

Instruction Sheet for Completion of the Customer Service Request – Voluntary Benefits

REQUIRED INFORMATION

This Instruction Sheet is a guide to assist you with the completion of the attached Customer Service Request Form including guidance on the most frequent customer errors when completing the form. If you still have additional questions about how to complete this form, please call Unum at 1-800-635-5597. For detailed information, please refer to your policy documentation.

All required information must be completed before this form will be considered by Unum. Failure to fully complete the form may result in processing delays or the return of the form to you for additional information.

Complete only the sections that are relevant for the change that you are requesting. Section 8 – the Signature Section – must be completed in all instances. Signatures are required before Unum will begin to process the form.

Section 1: NAME CHANGE

Complete this section if a Name Change is requested. Legal documentation is required unless the Name Change is for reason of marriage or divorce.

Section 2: OWNERSHIP CHANGE

Complete this section if the ownership of the policy is being changed.

- The SSN #; Address; and Signature of the New Owner must be provided.
- You must notify Unum if the Owner/New Owner is subject to Back-up Withholding
- The signature of the current Owner must be provided in Section # 8 for an ownership change.
- If the ownership change is due to the death of the owner, a copy of the death certificate must be provided.

(Back-up Withholding is defined as a mandatory withholding that may be imposed when rules regarding taxpayer identification numbers, usually a Social Security Number, are not met.)

Section 3: BENEFICIARY CHANGE

All beneficiary information is required for a beneficiary change. The sum of the percentage for all Primary Beneficiaries must equal 100%. The sum of the percentage for all Contingent Beneficiaries must equal 100%.

- Primary Beneficiary(s) is defined as the person(s) designated by the owner to receive benefits in the event of the death of the owner. There can be multiple Primary Beneficiaries; however, the total allocation percentages for all Primary Beneficiaries must equal 100%.
- Contingent Beneficiary is defined as the person(s) designated by the owner to receive benefits in the event of the death of the owner – if benefits cannot be paid to the Primary Beneficiaries. There can be multiple Contingent Beneficiaries; however, the total allocation percentages for all Contingent Beneficiaries must equal 100%. Contingent Beneficiaries only come into play if Unum is unable to complete the benefit payment to the Primary Beneficiary.

Section 4: CANCELLATION OF POLICY

You must notify Unum if the Owner has Bankruptcy pending or is currently in Bankruptcy. If Bankruptcy is applicable to you, an approval letter from the Bankruptcy Trustee is required.

Federal Income Tax will be withheld on all taxable gains unless you advise Unum that you wish to opt out of the tax withholding on the attached form. Even if Unum does not complete the withholding, you may still owe taxes on any taxable gain.

Your policy may not be reinstated after the Owner requests a policy cancellation or surrender.

Section 5: POLICY CORRECTIONS

All information is required and requested documentation must be attached.

Examples of requested documentation include: Drivers License; Birth Certificate; or a current Social Security Card.

Please send copies of your documentation only. Do not send originals. Correspondence sent in will not be returned.

Section 6: ADDITIONAL CHANGES

Indicate the type of change that is requested. Fully explain the type of change that is requested. Changes are effective upon approval by Unum. Refer to your policy for changes that may not be permitted under the provisions of your policy.

Section 7: SIGNATURES

The Owner Signature and Spouse Signature (where applicable) and Assignee Signature (where applicable) are required. Social Security Numbers are required. Indicate the signature date on the form. Residents of community property states (see form) must abide by the special instructions on the form. Signatures are required before the form will be processed.

Do Not Return The Instruction Pages



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

REQUIRED INFORMATION (PLEASE PRINT CLEARLY)

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								
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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
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SECTION 1: NAME CHANGE

Former Name		New Name	
First Name	Last Name	First Name	Last Name

Reason for change: Marriage Court Order* Adoption* Correction* Divorce
 *A copy of the legal document is required unless your name is changing due to reason of marriage or divorce.

SECTION 2: OWNERSHIP CHANGE

Please Change Legal Ownership to:

Name (First, Middle, Last) or Name of Business (if applicable)	New Owner Social Security No./New Owner Taxpayer Identification No.								
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New Owner's Date of Birth	New Owner's Telephone Number								
New Owner Address: Number/Street	City	State	Zip Code						

Certification – Under the penalties of perjury, I certify that this is my correct Taxpayer Identification Number, and I am not subject to backup withholding. I understand that if I am subject to backup withholding, I am required to notify Unum.

Signature of New Owner	Date (mm/dd/yyyy)
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SECTION 3: 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

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SECTION 4: CANCELLATION OF POLICY (CHECK BOX IF CANCELLATION OR SURRENDER REQUESTED)

I am requesting a surrender of my policy for the cash surrender value, if any, otherwise my policy will be cancelled. I understand that by electing this option, I am forfeiting all claims to this policy. If this policy has cash value, a check will be forwarded for the proceeds after deduction of applicable surrender charges and outstanding loan balances, if any.

Election of Federal Income Tax Withholding/Pending Bankruptcy Proceedings

Unum is required to withhold 10% of the taxable portion of this surrender unless you direct otherwise. Even if you elect to not have Federal income tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Unum will automatically deduct 10% Federal Income Tax.

I do not want Federal Income Tax Withheld.

You are required to notify Unum if bankruptcy proceedings are now pending or if you are currently in bankruptcy.

I currently have bankruptcy proceedings pending or I am currently in bankruptcy.

SECTION 5: POLICY CORRECTIONS (ATTACH DOCUMENTATION)

Date of Birth (mm/dd/yyyy)

Social Security Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Other Corrections - Specify

SECTION 6: ADDITIONAL CHANGES

Requests for: Coverage Changes (Changes are not effective until approved by Unum)

Decrease in Benefit Amounts _____

Request Reduced Paid Up Policy (Whole Life Only) _____

Request for Conversion of Rider to Stand Alone Policy
indicate which Rider _____

Change to Elimination/Benefit Period _____

Remove Covered Insured (List/Specify) _____

Other Changes or Description of Changes Requested

SECTION 7: 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.