



Life/Accidental Death Beneficiary Card

First Unum Life Insurance Company, Portland, ME 04122

Policyholder Name	Policy/Division Number
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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
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*Benefits cannot be sent directly to a minor. Please consult your policy for additional information.