



# WESTERN CATHOLIC UNION

510 Maine, P O Box 410

Quincy IL 62306



## APPLICATION FOR JUVENILE LIFE INSURANCE

**Proposed Insured  
Application  
Age 0-14**

**Issue in Month of \_\_\_\_\_, 20\_\_\_\_**

**Branch NO \_\_\_\_\_**

- 1A. Proposed Insured Name \_\_\_\_\_ 2A. Applicant Name \_\_\_\_\_
- B. Height: \_\_\_ft. \_\_\_in.; Weight \_\_\_ Date of Birth: \_\_\_\_\_ B. Address: \_\_\_\_\_
- C. Address: \_\_\_\_\_ C. Relationship to Proposed Insured: \_\_\_\_\_
- D. Proposed Insured's Social Security Number: \_\_\_\_\_ D. Phone #: Daytime \_\_\_\_\_  
Evening \_\_\_\_\_
- E. Sex: \_\_\_ Male \_\_\_ Female
- F. Is the applicant a member of Western Catholic Union? \_\_\_ NO. \_\_\_ Yes. If not, apply for membership.

- 3A. Plan of Insurance: \_\_\_\_\_ B. Face Amount of Insurance \_\_\_\_\_
- C. Mode of Premium Payment: \_\_\_ Annual \_\_\_ Semi-Annual \_\_\_ Quarterly \_\_\_ Check-O-Matic Amount Paid \$ \_\_\_\_\_  
\_\_\_ Single Premium \_\_\_ 1 Payment \_\_\_ 2 Installments \_\_\_ 4 Installments
- D. Dividend Option  
\_\_\_ 1. Cash \_\_\_ 2. Reduce Premium \_\_\_ 3. Paid-Up Additions \_\_\_ 4. Accumulate at Interest
- E. Automatic Premium Loan Option, if available: \_\_\_ Yes \_\_\_ No
- F. Riders to be included (if available): \_\_\_\_\_

4. Beneficiary: (Full Name) (Relationship) Contingent: (Full Name) (Relationship)

\_\_\_\_\_

5. In the past 5 years or, if later, since birth, has the Proposed Insured: been hospitalized or had hospitalization recommended; or consulted any medical practitioner for treatment or care for any injury, illness or other cause: \_\_\_ Yes \_\_\_ No  
Does the Proposed Insured have any existing deformity or impairment in health or physical condition: \_\_\_ Yes \_\_\_ No
- Details to Yes answers: Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

6. Will the insurance applied for replace or change any existing insurance or annuities: \_\_\_ No \_\_\_ Yes; show name of insurer and policy number.

7. The applicant shall be the Owner of any certificated issued.

8. Contingent Owner to whom control of certificate will pass upon death of the owner: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_

Having read, or had read to me, the above questions and answers, I represent that the information provided herein is true and complete, to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any certificate issued. I understand that no agent or person other than an executive officer of Western Catholic Union has authority to: (1) make or modify certificates; or (2) waive any of the rights or requirements of Western Catholic Union.

I understand and agree that no insurance shall take effect unless and until: (1) this application is approved by Western Catholic Union; (2) a certificate is issued, delivered to and accepted by me; and (3) the full first premium for the certificate is paid. All such conditions must be met while the Health and other factors affecting the insurability of the Proposed Insured remain as described in this application.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Adult Applicant: \_\_\_\_\_

Witness (Agent): \_\_\_\_\_

Agent's Statement: To the best of your knowledge and belief, will the insurance now applied for replace or change any existing insurance or annuity? \_\_\_\_ No \_\_\_\_ Yes

Form # 97-02-PA