



Life/Accidental Death Beneficiary Card

Policyholder Name		Policy/Division Number	
Insured's Name	Birthdate __ __ / __ __ / __ __ __ __	Social Security Number	
Beneficiary	% of Benefit	Social Security Number	Relationship
Beneficiary	% of Benefit	Social Security Number	Relationship
Beneficiary	% of Benefit	Social Security Number	Relationship
Contingent Beneficiary (used only if the above beneficiary dies before you do)			
_____ Insured's Signature		_____ Date	