITS

CHARITABLE GIVING BENEFIT RIDER

The Charitable Giving Benefit Rider has been added to your Policy. This Rider provides a gift based on the Policy Face Amount to the named Charitable Beneficiary. The Charitable Gift Amount and Charitable Beneficiary are shown in the Policy Specifications.

This Rider has no cash value and no loan value. This Rider is non-participating and pays no dividends.

Charitable Gift Benefit

If the Policy Death Benefit becomes payable while this Rider is In Force, the Charitable Gift Amount will be paid to the Charitable Beneficiary.

Charitable Beneficiary

The Charitable Beneficiary may be any organization considered exempt from federal taxation under Section 501(c) of the Internal Revenue Code and is listed in Section 170(c) of the Internal Revenue Code as an authorized recipient of charitable contributions. If the Charitable Beneficiary is not in existence at the time the Charitable Gift Amount is payable, the Owner (or the Owner's estate representative, if the Owner is the Insured) will name a new Charitable Beneficiary to whom the Charitable Gift Amount will be payable.

Rider Cost and Availability

There is no cost for this Rider. This Rider will be issued as an attachment to your Policy if your Face Amount is an amount that meets our underwriting guidelines for issuance of this Rider. You must exercise the option to attach this Rider to your Policy at the time you first become eligible for this Rider.

Changes

The Charitable Gift Amount will change proportionally if a requested increase or decrease in the Policy Face Amount is processed. The Charitable Beneficiary may be changed by written request. The change will take effect on the date we approve the request.

The Accelerated Death Benefits Rider

The Charitable Gift Amount associated with this rider is not available upon acceleration of the Policy Face Amount due to any Accelerated Death Benefits Rider attached.

When Coverage Begins and Ends

Start Date

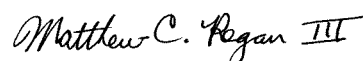
The start date of this Rider will be the same as the Issue Date of the Policy unless a later Rider Effective Date is shown in the Policy Specifications.

End Date

This Rider and all benefits provided under it will end on the earliest of any of the following dates:

- the date we process a Face Amount decrease which lowers the Face Amount to a level at which you would have been ineligible for this Rider pursuant to our underwriting guidelines in effect at the time of the decrease;
- The date the Policy ends for any reason stated in the Policy; or
- The date you request the end of this Rider In Writing.

These provisions will apply in place of any conflicting provisions in your Policy.



Secretary

THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

OPTIONAL BENEFITS

ACCELERATED DEATH BENEFIT RIDER

This Rider provides for an Accelerated Benefit payment of life insurance proceeds. It is not intended nor designed to provide health, nursing home, or long-term care insurance.

Payment of the Accelerated Benefit creates a lien against the Policy equal to the amount of the Accelerated Benefit. The Policy Benefit paid upon the Insured's death and the Cash Surrender Value will be reduced by this lien.

The Accelerated Benefit offered under this Rider is intended to qualify under Internal Revenue Code (IRC) section 101(g) as an accelerated death benefit on the life of a terminally ill individual. It may or may not qualify for favorable tax treatment under IRC. You are advised to consult with a qualified tax advisor.

This Accelerated Benefit payment may affect you, your spouse or your family's eligibility for public assistance programs. You may lose your right to receive financial assistance from Medicare, Medicaid, Social Security, Supplementary Social Security Income (SSI), Aid to Families with Dependent Children (AFDC) and possibly others. You are advised to consult with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

If you do not exercise the benefits of this Rider, it will not affect your Policy.

The Accelerated Death Benefit Rider has been added to your Policy. This Rider allows a portion of the Policy Benefit to be paid to you or to your estate while the Insured is still alive as stated below.

This Rider has no cash value and no loan value. This Rider pays no dividends.

Definitions

Please refer to your Policy for terms not defined below.

Accelerated Benefit Amount means the portion of the Policy Benefit which may be paid before the death of the Insured under the conditions of this Rider. The scheduled amount is shown in the Policy Specifications.

Immediate Family means the spouse, domestic partner, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the Insured. This includes natural, adopted or step relatives.

In Force means that your Accelerated Death Benefit Rider has been issued and your benefits under the Policy and this Rider are in effect.

Insured means the person named in the Policy Specifications who is covered by the Policy and this Rider.

Owner means the Owner of the Policy to which this Rider is attached and made a part of.

Policy means the life insurance Policy to which this Rider is attached and made a part of.

Policy Benefit is the Policy Benefit provided by the Policy. It does not include:

- any Accidental Death Benefits;
- the Benefit of any other riders; or
- any benefits payable upon the death of any person other than the Insured.

