



NA Administrative Services – B136
 2211 Congress Street
 Portland, Maine 04122

EMPLOYEE NAME: _____

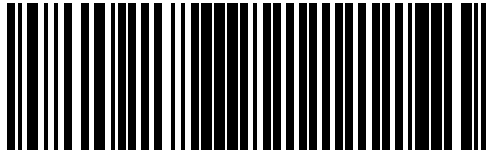
Employee Address: _____

Social Security #:

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BENEFICIARY DESIGNATION FORM

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|--|-----------------------------|--|---------------------------------------|
| POLICY # 115327 | | LIFE INSURANCE | |
| PRIMARY BENEFICIARY (IES): NAME | RELATIONSHIP TO EMPLOYEE | BENEFIT PERCENT TOTAL MUST EQUAL 100% | BENEFICIARY SOCIAL SECURITY NUMBER |
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| CONTINGENT BENEFICIARY (IES): NAME | RELATIONSHIP TO EMPLOYEE | BENEFIT PERCENT TOTAL MUST EQUAL 100% | BENEFICIARY SOCIAL SECURITY NUMBER |
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 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, fiancée, 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
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2211 Congress Street
Portland, ME 04122-0001

Or FAX to: 1-207-575-0745