



**RETURN COMPLETED FORM TO:**  
**Unum Life Insurance Company of America**  
**Attn: Group Life Benefits**  
**2211 Congress Street, C-232**  
**Portland, ME 04122**  
**FAX: 207-575-7407**

**ASSIGNMENT OF LIFE INSURANCE**  
**For toll free assistance call: 1-800-445-0402**

**PLEASE PRINT CLEARLY**

Policyholder/Employer	Policy Number (Policy)	Phone Number:
Insured Employee	SSN (last 4 digits)	Phone Number:
<p>This ASSIGNMENT OF LIFE INSURANCE transfers all of the Insured Employee's (Assignor) current and future rights under the Policy (and any subsequent group life insurance policy issued by any company in replacement of the Policy) to the person, trust or company listed below (Assignee). This ASSIGNMENT OF LIFE INSURANCE is subject to all Policy terms and conditions.</p> <p>The Assignee reserves all of the Insured Employee's rights under the Policy, including the right to change beneficiary designations, and to apply for conversion or portability under the Policy.</p>		
Name of Assignee		Assignee SSN or FEIN
Address		<input type="checkbox"/> For value received <input type="checkbox"/> For no value (gift)

**TYPE OF ASSIGNMENT (Select one)** If no box is checked, this assignment will be treated as a Collateral Assignment.

<input type="checkbox"/> <b>ABSOLUTE ASSIGNMENT</b>  This absolute assignment revokes all prior beneficiary designations and names the Assignee as the beneficiary. Only the Assignee can change the beneficiary or release the assignment after it has been acknowledged by Unum.	<input type="checkbox"/> <b>COLLATERAL ASSIGNMENT</b> This collateral assignment transfers  <input type="checkbox"/> 100% of payable benefits <input type="checkbox"/> A percentage of payable benefits: _____% <input type="checkbox"/> An amount no greater than \$_____ (up to the total amount of a loan) under the Policy to a creditor (Assignee) in return for a loan. The Insured Employee retains the right to designate the beneficiary of any amount over the amount assigned. (If no box is checked, 100% of payable benefits will be treated as the assigned amount.)
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By signing below, the Insured Employee and Assignee certifies that

- I have carefully read and willingly completed this Assignment.
- Assignor's rights under the Policy are not previously pledged or assigned.
- Assignor has not initiated any proceedings in insolvency or bankruptcy.
- This assignment remains in place until Unum's receipt of a properly executed release from the Assignee.

Signature - Insured Employee	Date
Signature - Assignee	Date
Signature - Witness	Date

Unum is not responsible for the legal, tax or other effects of the assignment.  
 Unum is not responsible for the validity or sufficiency of the assignment.  
 Unum is not responsible for any action taken before receipt of the assignment by Unum.

**This assignment will remain in place until Unum's receipt of an acceptable Release.**  
**Visit [www.unum.com](http://www.unum.com) to obtain a copy of Form 133-63 Release of Assignment.**

**FOR UNUM USE ONLY. ACKNOWLEDGEMENT OF RECEIPT IS NOT A VERIFICATION OF COVERAGE.**

Assignment was received by (Name):	Date
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