unum®

Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

SECTION 1: Employee's Information

Name (First, Middle initial, Last)	Social Security Number
Name of current employer- Division	Policy Number (s)

SECTION 2: Primary Beneficiary (ies)

I designate the person(s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in the order I designated.

1: _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

2. _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

3. _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

SECTION 3: Contingent Beneficiary (ies)

I designate the person(s) below as my contingent beneficiary (ies) who will receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

1. _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

2. _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

3. _____ _____ _____ _____ _____%
Name   Date of birth   Relationship   Address 1

_____ _____
Social Security Number   Address 2

SECTION 4: Authorization and Signatures

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Unum Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive(s) me or if the percentages listed do not add up to 100%, Unum will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

_____ _____
Employee Signature   Date