



Life Beneficiary Card

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	