



WESTERN CATHOLIC UNION

A FRATERNAL BENEFIT SOCIETY
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721
Fax (217) 223-9726
www.wculife.org



REQUEST FOR CHANGE OF OWNERSHIP – LIFE CERTIFICATES ONLY

Certificate #:	Insured's Name:
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Current Owner:	Social Security #:
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Complete Section **A** to transfer ownership to another individual.
Complete Section **B** to transfer ownership to a trust or business.

A. New Owner Information (Individual Only):

Name:	Relationship to Insured:
Street Address:	
City, State, Zip:	
Phone #:	Social Security #:

B. New Owner Information (Trust or Business Only):

Name of Trust or Business:	
Name of Trustee or Authorized Representative:	
Street Address:	
City, State, Zip:	
Phone #:	Tax Identification #:

Additional Requirements:

Please provide trust documentation that includes the name of the trust, name of trustee(s) and successor trustee(s), and the signature page signed by trustee. For a business, please provide documentation that names the individual(s) authorized to act/sign on behalf of the business.

Current Owner's Signature

Date

New Owner's Signature

Date

Please return the completed form to our office. You will receive a copy to place with your certificate after we have recorded the change.

FOR WESTERN CATHOLIC UNION USE ONLY:

The Western Catholic Union has recorded the change requested and retained the original of the request.

Dated at Quincy, IL: _____ By: _____
Kent D. Stegeman – Secretary/Treasurer & CFO