Physician means a person who is licensed to practice medicine in the state in which the treatment is received. Physician does not include:

- the Owner;

- the Insured;
- any Immediate Family member;
- any person who lives with the Owner or Insured;
- any employee of the Owner or Insured; or
- a member of the Owner's or Insured's business.

Physician's Statement means a written statement acceptable to us and signed by a Physician. It gives the physician's diagnosis of the medical condition of the Insured. It also states, with reasonable medical certainty, the Insured is suffering from a Terminal Condition. This statement must take into consideration the ordinary and reasonable medical care, advice and treatment available in the same or similar communities.

Qualifying Period of Life Expectancy means the length of time, expressed in months, when the Insured's medical condition is expected to result in death. The Qualifying Period of Life Expectancy is shown in the Policy Specifications.

Terminal Condition means a medical condition resulting from injury or illness that is reasonably expected to result in the death of the Insured within the Qualifying Period of Life Expectancy from the date of the Physician's Statement. This Terminal Condition must manifest on or after the Issue Date of the Policy.

About the Accelerated Benefit

We require that you make an Accelerated Benefit request In Writing on a form we approve. We will provide a claim form within 15 business days of your request.

At the time we provide the claim form to you, we will also provide:

- a statement demonstrating the effects of the requested payment on the Policy values, and
- a consent form to be signed by you and by any Irrevocable Beneficiary of record and any Assignee of record. With this consent form you agree to the payment of the Accelerated Benefit and the resulting effects on the Policy values and benefits.

If the claim form is not furnished within 15 business days, you may instead submit written proof covering the occurrence, character and the extent of the loss.

The Requirements for Payment of the Accelerated Benefit

We must receive written proof while this Rider is In Force that the Insured is living and has a Terminal Condition. Written proof includes, but is not limited to:

- a properly completed claim form, and
- a Physician's Statement satisfactory to us.

We reserve the right to require, at our expense, an examination by a Physician of our choice to confirm the diagnosis. We also reserve the right to require documents from the Insured's Physician that support the diagnosis. If there is a difference in opinion between the Insured's attending qualified Physician and our Physician as to the diagnosis, we will require that a third opinion be obtained from a Physician acceptable to you and us. This third opinion will be obtained at our expense and will be mutually binding.

The Amount of the Accelerated Benefit

You may request any amount up to the Maximum Policy Benefit Amount Available for Acceleration as shown in the Policy Specifications. From the amount of the Accelerated Benefit we will subtract:

- lien interest to the next Policy anniversary (explained in About the Policy Lien, below);
- any adjustment required because of an outstanding Policy loan (explained in About Accelerated Benefit Limitations below);
- an expense charge, not to exceed the Maximum Administrative Expense Charge shown in the Policy Specifications.

Payment of the Accelerated Benefit

Payment will be made immediately in a single sum by us once the requirements for the payment of the Accelerated Benefit have been met. At the time the Accelerated Benefit is paid to you, we will also provide a statement demonstrating the effects of the payment on the Policy values.

The Accelerated Benefit under this Rider is payable only once, regardless of the subsequent occurrence of the same or a different condition.

About Accelerated Benefit Limitations

We will not make an Accelerated Benefit payment if:

- we do not receive all the Requirements for Payment of the Accelerated Benefit at our Home Office;
- the Policy is continued as extended term insurance on the date payment is to be made;
- the Terminal Condition does not limit the Insured's life expectancy to the Qualifying Period of Life Expectancy;
- the life expectancy of the Insured, as shown in the Physician's Statement, is greater than the length of time from the date the request for payment is received by us to the expiration date of the Policy;
- the Policy is being contested or has been voided because of a successful contest;
- the Terminal Condition results from any self-inflicted injury or attempted suicide; or
- the Policy Benefit has been assigned by you.

We will not allow an Accelerated Benefit payment which would result in the remaining Policy Benefit to be reduced below the minimum in effect for the Policy at the time of issue.

If the Insured dies before an Accelerated Benefit payment is paid, the Policy Benefit will be paid instead.

Required Loan Repayments

A Policy loan repayment may be required if the requested Accelerated Benefit plus the amount of any outstanding Policy Loan exceeds the Policy Cash Value.

If required, the amount of Policy Loan repayment necessary is the smaller amount of:

- The Accelerated Benefit plus the outstanding Policy Loan minus the Policy Cash Value; or
- The amount necessary to repay the Policy Loan in its entirety; or
- The requested Accelerated Benefit.

About the Policy Lien

When an Accelerated Benefit is paid under this Rider, a lien in the amount of the Accelerated Benefit is created against the Policy Benefit. This lien and any interest charged on it will reduce any Policy Benefit paid upon the death of the Insured. Any outstanding lien will continue against the Policy until the lien is repaid or the Policy ends. Establishing the lien may require the repayment of all or part of an outstanding Policy Loan.

