



# WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877  
510 Maine Street, Quincy, Illinois 62301  
(800) 223-4928 – (217) 223-9721 – Fax (217) 223-9726  
[www.wculife.org](http://www.wculife.org)



## CHANGE OF BENEFICIARY

### INFORMATION

Annuitant/Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate #(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:				
Name: Address:				

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

### 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:				
Name: Address:				

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

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. The additional sheet **MUST** also be signed and dated.

### \*\*\*\* IMPORTANT \*\*\*\*

If a **Trust** is named as beneficiary, we **require** a copy of the following pages of the **Trust**:

- first page with name of trust • page naming trustee(s) and successor trustee(s) •
- page stating the tax id number • signature page •

## COMMUNITY PROPERTY STATE CONSENT

**For residents of Alaska, 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: \_\_\_\_\_

## SIGNATURE OF OWNER(S)

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.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ 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:

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

Signed on \_\_\_\_\_ at Quincy, IL by \_\_\_\_\_  
(Month, Day, Year) Matthew C Bainbridge – Secretary