



EMPLOYEE NAME:	 	 	 
Employee Address:	 	 	 
Social Security #:			



POLICY # 115327	LIFE INSURANCE					
PRIMARY BENEFICIARY (IES): NAME	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT TOTAL MUST EQUAL 100%	BENEFICIARY SOCIAL SECURITY NUMBER			
CONTINGENT BENEFICIARY (IES): NAME						

EMPLOYEE SIGNATURE

DATE SIGNED

NOTE: PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS

**Instructions:** Complete your Beneficiary Designation and advise your designated beneficiaries that you have done so.

Complete or verify personal information on the front of this form. Please be advised it may take up to 30 days to process the designations.

List your first choices of beneficiaries under the PRIMARY BENEFICIARY(IES) section; be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

You may also list CONTINGENT BENEFICIARY(IES). These beneficiaries will receive the benefit in the event that all of your primary beneficiaries are deceased. Please be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

Where a beneficiary is related to the insured by blood or marriage, the relationship should be inserted, e.g., husband, wife, son, daughter, father, mother, grandfather, grandmother, uncle, aunt, cousin, foster-mother, sister-in-law, half-brother, etc. Where a beneficiary is not related to the insured by blood or marriage, any other relationship should be inserted, e.g., business associate, partner, creditor, fiancee, former wife, etc.

## If you do not designate a beneficiary, the payment of benefits will default to the provisions of the contract.

If you have any questions, please call the Unum Service Center toll-free at 1-866-762-8705

UNUM NA Administrative Services - B136 2211 Congress Street Portland, ME 04122-0001

Or FAX to: 1-207-575-0745