Lien Interest Rate

Any lien created under the Policy will be charged interest in advance. Any unpaid lien will accrue interest against the Policy until the lien is repaid, or until the Policy ends. If the outstanding unpaid lien exceeds the Policy's Benefit Amount, the Policy and this Rider will end.

The Lien Interest Rate will be the lesser of:

- the Policy loan interest rate, if any, described in the Policy; and
- the adjustable loan interest rate allowable by law.

The adjustable rate is based on the Moody's Corporate Bond Yield Average published by Moody's or its successor. The rate will be as of the calendar month ending two months before the first day of the month in which the Policy anniversary falls. We will set this adjustable loan rate once at the beginning of each Policy Year, and it will not change until the next Policy anniversary.

Effect on the Policy When a Lien is Outstanding

When a lien is placed on the Policy and it has an outstanding balance, it will affect the Policy in the following ways:

- the Policy Premiums will remain unchanged, they will continue to be due as scheduled in the Policy Specifications;
- any dividends payable will be reduced by any lien balance during the Policy year;
- the Policy's Benefit Amount paid when the Insured dies will be reduced;
- the maximum Loan amount available on the Policy will be reduced;
- the Policy's Cash Surrender Value available will be reduced, affecting, if available:
 - Policy Loans; and
 - cash available upon surrender;
- If the Policy Lapses and continues as extended term insurance:

- the outstanding lien will be deducted from the Cash Surrender Value prior to determining the amount of the extended term insurance;
 - If the Policy Lapses and continues as reduced paid-up insurance:
 - the outstanding lien will not be deducted from the Cash Surrender Value prior to determining the amount of the reduced paid-up insurance; and
 - the outstanding lien will continue in effect on the paid-up insurance.
- However if the outstanding lien exceeds the amount of the reduced paid-up insurance, the Policy will end at that time.
- if the Policy Lapses and is later reinstated, the lien must either be repaid or reinstated.

About When Coverage Ends

End Date

This Rider and all benefits provided under it will end on the earliest of any of the following dates:

- the date the Policy ends for any reason stated in the Policy;
- the date you request the end of this Rider In Writing.

If this Rider ends, the payment of Accelerated Benefits for any qualifying event that occurred while the form was in force shall not be prejudiced.

Reinstatement

If this Rider has Lapsed for nonpayment of Policy Premiums, coverage may be reinstated as a part of, and under the same conditions as, the Policy. This Rider will not be reinstated for any other reason.

Conversion

If the Policy is term insurance which is converted under the Policy's Conversion provision, this Rider may be included on the new policy if the new policy has this Rider available.

These provisions will apply in place of any conflicting provisions in your Policy.

Matthew C. Pagan III

Secretary

THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

OPTIONAL BENEFITS

WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER

The Waiver of Premium for Unemployment Rider has been added to your Policy. This Rider waives the premium due under the Policy if the Insured becomes involuntarily unemployed.

When attached to and made part of your Policy, and its provisions apply in lieu of any Policy provisions to the contrary. This Rider is shown in your Policy Specifications. This Rider has no cash value and no loan value. This Rider is non-participating and pays no dividends.

These provisions will apply in place of any conflicting provisions in your Policy.

Matthew C. Regan III

Secretary

Frequency and Eligibility

This one-time benefit is available beginning nine (9) months after the Policy Issue Date, or nine (9) months following a reinstatement. Premiums are waived under this Rider only once, even if the Insured becomes unemployed a second time.

Waiver of Premium Benefit

We will waive premiums for the Policy, and all riders attached to it, for one six-month period if the Insured becomes involuntarily unemployed while the Policy is In Force.

While premiums are being waived, your Policy and all optional benefits shall remain In Force.

Premiums waived by this Rider shall not be deducted from any proceeds due under the Policy.

Premiums waived under this provision may result in tax consequences to you. Please consult a tax advisor.

Benefit Qualifications

To qualify for this benefit, the Insured must:

1. Become involuntarily unemployed while the Policy and this Rider are in force on a premium paying basis on the date unemployment begins;
2. Be unemployed on the date premium is due under the Policy;
3. Receive state or federal unemployment benefits for four (4) consecutive weeks; and
4. Provide written proof of receiving such benefits within ninety (90) days after the end of this four (4) week period. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof was required to be provided.

Premiums will be waived on the premium due date following the date we approve the claim under this Rider. If unemployment occurs during the Policy Grace Period, payment of the overdue premium is required before we will approve your claim for waiver.

