



# SINGLE CASE AMENDMENT

## SECTION 1: POLICY INFORMATION

EFFECTIVE DATE OF THIS AMENDMENT

/ /

POLICY NUMBER

ADDITIONAL POLICY NUMBER (IF REQUIRED)

POLICYHOLDER NAME

UNUM FIELD OFFICE

UNUM SALES REP NAME AND NUMBER

## SECTION 2: COMMISSIONABLE ENTITY - NON-STANDARD SCHEDULE(S)

Record the agreed to commission rates and product descriptions for each commissionable entity receiving non-standard compensation schedules. If an existing non-standard schedule is changing to a standard rate, note "standard" in the applicable box.

### BROKER/ENTITY #1 WITH NON-STANDARD COMMISSION SCHEDULE

BROKER/ENTITY #1 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT	PRODUCT	PRODUCT	PRODUCT	SUPP. COMP CREDIT <sup>(2)</sup>
			%	%	%	%	<input type="checkbox"/> YES

### BROKER/ENTITY #2 WITH NON-STANDARD COMMISSION SCHEDULE (IF APPLICABLE)

BROKER/ENTITY #1 NAME	BROKER/ENTITY NUMBER	PREMIUM SPLIT % <sup>(1)</sup>	PRODUCT	PRODUCT	PRODUCT	PRODUCT	SUPP. COMP CREDIT <sup>(2)</sup>
			%	%	%	%	<input type="checkbox"/> YES

(1) "Split" is defined as the percentage of premium to which the broker's full commission rate is applied.

(2) Supplemental Compensation Credit may be split between brokers; however, the total Supplemental Comp. Credit available caps at 100% of the policy premium. This is not intended to indicate the client's approval to have Supplemental Compensation paid to either broker.

## SECTION 3: COMMISSIONABLE ENTITY - SIGNATURE(S)

BROKER/ENTITY #1 SIGNATURE

BROKER/ENTITY #1 PRINTED NAME

DATE (MM/DD/YYYY)

BROKER/ENTITY #2 SIGNATURE (IF APPLICABLE)

BROKER/ENTITY #2 PRINTED NAME

DATE (MM/DD/YYYY)

By signing above, Broker understands that, in lieu of payment in accordance with Unum's standard commission schedules and/or commissions otherwise agreed upon by the parties, Unum agrees to pay each Broker noted above and each such Broker agrees to accept commissions from Unum in accordance with the commissions schedule above with regards to the above named policy. Furthermore, the parties understand and agree that except as otherwise set forth in this Amendment, the terms and provisions of the Broker Contract(s) between each Broker and Unum are herein incorporated by reference and shall remain applicable to each Broker and to any compensation payable hereunder.

## SECTION 4: POLICYHOLDER SIGNATURE

I/WE, THE POLICYHOLDER, ACKNOWLEDGE THE PAYMENT OF THE COMMISSIONS RATES ABOVE TO THE BROKER FOR THE COVERAGES NOTED.

POLICYHOLDER REPRESENTATIVE\* SIGNATURE

POLICYHOLDER REPRESENTATIVE PRINTED NAME

DATE (MM/DD/YYYY)

\*OFFICER OF THE COMPANY OR APPROPRIATE DECISION-MAKER WITH AUTHORITY TO BIND THE COMPANY.

Unum is providing this notice on behalf of the following insuring companies: Unum Life Insurance Company of America, First Unum Life Insurance Company (NY), Provident Life and Accident Insurance Company and Provident Life and Casualty Insurance Company (NY).

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