

HOW TO COMPLETE UNUM LIFE INSURANCE BENEFICIARY FORM



BENEFICIARY DESIGNATION FORM
GROUP LIFE AND GROUP ACCIDENTAL DEATH & DISMEMBERMENT 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

Employer Name Kleen Test Products

Check the coverages listed below to which this beneficiary designation applies:
 Basic Life Supplemental Life AD&D All

SECTION 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Must Equal 100%

SECTION 3: Contingent Beneficiary (ies)

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total Must Equal 100%

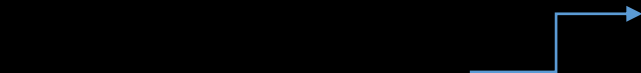
SECTION 4: Signature

X
Employee Signature **Date**

Complete Section 1: Employee Information



*Designation of Contingent Beneficiaries is for your contingent beneficiaries and their information. Please note that we do need their DOB's and their SSN's for accurate payout, if that event were to occur.



Complete Section 2: Primary Beneficiaries is for your primary beneficiaries and their information. Please note that we do need their DOB's and their SSN's for accurate payout, if that event were to occur.

Sign and date the bottom



*If you have questions on beneficiaries, please click this link:
<https://www.thebalance.com/beneficiary-315089>