Proof of Unemployment

Written proof of unemployment may be provided by providing copies of unemployment check receipts or a copy of your unemployment eligibility letter.

Rider Cost

There is no cost for this Rider.

When Coverage Begins and Ends*Start Date*

The start date of this Rider will be the same as the Issue Date of the Policy unless a later Rider Effective Date is shown in the Policy Specifications.

End Date

This Rider and all benefits provided under it will end on the earliest of any of the following dates:

- The date the Policy ends for any reason stated in the Policy;
- The date you request the end of this Rider In Writing;
- The date the Policy lapses because of nonpayment of premium
- The date the Insured reaches Attained Age 65.

The Savings Bank Mutual Life Insurance Company of Massachusetts

Company Name Change Endorsement

This endorsement is attached to and made a part of the Life Insurance Policy or Annuity Contract and revises that Policy/Contract as follows:

All references to The Savings Bank Life Insurance Company of Massachusetts are changed to The Savings Bank Mutual Life Insurance Company of Massachusetts.

No terms, conditions or benefits of your Policy/Contract have changed because of the name change. The Savings Bank Mutual Life Insurance Company of Massachusetts is responsible for all obligations of The Savings Bank Life Insurance Company of Massachusetts when your Policy/Contract was issued.

All other terms and conditions of your Policy/Contract are not affected in any way.

The effective date of this Endorsement is July 26, 2017.

Matthew C. Pagan III

Secretary

The Savings Bank Mutual Life Insurance Company of Massachusetts

Home Office: One Linscott Road, Woburn, MA 01801

Telephone: 781-938-3500 800-694-7254

www.sbli.com

The Savings Bank Mutual Life Insurance Company of Massachusetts

Company Name Change Endorsement

This endorsement is attached to and made a part of the Life Insurance Policy or Annuity Contract and revises that Policy/Contract as follows:

All references to The Savings Bank Life Insurance Company of Massachusetts are changed to The Savings Bank Mutual Life Insurance Company of Massachusetts.

No terms, conditions or benefits of your Policy/Contract have changed because of the name change. The Savings Bank Mutual Life Insurance Company of Massachusetts is responsible for all obligations of The Savings Bank Life Insurance Company of Massachusetts when your Policy/Contract was issued.

All other terms and conditions of your Policy/Contract are not affected in any way.

The effective date of this Endorsement is July 26, 2017.

Matthew C. Regan III

Secretary

The Savings Bank Mutual Life Insurance Company of Massachusetts

Home Office: One Linscott Road, Woburn, MA 01801

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The Savings Bank Mutual Life Insurance
 Company of Massachusetts
 P.O. Box 4046, Woburn, MA 01888
 Telephone (800) 694-7254 www.sbli.com

INDIVIDUAL
 LIFE INSURANCE
 APPLICATION

Part 1

In this application, "You" and "Your" refer to the Proposed Insured. "SBLI" refers to The Savings Bank Mutual Life Insurance Company of Mass

A. PRODUCT INFORMATION

Product: 1. <input type="checkbox"/> Term: <input type="checkbox"/> 10Yr LT <input type="checkbox"/> 15Yr LT <input type="checkbox"/> 20Yr LT <input type="checkbox"/> 25Yr LT <input type="checkbox"/> 30Yr LT <input type="checkbox"/> YRT <input type="checkbox"/> Whole Life: <input type="checkbox"/> SL <input type="checkbox"/> L10 <input type="checkbox"/> L15 <input type="checkbox"/> L20 <input type="checkbox"/> L@65 <input type="checkbox"/> SPL <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	2. Base Insurance Amount:	3. Site of Sale (city, state)
4. Riders/Additional Benefits: <input type="checkbox"/> Single Pay Paid-Up Additions: \$ _____ <input type="checkbox"/> Term Rider: Plan _____ Amount: \$ _____ <input type="checkbox"/> Child Rider: \$ _____ <input type="checkbox"/> Flex Pay Paid-Up Adds: Scheduled Premium: \$ _____ <input type="checkbox"/> GPO: \$ _____ <input type="checkbox"/> Accidental Death: \$ _____ <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accelerated Death Benefit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____		

B. PROPOSED INSURED INFORMATION

1. Full Name (First, M.I., Last):	2. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth:	4. Birth State & Country	5. Soc. Sec. No.:
6. Home Address (Number, Street, City, State, Zip Code):	7. Phone and E-mail: Home #: _____ Cell#: _____ Work#: _____ E-mail: _____ Preferred mode of contact: _____			
8. Driver's License #: _____ State where issued: _____	9. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed # of dependents: _____ Ages: _____	10. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", complete a Citizenship Questionnaire and attach copy of green card or visa)		
11. Occupation (include duties):	12. Employer Name and Address:	13. How long employed?		
14. Have you ever used tobacco; any other nicotine product; or nicotine by-product of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes"; Type: _____ How long used: _____ Last used: (mm/yy) _____ Amount & How often: _____				
15. How much life insurance does your spouse have in force with all insurers, including SBLI? \$ _____ Is your spouse also applying for insurance with SBLI? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how much? \$ _____				

