

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		