



First Unum Life Insurance Company
 Provident Life and Casualty Insurance Company
 The Paul Revere Life Insurance Company

As part of your enrollment for insurance with Unum, please complete this form and provide it to your Plan Administrator. Also, in order to effectively identify and locate beneficiaries and help ensure that benefits are distributed appropriately upon the death of an insured or additional named insured, we request information in writing from time-to-time, including when we become aware of a change regarding you, your beneficiary(ies) or additional named insured of your life insurance coverage. Please fill in the requested information below.

SECTION 1: Employee Information		
Name (Last Name, Suffix, First Name, MI)	Social Security Number	
Mailing Address	Telephone Number	Date of Birth

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 & Mailing Address (Last Name, Suffix, First Name, MI)	Telephone Number	Relationship to You	Social Security Number	Date of Birth	Percentage
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 & Mailing Address (Last Name, Suffix, First Name, MI)	Telephone Number	Relationship to You	Social Security Number	Date of Birth	Percentage
Total Must Equal 100%					

SECTION 4: Additional Named Insured/Spouse

Name (Last Name, Suffix, First Name, MI)		Social Security Number
Mailing Address	Telephone Number	Date of Birth

SECTION 5: Additional Named Insured/Spouse 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 & Mailing Address (Last Name, Suffix, First Name, MI)	Telephone Number	Relationship to You	Social Security Number	Date of Birth	Percentage
Total Must Equal 100%					

SECTION 6: Additional Named Insured/Spouse 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 & Mailing Address (Last Name, Suffix, First Name, MI)	Telephone Number	Relationship to You	Social Security Number	Date of Birth	Percentage
Total Must Equal 100%					

SECTION 7: Signature

X _____ **Date** _____

Employee Signature

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