

Unum Life Insurance Company of America
Portland, Maine
CERTIFICATION FOR CHANGES TO GROUP TERM LIFE INSURANCE

POLICY NUMBER: _____

NAME	DOB	BENEFICIARY	RELATIONSHIP
ADDITIONS:			

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

DELETIONS:

<hr/>	<hr/>	<hr/>	<hr/>
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OTHER CHANGES:

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

In compliance with the applications made for a policy for Group Term Life Insurance by _____ we hereby certify that the attached roster and above changes, to the best of our knowledge and belief, represents the complete list of member's names, dates of birth, beneficiaries and relationship to the beneficiary.

Dated at _____ this _____ day of _____, 2009

By: _____ Title: _____

By: _____ Title: _____