

Life/Accidental Death Beneficiary Card



UNUM[®]

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	