



BOYS & GIRLS CLUB  
OF LAWRENCE

### Confidential Enrollment Form

In consideration of the impact that the Boys & Girls Club of Lawrence has on the lives of young people and adults, I/we have made a provision to the Boys & Girls Club of Lawrence in my/our estate plan. Understanding that the Boys & Girls Club of Lawrence Board of Governors have established THE HERITAGE CLUB to recognize individuals who made such a commitment, I/we are pleased to authorize the Boys & Girls Club of Lawrence to include me/us as a member of THE HERITAGE CLUB.

Please type or print

Name \_\_\_\_\_  
(Name(s) as you would wish to appear for recognition purposes.)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone # \_\_\_\_\_ Evening Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

- Relationship with the Boys & Girls Club of Lawrence
- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Parent/Grandparent | <input type="checkbox"/> Friend    |
| <input type="checkbox"/> Staff              | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Other _____        |                                    |

#### Gift Information

I/we qualify for The Heritage Club through the following planned gift:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bequest (or living trust)          | <input type="checkbox"/> Stock or property        | <input type="checkbox"/> Memorial Gifts          |
| <input type="checkbox"/> Percentage bequest                 | <input type="checkbox"/> Residuary bequest        | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Pooled Income Fund                 | <input type="checkbox"/> Charitable lead trust    | <input type="checkbox"/> Life Insurance Policy   |
| <input type="checkbox"/> IRA/Retirement Plan Beneficiary    | <input type="checkbox"/> Dollar Amount (specific) |  |
| <input type="checkbox"/> Charitable Remainder Unitrust      |   |  |
| <input type="checkbox"/> Charitable Remainder Annuity Trust |   |  |

Please indicate the approximate current market value of the planned gift named above:  
\$ \_\_\_\_\_ (Optional. Will be treated as confidential.)

- The gift is:
- Unrestricted       Restricted as follows: \_\_\_\_\_
- Endowment
- I/we wish to remain an anonymous member of The Heritage Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 paid to each 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 paid to each 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. They 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.

### Types of Coverage Information

- **Basic Life** is life insurance provided by your employer for which they pay the premiums.
- **Supplemental Life** is life insurance elected by you for which you pay the premiums.
- **AD&D** is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### 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.



**BENEFICIARY DESIGNATION FORM  
GROUP LIFE AND GROUP ACCIDENTAL DEATH  
& DISMEMBERMENT INSURANCE**

First Unum Life Insurance Company  
Provident Life and Casualty Insurance Company  
The Paul Revere Life Insurance Company

**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 your employer.**

**SECTION 1: Employee Information**

Name (Last Name, Suffix, First Name, MI)	Social Security Number
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Employer Name	Check the coverages listed below to which this beneficiary designation applies: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> All
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**SECTION 2: Primary Beneficiary (ies)**

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>

**SECTION 3: Contingent Beneficiary (ies)**

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

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

**SECTION 4: Signature**

**X** \_\_\_\_\_  
Employee Signature Date

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