



**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 | Check the coverages listed below to which this beneficiary designation applies:<br><input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> 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 |
|------------------------------|--------------|------------------------|---------------|------------|
|                              |              |                        |               |            |
|                              |              |                        |               |            |
|                              |              |                        |               |            |
|                              |              |                        |               |            |
| <b>Total Must Equal 100%</b> |              |                        |               |            |

**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 |
|------------------------------|--------------|------------------------|---------------|------------|
|                              |              |                        |               |            |
|                              |              |                        |               |            |
|                              |              |                        |               |            |
| <b>Total Must Equal 100%</b> |              |                        |               |            |

**SECTION 4: Signature**

**X**  
 \_\_\_\_\_  
**Employee Signature** **Date**