



Return to: Lisa Templer

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CUSTOMER SERVICE REQUEST
VOLUNTARY BENEFITS
Provident Life and Accident Insurance Company (Unum)
Policy Services

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

Form with fields for First Name, Last Name, Social Security Number, Date of Birth, Policy Number, and Type of Coverage.

Current Mailing Address

Form with fields for Street, City State Zip, and Telephone Number.

SECTION 1: NAME CHANGE

Form with fields for Former Name (First Name, Last Name) and New 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

Form with fields for Name, Social Security No./Taxpayer Identification No., Date of Birth, Telephone Number, and Address.

Certification - Under the penalties of perjury, I certify that this is my correct Taxpayer Identification Number, and I am not subject to backup withholding.

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

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.

Primary Beneficiary(ies):

Table with 6 columns: 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):

Table with 6 columns: Name and Address, Date of Birth/Date of Trust, Percent, Social Security Number, Telephone Number, Relationship To Insured.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

**SECTION 4: POLICY LOAN AGREEMENT**

I am requesting a loan against my Policy Cash Value.  Maximum amount available  Other: Specify Amount \$ \_\_\_\_\_

In consideration of the advance by Unum as a loan, all rights, 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.

If the requested amount is not available, a maximum loan will be issued subject to the \$100 minimum.

**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: 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 6: POLICY CORRECTIONS (ATTACH DOCUMENTATION)**

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Social Security Number

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Other Corrections - Specify \_\_\_\_\_

**SECTION 7: 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 \_\_\_\_\_

Partial Surrender (Universal Life Only)  
Maximum Amount Available \_\_\_\_\_

Remove Covered Insured (List/Specify) \_\_\_\_\_

Other - Specify Amount \$ \_\_\_\_\_

Other Changes or Description of Changes Requested \_\_\_\_\_

**SECTION 8: 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.

<input checked="" type="checkbox"/> Owner Signature	Owner Social Security Number	Date (mm/dd/yyyy)
	_____ _____ _____ _____ _____ _____	_____ _____ _____
<input type="checkbox"/> Spouse Signature (only if resident of Community Property State listed below)	Spouse Social Security Number	Date (mm/dd/yyyy)
	_____ _____ _____ _____ _____ _____	_____ _____ _____
<input type="checkbox"/> 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.