C. OWNER OF INSURANCE APPLIED FOR (Complete only if Owner is to be other than the Insured.) ANSWER #1a OR #1b

1a. Type: <input type="checkbox"/> Individual If you check this box complete items 2 through 11 only and proceed to Section D.	1b. Type: <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Specify): _____ If you check any of the above, proceed to item 12 below.			
2. Owner Name	3. Date of Birth (mm/dd/yy)	4. Relationship to insured		
5. Home Address (#, Street, City, State, Zip Code)	6. E-mail	7. Soc. Sec./Tax I.D. #		
8. Billing Address, if different (#, Street, City, State, Zip)	9. Home Phone #: _____ Work Phone #: _____	10. Driver's License #: _____ State Issued: _____		
11. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", complete the Citizenship Questionnaire and attach a copy of Green card or visa)				
Complete questions 12 through 22 only if 1b above is completed. Otherwise proceed to Section D.				
12. Name of Non-Natural Owner (Trust, Corporation, etc.)		13. Tax I.D. # (TIN).		
14. Name of Corporate Officer, if applicable	15. State where Incorporated	16. Phone Number(s): _____ E-mail: _____		
17. Billing Address (#, Street, City, State, Zip Code)				

_____ Name of Proposed Insured

Complete questions 18 through 22 only if the Owner is a Trust. Otherwise proceed to Section D.

18. Purpose of Trust	19. Date of Trust (mm/dd/yy)	20. Type of Trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
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21. Trust Contact Name, Address, Telephone #

22. Does the above Trustee have sole authority to act on behalf of the Trust? Yes No
(If "No", list all Trustees below and obtain their signatures. Attach a separate page, if more space is needed.)

Name of Trustee	Address	Signature

D. BENEFICIARY *If percentages are not shown, shares will be distributed equally. Total % of primary shares must equal 100%. Total % of contingent shares must equal 100%. Attach a separate sheet if more space is needed.*

1. Primary Beneficiaries

Full Name	Address	Date of Birth	SSN or TIN	Relationship to Insured	% Share

2. Contingent Beneficiaries (Only in event that no Primary Beneficiary survives the Insured)

Full Name	Address	Date of Birth	SSN or TIN	Relationship to Insured	% Share

3. If the beneficiary is a Trust or Corporation, is it the same as the above Owner? Yes No *If "No", provide the following:*

Name of Trust or Corporation	State where Incorporated	Date of Trust	List Trustees. Attach a separate page, if more space is needed.
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E. PROPOSED INSURED INSURANCE NEEDS *Complete either the Personal or Business Section. Explain "Yes" answers in the Remarks Section.*

Personal Section

1. Purpose of Insurance: Income Replacement Debt Repayment Estate Conservation Other (Specify):

2. Gross Annual Income \$	3. Household Income \$	4. Net Worth \$	5. Within the last 5 years, have you filed for bankruptcy or had any judgments or liens filed against you? <input type="checkbox"/> Yes (Date of Discharge: _____) <input type="checkbox"/> No
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Name of Proposed Insured

Business Section	
6. Purpose of Insurance: <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Key Employee <input type="checkbox"/> Secure Credit <input type="checkbox"/> Other (Specify):	7. Is the business a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other
8. Type of Business	9. How long has the business been established?
10. Total Liabilities \$	11. Net Worth \$
12. Within the last 5 years, has the business filed for bankruptcy or had any judgments or liens filed against it? <input type="checkbox"/> Yes (Date of Discharge) <input type="checkbox"/> No	
13. Net Profit after taxes for the past two years: Last Year: \$ Prior Year: \$	14. What % of the business is owned by you?
15. Your gross annual income with bonuses: \$	16. Amount of business insurance in force on your life: \$

17. In the Remarks section (J):
 a. If applicable, describe any insurance being applied for or that is in force on other key members of the business.
 b. If applicable, describe why there is no insurance applied for or in force on other key members of the business.

