



WESTERN CATHOLIC UNION

A FRATERNAL BENEFIT SOCIETY
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(800) 223-4928 – (217) 223-9721
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AUTOMATIC ANNUITY WITHDRAWALS

Certificate Number: _____ Date: _____

Name of Insured: _____

Address of Insured: _____

Agent Name: _____ Agent #: _____

CHOOSE ONE OPTION

- _____ Current credited interest
- _____ Flat percent per year _____ %
- _____ Specified dollar amount per withdrawal (Minimum \$50) \$ _____

FREQUENCY

Monthly _____ Quarterly _____ Semi-Annual _____ Annual _____

Start Date (Month/Day/Year) _____ / _____ / _____

ELECTION FOR TAX WITHHOLDING

- _____ Withhold federal income tax from my distribution _____ % or \$ _____
- _____ Do not withhold federal income tax from my distribution

MAIL OR DIRECT DEPOSIT

- _____ Please mail 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. Complete section below. Please attach a copy of a voided check.

Name on Bank Account: _____

Account Type: _____ Checking _____ Savings

Bank Name: _____

Bank Address: _____

Routing #: _____ Account #: _____

Signature of Owner/Insured

Date