



APPLICATION FOR GROUP INSURANCE
First Unum Life Insurance Company
 2211 Congress Street • Portland, Maine 04122

Name of Applicant _____

Address: _____
 (Street)

 (City) (State) (Zip)

applies to the First Unum Life Insurance Company, for:

- Group Life Benefits
- Group Lifestyle Protection Life Benefits
- Group Universal Life Benefits
- Group Accidental Death and Dismemberment Benefits
- Group Short Term Disability Benefits
- Group Long Term Disability Benefits
- Group Long Term Care Benefits

Is there any group life insurance plan in force or being applied for on some or all employees? Yes No
 If yes, complete the following or list the prior carriers:

| Employee Class | Maximum Amounts | Name of Carrier | Effective Dates (mm/dd/yyyy) | Termination Dates (mm/dd/yyyy) |
|----------------|-----------------|-----------------|------------------------------|--------------------------------|
| | | | | |
| | | | | |

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Dated at _____
 (Applicant)

on _____ (mm/dd/yyyy) By: _____
 (Signature and Title)

Broker Name: _____ (Please Print) Broker Signature: _____

SS# / Tax ID#: _____ State ID #: _____ Policy Effective Date: _____
 (mm/dd/yyyy)

BROKER INFORMATION: For commission purposes, please list the brokers/agents for this application. Use full names, including complete business names. To ensure proper payment of commissions, include each broker's tax identification number (social security number or corporate tax id) and state identification number where applicable. If more than one broker, please be sure to specify the split %. For corporate brokers, please specify the signing representative's name and ID #'s.

PLEASE PRINT ALL INFORMATION CLEARLY

| | Broker Name (Please print full name) | SS# / Tax ID# | State ID# (where applicable) | Split Percentage (Must total 100%) | Unum Poducer # (If known) |
|----|-----------------------------------------|---------------|---------------------------------|---------------------------------------|------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

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