



# WESTERN CATHOLIC UNION

A FRATERNAL BENEFIT SOCIETY  
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Fax (217) 223-9726  
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## AUTOMATIC ANNUITY WITHDRAWALS

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

\_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_ Date: \_\_\_\_\_

### CHOOSE ONE

- \_\_\_\_\_ A. Current Credited Interest I wish to have federal income tax withheld –
- \_\_\_\_\_ B. Flat % per year \_\_\_\_\_% \$ \_\_\_\_\_ or \_\_\_\_\_%
- \_\_\_\_\_ C. Specified dollar amount per withdrawal (Minimum \$50) \$ \_\_\_\_\_

### FREQUENCY (Choose one)

Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual \_\_\_\_\_

Start Date (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Please send disbursement checks to my home address entered above.

I direct that future checks be made payable and routed to my bank for deposit into my account. (Attach a copy of a voided check.)

A. Payee: \_\_\_\_\_

B. Address: \_\_\_\_\_

\_\_\_\_\_

C. Bank Routing or Transit Number: \_\_\_\_\_

D. Account Number: \_\_\_\_\_

**Insured Signature**

**Date**