BENEFICIARY CHANGE REQUEST VOLUNTARY BENEFITS
Provident Life and Accident Insurance Company (Unum)
Policy Services • 1 Fountain Square • Chattanooga, Tennessee 37402
Fax: 423-642-5055

For toll free assistance call: 1-800-635-5597

Instructions: Please complete, sign and date this form to designate your beneficiary(ies)

This form cancels all prior designations.

The policyowner requests a change be made on one of the following policies:
☐ Employee ☐ Spouse ☐ Child ☐ All ☐ Specific Insured/Person _____

Current Policy Owner

First Name | Last Name | Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Date of Birth (mm/dd/yyyy) | Type of Coverage (if available)

Policy Number(s) (if available)

Current Mailing Address

Street | City State Zip | Telephone Number

SECTION 1: BENEFICIARY CHANGE

Required information: All fields must be completed for each beneficiary. Unless otherwise specified, proceeds will be paid in equal shares to surviving beneficiaries, if more than one. If selecting more than one Primary Beneficiary, the percentages must equal 100%. If selecting Contingent Beneficiaries, the total percentages for the Contingent Beneficiaries must equal 100%. Attach additional pieces of paper if more space is needed.

Primary Beneficiary(ies):

Name and Address	Date of Birth/ Date of Trust	Percent	Social Security Number	Telephone Number	Relationship To Insured

If all primary beneficiaries are disqualified or die before me, I choose the contingent beneficiary(ies) named below. Attach additional pieces of paper if more space is needed.

Contingent Beneficiary(ies):

Name and Address	Date of Birth/ Date of Trust	Percent	Social Security Number	Telephone Number	Relationship To Insured

SECTION 2: SIGNATURES (UNUM IS HEREBY AUTHORIZED TO AMEND THIS REQUEST TO CORRECT OBVIOUS ERRORS OR OMISSIONS)

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending. I further certify that the policy(s) is not jointly owned community property or in the alternative, applicable consents have been received.

Owner Signature | Owner Social Security Number ☐☐☐ ☐☐ ☐☐☐☐ | Date (mm/dd/yyyy)

Spouse Signature | Spouse Social Security Number ☐☐☐ ☐☐ ☐☐☐☐ | Date (mm/dd/yyyy)

Assignee Signature (only required if policy is assigned) | Assignee Social Security Number ☐☐☐ ☐☐ ☐☐☐☐ | Date (mm/dd/yyyy)

Special Notice for Residents of AZ, CA, ID, LA, NV, NM, TX, WA, WI (Community Property States)
A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or the proceeds in the event any policy benefits become payable.