

**Wespath
Benefits and Investments**

**LAY LIFE AND CLERGY SUPPLEMENTAL LIFE, OPTIONAL LIFE, AND/OR ACCIDENTAL DEATH &
DISMEMBERMENT (AD&D) INSURANCE**

BENEFICIARY DESIGNATION FORM

Employee Address: _____

Employee Name: _____

Social Security #: _____

Email Address: _____

ONLINE SELF SERVICE IS AVAILABLE. SEE INSTRUCTIONS ON BACK OF THIS FORM.

POLICY #s: 128889 & 128890 LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE			
PRIMARY BENEFICIARY (IES): NAME	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)	BENEFICIARY SOCIAL SECURITY NUMBER
CONTINGENT BENEFICIARY (IES): NAME	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)	BENEFICIARY SOCIAL SECURITY NUMBER

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Unum Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive(s) me or if the percentages listed do not add up to 100%, Unum will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

If the signature on this form is from a person other than the named insured, Unum will put the designation on file, but makes no representation about the validity or effect of that designation. You should consult with your attorney to ensure that the Power of Attorney Agreement provides specific authority to create or change beneficiary designation.

IF MORE SPACE IS NEEDED TO LIST ADDITIONAL BENEFICIARIES, PLEASE ATTACH A SIGNED AND DATED LETTER TO THIS BENEFICIARY DESIGNATION FORM.

PLEASE NOTE: THE BENEFICIARIES YOU SELECT FOR BOTH BASIC AND OPTIONAL LIFE MUST BE THE SAME BENEFICIARIES. YOU MAY ONLY DESIGNATE ONE SET OF BENEFICIARIES.

EMPLOYEE SIGNATURE

DATE SIGNED

NOTE: PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS



Instructions: Complete or verify personal information on the front of this form. Complete your Beneficiary Designation and advise your designated beneficiaries that you have done so.

You may designate your beneficiaries on-line by accessing the following website:
www.unum_umc.bswift.com

- **Enter your log-on ID:** umc, your last name, last 4 digits of your SSN (Example: umcsmith9999)
- **Enter your password:** last 4 digits of your SSN
You will be prompted to change your password for security reasons. Should you have any questions concerning your username and password, please call 1-800-985-0242.
- Once you are on the site, please complete your beneficiary designations immediately. You may print a copy of the screen showing your completed beneficiary designation(s) for your personal records.

If you prefer to complete the paper form, please use the return address or fax number noted below. For your paper designation(s) to be valid, you must sign and date the form.

List your first choices of beneficiaries under the PRIMARY BENEFICIARY(IES) section; be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

You may also list CONTINGENT BENEFICIARY(IES). These beneficiaries will receive the benefit in the event that all of your primary beneficiaries are deceased. Please be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

Where a beneficiary is related to the insured by blood or marriage, the relationship should be inserted, e.g., husband, wife, son, daughter, father, mother, grandfather, grandmother, uncle, aunt, cousin, foster-mother, sister-in-law, half-brother, etc. Where a beneficiary is not related to the insured by blood or marriage, any other relationship should be inserted, e.g., business associate, partner, creditor, fiancée, former wife, etc.

If you do not designate a beneficiary, the payment of benefits will default to the provisions of the contract.

If you have any questions, please call one of our Client Service Associates at 1-800-985-0242.

Your Unum Client Service Center

Unum
NCG Administrative Services
2211 Congress Street
Portland, ME 04122

Or FAX to: 1-207-771-4022