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

CHANGE OF OWNERSHIP – ANNUITIES ONLY

INFORMATION

Annuitant: _____ Certificate #: _____

Current Owner: _____ Owner Social Security #: _____

Current Joint Owner: _____ Joint Owner Social Security #: _____

IMPORTANT

Ownership of annuities may NOT be transferred to another individual – only to an entity such as a Trust or Business.

NEW OWNER INFORMATION

Name of Trust or Business: _____

Name of Trustee or Authorized Representative: _____

Address: _____

Phone #: _____ Tax Identification #: _____

DOCUMENTATION REQUIREMENTS

If a **Trust** is named as beneficiary, we **require** a copy of **each** of the following pages from the Trust:
• Name of the trust • Names of trustee(s) and successor trustee(s) • Tax id number • Signature page

If a **Business** is named as beneficiary, we **require** a copy **one** of the following: • Corporation's Bylaws
• Resolutions • Other documentation that names the individual(s) authorized to act/sign on behalf of the business

SIGNATURE OF OWNERS

By signing below: The owner understands that this transaction may be a taxable and reportable event. The owner has consulted with an attorney, financial or tax advisor, or accountant and acknowledges that a tax liability may exist and agrees that Western Catholic Union will not be liable for any taxes as a consequence of this change. The owners agree to hold harmless and indemnify Western Catholic Union for any and all claims or demands which may be made by reason of this ownership change.

Current Owner: _____ Date: _____

Current Joint Owner: _____ Date: _____

New Owner: _____ Date: _____

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

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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

CHANGE OWNER – ANN 11/2021