

BENEFICIARY DESIGNATION FORM GROUP LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND CRITICAL ILLNESS INSURANCE

Unum Life Insurance Company of America Provident Life and Accident Insurance Company The Paul Revere Life Insurance Company

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

SECTION 1: Employee Information								
Name (Last Name, Suffix, First Name, MI)				Social Security Number				
Policy Number(s)			Division I	Division Number(s)				
Employer Name	beneficiary des ☐ Basic Life				erages listed below to which this signation applies: Critical Illness tal Life AD&D All			
SECTION 2: Primary Beneficiary (ies)								
I choose the person(s) named below to be the primary be at the time of my death. If any primary beneficiary(ies) is will be paid to the remaining primary beneficiary(ies).	peneficiary(ies) c s disqualified or o	of the Life dies befo	Insurance re me, his	benefit her per	s that may centage o	y be payable f this benefit		
Name & Address	Relationship So		ocial Security Number		Date of Birth	Percentage		
				ı		Total Must Equal 100%		
SECTION 3: Contingent Beneficiary (ies)								
If all primary beneficiaries are disqualified or die before beneficiary(ies).	me, I choose the	e person(s) named	below to	be my co	ontingent		
Name & Address	Relationship	Sc	ocial Secur Number	rity	Date of Birth	Percentage		
						Total Must		
						Equal 100%		
SECTION 4: Signature								
X								
Employee Signature			Date					

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Important Information About Designation of Beneficiaries

Beneficiary Information

- Primary Beneficiary(ies) means the person(s) you choose to receive your life insurance benefits. Please specify
 the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary
 beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary
 beneficiary(ies).
- Contingent Beneficiary(ies) means the person(s) you choose to receive your life insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- Minor Beneficiary(ies) When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- Trust You may designate a valid trust as a beneficiary.

Types of Coverage Information

- Basic Life is life insurance provided by your employer for which they pay the premiums.
- Supplemental Life is life insurance elected by you for which you pay the premiums.
- AD&D is Accidental Death & Dismemberment coverage.
- Critical Illness insurance elected by you for which you pay the premium.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

General Information

- **Updates to Your Beneficiary Designation –** You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- Consult an Attorney This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.