



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



CHANGE OF BENEFICIARY

Insured: _____ Date: _____

Certificate Number(s): _____

I would like to request that Western Catholic Union change the beneficiary designations on my above numbered certificate(s) to:

PRIMARY BENEFICIARY(IES)

| Primary Beneficiary's Name and Address | Relationship to Insured | Date of Birth | SSN or Taxpayer ID | Share % * |
|--|-------------------------|---------------|--------------------|-----------|
| Name: Address: | | | | |
| Name: Address: | | | | |
| Name: Address: | | | | |

CONTINGENT BENEFICIARY(IES)

| Contingent Beneficiary's Name and Address | Relationship to Insured | Date of Birth | SSN or Taxpayer ID | Share % * |
|---|-------------------------|---------------|--------------------|-----------|
| Name: Address: | | | | |
| Name: Address: | | | | |
| Name: Address: | | | | |

* Share % must total 100%.....if no Share % is specified, payments will be made in **EQUAL** shares.

******IMPORTANT****** If a **Trust** is named as beneficiary, we **REQUIRE** a copy of the **first page**, the page naming **trustee(s) and successor trustee(s)**, the page stating the **tax id number**, and the **signature page** of the **Trust**.

Community Property State Consent for residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

Signature of Spouse

Date

It is hereby agreed that the changes requested above shall not become effective unless and until this request is received by the Society at its Home Office.

Signature of Insured/Owner

Date

Witness to Signature

Date

If additional space is needed for either the primary or contingent beneficiary arrangement, please put this information on the reverse of this form or attach an additional sheet of paper. This additional information **MUST** also be signed and dated.