

BENEFICIARY DESIGNATION FORM

Instructions to the policyowner for your Colonial Voluntary Benefits policy, underwritten by The Paul Revere Life Insurance Company:

1. Fill out this form completely. Please print clearly. You must designate a primary beneficiary. You may also choose to designate contingent beneficiaries who would receive benefits in case of the death of the primary beneficiary. You may designate a trust as a beneficiary.
2. Obtain the necessary signatures in ink. The form must be signed by a witness, who must be someone other than the insured, a designated beneficiary, and yourself.
3. Attach the necessary documents. If your policy has a cash draft (located on the Policy Schedule page of your policy), attach the cash draft so that it can be reissued.
4. Mail both copies of the form to The Paul Revere Life Insurance Company Processing Center, P. O. Box 1365, Columbia, SC 29202.

Insured's name _____ Social Security No. _____

Policy Number(s) _____

I hereby request cancellation of all prior beneficiary designations for the above-mentioned policy(s). The death proceeds of the above-mentioned policy(s) and all attached riders are to be paid to the beneficiary(s) designated below.

Primary Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

First Contingent Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Second Contingent Beneficiary _____ Age _____

Relationship to Insured _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Cash Draft

My policy's cash draft is attached. Please reissue it with the new beneficiary designated.

If you do not attach your policy's cash draft, the company will reissue a cash draft with the beneficiary listed as "On File With Company." When you receive the new cash draft, the original will no longer be valid.

Payment will be made only to the primary beneficiary, unless specified otherwise. In case of the death of the primary beneficiary, payment will be made only to the first contingent beneficiary. In case of death of both the primary and the first contingent beneficiary, payment will be made only to the second contingent beneficiary. If there are no survivors, payment will be made according to the policy provisions. If more than one primary or contingent beneficiary is named, payment will be divided equally or made to the survivor, unless specified otherwise. This request is subject to the provision of the policy.

Signature of policyowner _____ Date _____
(MM/DD/YYYY)

Street Address _____ Daytime Telephone _____

City _____ State _____ Zip _____

Signature of witness _____ Date _____
(MM/DD/YYYY)

For Home Office Use Only

Endorsed on _____ The Paul Revere Life Insurance Company Processing Center by _____
(MM/DD/YYYY)