F. PROPOSED INSURED PERSONAL HISTORY

1. Have you ever: (a) sold a life insurance policy; or (b) have you entered, or made plans to enter, an agreement to sell the policy being applied for; or (c) has any person promised, agreed to give, or given to any party to the application any inducement, fee or compensation to purchase the policy? (If "Yes", provide details below).....	□Yes □ No
2. Do you have any other applications or informal inquiries for life insurance pending with any other company, society or association? (If "Yes", provide details below).....	□Yes □ No
3. Have you ever had an application or reinstatement request for life or disability insurance: refused or limited; or have you been asked to pay a higher premium? (If "Yes", provide details below).....	□Yes □ No
4. Have you, in the last 2 years, resided or traveled, or do you intend to reside or travel, outside of the United States within the next 2 years? (If "Yes", complete the Foreign Travel Questionnaire).....	□Yes □ No
5. In the last 3 years, has your driver's license been suspended or revoked; or have you plead guilty to, or been convicted of, any moving violations? (If "Yes", provide details below).....	□Yes □ No
6. Have you ever been convicted of reckless driving, driving to endanger or driving under the influence of drugs or alcohol? (If "Yes", provide details below).....	□Yes □ No
7. Except for traffic violations, have you plead guilty or been convicted of, a misdemeanor or felony, or do you have a felony charge pending against you? (If "Yes", provide details below).....	□Yes □ No
8. Have you ever engaged in or, within the next 2 years do you intend to engage in, flying a plane, racing motor boats or motor vehicles, or to participate in sky-diving or parachuting, hang-gliding, hot air ballooning, mountain, rock or ice climbing, or scuba diving? (If "Yes", complete the appropriate Hazardous Activities and/or Aviation Questionnaire).....	□Yes □ No
9. Are you currently, or have you entered into a written agreement to become, a member of the Armed Forces (including the Reserves or National Guard)? (If "Yes", complete the Military Questionnaire).....	□Yes □ No

For any "Yes" answers, record details below: Use the overflow sheet if more space is needed.

Question #	Details

G. PREMIUM PAYMENT INFORMATION (If "EFT" or "Credit Card" please fill in an EFT or Credit Card form. Credit Card available only for Initial Payment)

1. Initial Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Other (Specify):	2. Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT only)	3. Send Premium Notices to: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other (Specify):
4. Amount paid with Conditional Receipt Agreement (CRA): \$	5. Would you like to back-date your policy to save age? (If "Yes", see Back-dating Disclosure section in the Notice to Proposed Insured and Owner)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Identify the person or entity that is paying the first premium for the insurance applied for: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other – provide details; include payor name, address, relation to insured, tel. # and Tax I.D./Social Security #		

The Automatic Premium Loan Provision to be effective, if available, unless requested otherwise here: Not Effective

Name of Proposed Insured

H. DIVIDEND OPTION *(If none is selected or a selected option is not available, the default option will be Accumulate at Interest – Not applicable if policy applied for is Non-Participating)*

1. Pay in Cash (check) 2. Reduce amount due – any excess as: #4 #3 #1 OR 5. Not applicable
3. Purchase Paid Up Life Additions 4. Accumulate at interest (Non-Participating)

ADDITIONAL SERVICES

While your Policy is In Force, and if available on the product you elect, we may provide you with access to additional services such as cloud-based document storage.

I. REPLACEMENT INFORMATION *Applies to both Owner and Proposed Insured.*

If you intend to replace existing coverage, please tell the Producer and answer "Yes" to replacement question #2 below. State law may require the Producer to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, indicating an intention to replace it may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain, among other things, new suicide exclusions and contestability periods. Ask the Producer if you are unsure.

	Proposed Insured	Owner
1. Do you have an existing or pending life insurance policy or annuity contract with SBLI or any other company? <i>(If "Yes", provide details below. Complete state required replacement form for New NAIC Model Replacement Regulation States only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you intend to replace any existing life insurance or annuity contract with the insurance applied for? <i>(If "Yes", complete state required replacement form and provide details below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you considering using funds from an existing policy or contract to pay premiums on the policy you are applying for? <i>(If "Yes", complete state required replacement form and provide details below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you stopped making premium payments, surrendered, forfeited, assigned to SBLI, or otherwise terminated an existing policy or contract or are you considering doing so? <i>(If "Yes", complete state required replacement form and provide details below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Companies (Do not include group policies)	Name of Insured	To be replaced?	Contract / Policy #	Cash Value / Amount of Coverage	Date of Issue
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

J. REMARKS *(Use this section for explanations and special requests. Identify Question and Section numbers.)*

K. FRAUD WARNING

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

L. REPRESENTATIONS

I, the Owner and the Proposed Insured signing below, agree that I have read the statements contained in the application or they have been read to me. I understand that the application includes the Application – Parts I and II and all supplemental forms or amendments the Company specifically designates as parts of the application by attaching copies of them to any policy delivered to the Owner.

I acknowledge that my answers to the above questions may result in higher premium rates or a denial in coverage.

