

**PORTABILITY BENEFICIARY DESIGNATION FORM**

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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 two (2) primary and/or contingent beneficiaries, please attach a separate sheet of paper.

PART 1: Information About You

Name (Last Name, Suffix, First Name, MI)

Social Security Number

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Address (Street, City, State, Zip)

Telephone Number

Billing Number	
B	L

Billing Number	
B	L

PART 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).

1. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____ SSN: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all primary beneficiaries)

2. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____ SSN: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all primary beneficiaries)

PART 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).

1. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____ SSN: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all contingent beneficiaries)

2. Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone: _____ SSN: _____

Email address: _____

Percentage: _____ (Total must equal 100% between all contingent beneficiaries)

PART 4: Signature**X****Signature****Date**

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