BENEFICIARY DESIGNATION FORM

Employee Name:

_____

Social Security #:

_____

Employee Address:

_____

_____

LIFE INSURANCE				
University System of Maryland **POLICY # 115327**				
PRIMARY BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)
CONTINGENT BENEFICIARY (IES): NAME	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)

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 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, date of birth, 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, date of birth, 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 one of our Client Service Associates at 1-866-762-8705.

Your Unum Client Service Center

Unum
NCG Administrative Services
2211 Congress Street
Portland, Maine 04122

Or FAX to: 1-207-771-4022