I understand and agree that no Producer is authorized to: (a) accept risks or pass upon insurability; (b) make or modify contracts; (c) waive SBLI's rights or requirements; or (d) waive any information SBLI requests.

I represent: (1) that the statements and answers I provided within the entire application are true, complete, and correct to the best of my knowledge and belief; (2) that SBLI, believing the statements and answers to be true, complete, and correct, shall rely and act on them (3) the insurance being applied for is suitable for the Owner's insurance needs.

Under penalty of perjury, I certify that: a) the number shown is my correct taxpayer identification number and b) I am not subject to backup withholding because 1) I am exempt from backup withholding, or 2) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or 3) the IRS has notified me that I am no longer subject to backup withholding.

***The IRS does not require your consent to any provision of this document other than certification required to avoid backup withholding.
CROSS OUT ALL OF SUBPART "b)" IN THE PRECEDING PARAGRAPH IF YOU ARE SUBJECT TO BACKUP WITHHOLDING.***

Name of Proposed Insured

M. AUTHORIZATION TO COLLECT AND DISCLOSE INFORMATION

This Authorization complies with the Health Insurance Portability and Accountability Act ("HIPAA")

I hereby authorize all the entities listed below that have provided payments, treatments or services to me, or on my behalf, to disclose to The Savings Bank Mutual Life Insurance Company of Massachusetts (the "Company") and its reinsurers, Producers, employees and representatives, including insurance support organizations, the following information: any and all information relating to my health and my insurance policies and claims, including, but not limited to, information relating to any medical consultations, treatments, or surgeries; hospital confinements for physical and mental conditions; use of alcohol, drugs, and tobacco; drug prescriptions and communicable diseases, including Human Immunodeficiency Virus (HIV) and AIDS, and any other personal information about me.

I hereby authorize each of the following entities to provide the information outlined above:

- any physician or medical practitioner or health care professional;
- any hospital, laboratory, pharmacy, pharmacy benefit manager, clinic or other health care facility or provider;
- any insurance or reinsurance company;
- any consumer reporting agency or insurance support organization; and
- my employer, group policy holder, or benefit plan administrator

This information may be disclosed pursuant to this Authorization so that SBLI can use it to:

- determine my eligibility for insurance;
 - underwrite my application and make risk rating, policy issuance and enrollment determinations;
 - determine my eligibility for benefits under the Conditional Receipt Agreement;
 - obtain reinsurance;
 - if a policy is issued, administer coverage, administer claims and determine or fulfill responsibility for coverage and provision of benefits; and
 - conduct other legally permissible activities that relate to any insurance coverage I have or have applied for with SBLI.
- By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct any physician, medical practitioner, health care provider, hospital, clinic or any other health care provider to release and disclose my entire medical record without restriction. I understand that my health care providers cannot refuse to provide treatment or payment for health care services if I refuse to sign this Authorization.
 - I authorize the Company and its reinsurers to release any information obtained by this Authorization to other insurers in which I have policies or to which I may apply or to which a claim for benefits may be submitted, to reinsurers, and to other persons or organizations performing legal or business services in connection with my application or claim.
 - I authorize MIB, Inc., and any MIB member insurer, to provide any medical or personal information that it has about me to the Company and its reinsurers or any MIB-authorized third-party administrator performing underwriting services on behalf of the Company. I also authorize the Company, its reinsurers or authorized third-party administrator, to make a brief report of my personal health information to MIB, Inc.
 - I authorize the Company to release to me, or to my physician, results that I may request of any medical or laboratory tests taken in connection with this application. In connection with a claim for benefits, this Authorization is valid no longer than the duration of the claim.
 - I also understand that failure to sign this Authorization statement, or subsequent revocation of this Authorization by me, may impair the ability of the Company to process my application or evaluate claims, and may be a basis for denying an application or claim for benefits.
 - I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.
 - By signing below I agree to the terms of this Authorization and acknowledge that I have read and understand it.

FOR MAINE and VERMONT APPLICANTS, this Authorization excludes the release of any information relating to previously administered test for HIV antibodies, T-Cell counts, AIDS or ARC, by the applicants family/regular/attending medical doctor/physician/practitioner or care giver or any other person or entity which may possess this information. This exclusion extends to any medical doctor, doctor of osteopathy, physician health care professional, hospital, clinic, medical facility, the Veterans Administration, employer, consumer, reporting agencies, other insurance companies, or anyone else with respect to previous test results. The applicant is not authorizing the Company to forward the results from any new test, requested of the applicant by the Company to an outside, non-affiliated company, nor to any entity not under specific contract with the Company to perform underwriting services.

