



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

The policyowner requests a change be made on one of the following policies:

Employee Spouse Child All Other (explain) _____

Policy Number(s)	Social Security Number
Employer	Type of Coverage

SECTION 1: Name Change

Insured Owner From _____ To _____

Reason for change: Marriage Court Order* Adoption* Correction* Insured Divorce*
Other* _____

*If name change is due to reason other than marriage or divorce, we will need a copy of the legal document for our records.

SECTION 2: Owner's Current Mailing Address. Please confirm your current address

If New Address, Check Here

Number/Street	Street Address	Apt. No.	
City	State	Zip Code	Telephone Number

Check this box if this is the only change you wish to make

SECTION 3: Ownership Change

Change the Owner to: Name (First, Middle, Last) _____ Social Security Number _____

Address: Number/Street _____ City _____ State _____ Zip Code _____

From the effective date hereof, the Owner designated above alone may exercise every privilege and enjoy every benefit granted under this policy to the Owner except that, if there is an irrevocably designated beneficiary, the Owner may exercise his/her rights only with the consent of such beneficiary. The rights of any deceased beneficiary shall vest in the Owner.

If Ownership Change is a result of the policyowner's death, we will need a copy of the Will or Letters Testamentary naming you as executor of the deceased's estate. If there is no Will or Letters Testamentary, you will need to contact our office at 1-800-635-5597.

Please note that completion of this section had no effect on the beneficiary designation. If a change of beneficiary is desired, complete section 8.

Request for Taxpayer (Owner's) Identification Number (in lieu Federal Form W-9)

Owner's Social Security Number _____ or Employer's I.D. Number _____

Certification – Under the penalties of perjury, I certify that this is my correct Taxpayer Identification Number, and I am not subject to backup withholding. If you are subject to backup withholding, then place a check in the box.

Signature of New Owner _____ Date (mm/dd/yyyy) _____

SECTION 4: Contingent Owner – Individual who will become policy owner if the primary owner is deceased

Name (First, Middle, Last) _____

Address: Number/Street _____ City _____ State _____ Zip Code _____

SECTION 5: Policy Loan Agreement

MAXIMUM AMOUNT AVAILABLE, OR \$ _____ CASH, OR FULL AMOUNT AVAILABLE IF LESS.
In consideration of the advance by Unum of \$ _____ as a loan, all right, title, and interest in the Policy, is hereby assigned to Unum as sole security for the repayment of the loan with interest, subject to the provisions of the Policy which are incorporated and made a part hereof. Check box to confirm that no bankruptcy proceedings are now pending.

Election of Federal Income Tax Withholding

Unum is required to withhold 10% of the taxable portion of the 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. I agree "NO". I do not want Unum to withhold Federal income tax.

SECTION 6: Surrender/Cancellation of Policy

You may surrender your policy for the cash surrender value, if any, otherwise your policy will be cancelled. By electing this option, you surrender the policy and all claims thereunder. If your policy has cash value, a check will be forwarded for the proceeds after deduction of indebtedness and/or applicable surrender charges, if any.

Check box to confirm that no bankruptcy proceedings are now pending.

SECTION 7: Request for Duplicate Policy or Summary

This policy was lost or destroyed. \$25.00 charge for duplicate policies.

SECTION 8: Beneficiary Change(s)

Full given name, address, relationship and percentage must be given to be processed. If you are naming a minor child, you **MUST** include their date of birth. When naming a trust, you **MUST** include the name and date of trust. Unless otherwise specified, proceeds are to be paid in equal shares to the surviving beneficiaries, if more than one.

Primary: Name (First, Middle, Last)		Percent	Relationship to Insured	
Address: Number/Street		City	State	Zip Code
Name (First, Middle, Last)		Percent	Relationship to Insured	
Address: Number/Street		City	State	Zip Code
Contingent: Name (First, Middle, Last)		Percent	Relationship to Insured	
Address: Number/Street		City	State	Zip Code
Name (First, Middle, Last)		Percent	Relationship to Insured	
Address: Number/Street		City	State	Zip Code

SECTION 9: Coverage Changes

From (Old Policy)	To (New Policy)
Plan	Plan
Premium \$	Premium \$
Amount \$	Amount \$
Benefits	Benefits
Riders	Riders
Non Forfeiture Option: <input type="checkbox"/> APL <input type="checkbox"/> Reduced Paid Up	Non Forfeiture Option: <input type="checkbox"/> APL <input type="checkbox"/> Reduced Paid Up

SECTION 10: Policy Assignment Release

The undersigned (No. 12) assignee releases all rights, title, and interest in this policy

SECTION 11: Additional Changes

SECTION 12: Signatures

Unum is hereby authorized to amend this request to correct obvious errors or omissions. If you live in a community property state*, your spouse or ex-spouse **MUST** also sign this form. An adult other than a relative or beneficiary **MUST** witness your signature.

Owner Signature	Owner Social Security Number	Witness Signature	Date (mm/dd/yyyy)
Spouse Signature	Spouse Social Security Number	Witness Signature	Date (mm/dd/yyyy)
Assignee Signature	Assignee Social Security Number	Witness Signature	Date (mm/dd/yyyy)

*Community Property States: AZ, CA, ID, LA, NV, NM, TX, WA, WI

FOR UNUM HOME OFFICE USE ONLY

Acknowledged by	Date (mm/dd/yyyy)
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