



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



SERVICE REQUEST

Insured: _____ Date: _____ Branch Number: _____

Certificate Number(s): _____ Attention: _____

SERVICE REQUEST

LOAN: Net amount: \$ _____ **DIVIDEND WITHDRAWAL:** \$ _____
 Apply \$ _____ to same certificate to pay premium(s) due _____ loan interest
 Apply \$ _____ to certificate number _____
 Apply \$ _____ to new insurance. Date of application: _____ Application #: _____

DIVIDEND OPTION: Change from _____ to _____

TERMINATION OF _____ RIDER

PAID-UP INSURANCE: Reduced Paid-Up (A) Free from Loan (B) With Loan Continued (C) Paid-Up Term Insurance with Pure Endowment, if any

SPECIFIC INSTRUCTIONS/ADDITIONAL SERVICE (INCLUDING CHANGE IN CONTRACT) _____

STATEMENT OF LOSS OR DESTRUCTION

Insured's date of birth: _____

The certificate(s) was/were: lost destroyed, on or about _____ because _____

The certificate(s) is/are in the possession of _____ because _____

Does any beneficiary or any other person have any ownership interest or rights in the certificate(s) listed above by virtue of any assignment, gift, property settlement or separation agreement, bankruptcy or other court order? No Yes

If yes, explain: _____

NAME CHANGE

I, _____ formerly _____
(New Name) (Previous Name)

the _____ under the above certificate(s) changed my name due to _____
(Insured, Owner, Beneficiary, etc.)

****Please include proof of name change such as marriage license or divorce decree****

NEW ADDRESS

Name and Interest in Certificate (Insured, Owner, Beneficiary): _____

(Street, City, State, Zip + 4 Code)

ELECTION OR CANCELLATION OF CERTIFICATE PROVISION FOR AUTOMATIC LOAN TO PAY PREMIUM (Check One)

ELECT, as of next premium due date. CANCEL.

IF CHECK TO BE MADE PAYABLE TO OTHER THAN OWNER, SHOW NAME: _____

Address if other than that of owner: _____

OWNER'S SOCIAL SECURITY NUMBER: _____

If the Social Security number is not supplied, the certificate(s) may be subject to federal and state tax withholding. I certify that (1) The number shown on this form is my correct social security number and (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

I (we) have requested the above change(s) and have read and agree to the supplementary terms on the reverse side of this form pertaining to my (our) request.

THE REVERSE SIDE CONTAINS THE TERMS AND OTHER IMPORTANT INFORMATION.

Date: _____ Phone Number: _____

Signature (Owner) _____

AGENT OR HOME OFFICE USE

Pending Transaction: Contact: Certificate Owner Agent Home Office

Completed Transaction: Send to: Certificate Owner Agent Home Office

PRINT - AGENT OR HOME OFFICE

NOTE: Checks will be sent only to payee or agent.

SERVICE REQUEST 07/2016

Beneficiary Change

If more than one Primary/Contingent beneficiary is named, indicate % of share. Total % must equal 100%. This change will revoke all previous beneficiary designations; a Primary beneficiary MUST be named.

Primary

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

Primary

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

Contingent

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

Primary

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

Primary

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

Contingent

Name: _____ %

SS #: _____ DOB: _____

Relationship: _____

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

Date

Signature (Witness)

Date

SUPPLEMENTARY TERMS AND PROVISIONS

CERTIFICATE LOAN

Your certificate loan provisions and the following terms constitute your WCU Loan Agreement, which includes the loan made through this request, any other loans and accrued interest (collectively "indebtedness"). Loan interest will accrue daily at the certificate rate (fixed) and will be payable on the certificate anniversary. Interest remaining unpaid will be added to the principal. If the indebtedness on the certificate equals or exceeds the certificate cash value, the certificate will terminate after 31 days from the date we send termination notice. Loans may be paid in whole or in part at any time before the insured's death, WCU will apply payment first to due or overdue certificate loan interest with any excess applied to due or overdue premiums and then to repayment of certificate indebtedness. The indebtedness will be secured solely by the one certificate to which it refers and will be automatically repaid; (a) if the certificate is surrendered; or (b) there is a default in payment of premiums; or (c) the indebtedness becomes equal to or greater than the cash value; or (d) the certificate matures and proceeds become payable. If this loan is granted after the due date of any premium in default, any extended term insurance which may become effective shall be computed as though this loan had been granted on the due date. This indebtedness is not dischargeable in bankruptcy under current federal law.

REQUEST FOR CHANGE IN CONTRACT

For any change involving a certificate provision (rider or benefit removal or change in certificate) an endorsement is prepared by the Society for attachment to the certificate. The certificate is required for termination of riders. If a change of premium mode, be sure the new mode is available. No signature is required.

PAID-UP INSURANCE

Upon receipt of this election, the Society's liability is limited to the option or benefit elected, except when Option A or B is elected and the certificate provides Option C as the automatic option on lapse. Option C becomes effective at the end of the days of grace and continues until the end of the period specified in the certificate for election of reduced paid-up insurance on lapse or until the prior end of the term insurance and then the reduced paid-up insurance becomes effective. If the certificate provides for additional insurance benefits (double indemnity, disability benefits, etc.) any paid-up insurance will be without these benefits.

STATEMENT OF LOSS OR DESTRUCTION

In consideration of the Society issuing a statement of insurance coverage showing the present status of the contract, the owner(s) agrees to reimburse the Society for any liability it may suffer as a result of the statement being issued or the Society's inability to inspect or endorse the original certificate. The owner(s), further agrees to return the Statement of Insurance Coverage along with the certificate if it is found so the certificate can be updated. This agreement will also apply if you lose your Statement of Insurance Coverage and request a duplicate.

ELECTION OR CANCELLATION OF CERTIFICATE PROVISION OF AUTOMATIC LOAN TO PAY PREMIUMS

An endorsement is prepared by the Society for your review and acceptance.

HELPFUL HINTS

1. Is this request to surrender a certificate? If so, please use The Full or Part Surrender Request Form instead of this form.
2. This form may be used for multiple service requests for more than one certificate provided:
 - a) The request is to apply uniformly to each certificate.
 - b) If the Owner's signature is required, the Owner is the same for all certificates.
3. Please be as specific as possible when giving instructions.
4. Be certain all required forms, checks, etc. are attached.
5. Agents: Don't forget to complete the routing instructions on the bottom front of this form. This will help Certificate Service know who to contact and where to send the completed transaction.
6. For additional information or service call toll free 1-800-223-4928.