I may revoke this Authorization in writing at any time, except to the extent that action has been taken in reliance of this Authorization or to the extent the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself, by sending a written request to: The Savings Bank Mutual Life Insurance Company, P.O. Box 4048, Woburn, MA 01888.

This Authorization shall remain in force for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery, following the date of my signature below or for the duration of any claim for benefits. A copy of this Authorization is as valid as the original. I acknowledge that I have received a copy of this Authorization.

Date: _____ Signature of Proposed Insured (Parent, Guardian, Other*): **X** _____

*If the insured is under the age of 18, signature of Parent Guardian Other: _____

Name of Proposed Insured

ACKNOWLEDGEMENT AND SIGNATURES

I acknowledge that I have received a copy, or I have been read a copy, of the Notice to Proposed Insured and Owner.

I agree that:
 (a) I will notify SBLI if any statement or answer given in the entire application changes prior to policy delivery; and
 (b) except as provided in the Conditional Receipt Agreement (CRA), if issued, I understand and agree that even if I paid a premium, no insurance will be in effect under this application, or under any new policy or any rider(s) issued by SBLI, unless the following three conditions are all met:
 (1) the policy has been delivered and accepted;
 (2) the full first modal premium for the delivered policy has been paid in full; and
 (3) there has been no change in the health of the Proposed Insured that would change the answers to any questions in the application, or any amendments thereto, before conditions (1) and (2) above have occurred.

I understand and agree that if all three conditions are not met:
 - no insurance coverage will become effective; and
 - SBLI's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Signature of Proposed Insured X _____	Date	Signature of Owner/Applicant (if not Proposed Insured) X _____	Date
Signature of Producer X _____	Date	Signature of Producer X _____	Date
Signed at (City and state)	Producer #	Signed at (City and state)	Producer #
Producer Name Printed		Producer Name Printed	
Rate applied for:			

SBLI reserves the right to make administrative changes to the application. No administrative changes will be ascribed to the applicant.

N. PRODUCER INFORMATION and PRODUCER CERTIFICATION

- Does the Applicant have existing life insurance policies or annuity contracts? Yes (Submit the state applicable replacement form) No
- Do you have any knowledge or reason to believe that a replacement of an existing life insurance policy or annuity contract is involved in this transaction or that any funds from an existing policy or contract will be used to pay premiums on this applied for policy? Yes No
- Do you have any knowledge or reason to believe that the proposed Owner or Applicant intends to change ownership of the policy now or in the future to an unrelated party such as a trust, viatical, life settlement company, bank and/or lending or investment company? Yes No
- Do you have any knowledge or reason to believe that all or any part of the initial or future premium payments for this applied for policy may be directly or indirectly financed by an unrelated third party or be part of any loan arrangement? Yes No
- Do you have any knowledge or reason to believe that the proposed Owner, Applicant or Insured has been offered any financial incentives as an inducement to apply for this proposed policy? Yes No
- Have you received relevant anti-money laundering training within the last 24 months that was offered by SBLI, another life insurance company or a competent third party (e.g., LIMRA)? Yes No
- Do you acknowledge that you are in compliance with your requirements as stated in SBLI's Producer's Guide to Anti-Money Laundering (AML) and are unaware of any AML Red Flags as described in your AML training? Yes No

I certify that the responses herein are, to the best of my knowledge, information and belief complete and accurate.
 I certify that this policy has not been solicited, directly or indirectly for the benefit of an investor, stranger or unrelated third party.
 I certify that I am duly licensed in the state in which this application was signed.
 I have given the Proposed Insured the appropriate disclosure documents and have complied with state and federal statutes and regulations.
 I have reviewed the purchase of the life insurance policy as to suitability.

X _____ (Producer's Signature) _____ (Producer's Printed Name) _____ (Date)

Lead #:	Underwriting Stamp
Source:	
Rate Code:	
Process Date:	



THE SAVINGS BANK MUTUAL LIFE INSURANCE COMPANY OF MASSACHUSETTS

Home Office: 1 Linscott Road, Woburn, MA 01801

Telephone: 781-938-3500 800-694-7254

www.sbli.com

Voting Rights

The Savings Bank Mutual Life Insurance Company of Massachusetts (SBLI) is a mutual life insurance company. While your Policy is In Force, the Insured is a member of SBLI. The Insured has the right to vote in person or by proxy at annual meetings. The annual meetings are held at our Home Office on the first Friday in June at ten thirty in the morning.

Level Premium Term - 30 Years, a CONVERTIBLE TERM LIFE INSURANCE POLICY

Premiums Payable Until Expiry Date

Annually Renewable to Expiry Date

Nonparticipating - not eligible for dividends

Benefits, premiums, and the risk classification are shown in the Policy Specifications Section