

Offered by:



## Beneficiary Designation Form

For the members of:



### Group Accidental Death & Dismemberment Insurance

#### Unum Life Insurance Company of America

**Instructions:** As a member of the National Volunteer Fire Council, you are eligible for benefits under the group Accidental Death & Dismemberment policy offered by Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable in the order listed below:

- a. Spouse;
- b. Child or Children, equally, if living, otherwise to their descendants per stripes;
- c. Parents, equally or to the survivor;
- d. Sisters or brothers, equally or to the survivor or survivors;
- e. Your estate.

If you would like to identify a specific beneficiary(ies), then you need to complete this form. If you do not submit a completed beneficiary designation form to Provident Agency, Inc. at 272 Alpha Dr. Pittsburgh, PA 15238 or fax to 412-963-0415, then any death benefits payable may be made in the order listed above.

For inquires related to this policy, contact Provident Agency, Inc. at 800-447-0360.  
For inquiries related to NVFC membership status call 888-ASK-NVFC (888-275-6832).

### Important Information About Designation of Beneficiaries

#### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your life insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/ her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. The may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.

#### Type of Coverage

- **AD&D** is Accidental Death & Dismemberment coverage.

#### General Information

- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

Offered by:

For the members of:



### Beneficiary Designation Form



### Group Accidental Death & Dismemberment Insurance

### Unum Life Insurance Company of America

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three(3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to Provident Agency, Inc. by fax to 412-963-0415 or by mail to 272 Alpha Drive, Pittsburgh, PA 15238.**

<b>Section 1: Member Information</b>		
--------------------------------------	--	--

Name (Last Name, Suffix, First Name, MI)	NVFC ID#	Date of Birth
Address, City, State, Zip		Social Security Number

<b>Section 2: Primary Beneficiary(ies)</b>
--

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total must Equal 100%</b>				

<b>Section 3: Contingent Beneficiary(ies)</b>
---

If **all** primary beneficiaries are disqualified before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death.

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total must Equal 100%</b>				

<b>Section 4: Signature</b>
-----------------------------

**X**  
\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date