



UNUM

Life/Accidental Death Beneficiary Card

Policyholder Name JAG Professional Services, Inc.	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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