



# Beneficiary Designation Form



MEMBER NAME:

MEMBER ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### Colorado PERA POLICY # 595121

<b>PRIMARY BENEFICIARY (IES):</b> NAME, ADDRESS AND TELEPHONE NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO MEMBER	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)
<b>CONTINGENT BENEFICIARY (IES):</b> NAME, ADDRESS AND TELEPHONE NUMBER	BENEFICIARY DATE OF BIRTH	BENEFICIARY SOCIAL SECURITY NUMBER	RELATIONSHIP TO MEMBER	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)

Your designation can be changed only by you or your assignee. Your divorce, annulment or any dissolution or declaration of invalidity of your marriage SHALL NOT revoke the beneficiary designated by you or your assignee unless you revoke the designation by submitting a new paper form or making a change through the online process. Colorado Revised Statute § 15-11-804 does not act to revoke a spousal designation as a beneficiary.

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 the beneficiary form is from a person who is acting on behalf of the insured as Power of Attorney, please be sure to include a copy of a valid Power of Attorney Agreement which provides specific authority to create or change beneficiary designation.

MEMBER SIGNATURE

DATE SIGNED

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

**Instructions:** Complete your Beneficiary Designation and advise your designated beneficiaries that you have done so.

Complete or verify personal information on the front of this form. Please be advised it may take up to 30 days to process the designations.

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

**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 1-866-277-1649.

Your Unum Client Service Center

Mail to:  
Unum  
Client Service Center  
PO Box 9783  
Portland, Maine 04104-5083

Or FAX to: 1-207-771-4022