



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 – LIFE CERTIFICATES ONLY

INFORMATION

Insured: _____ Certificate #: _____

Current Owner: _____ Owner Social Security #: _____

COMPLETE SECTION A or SECTION B (Complete only ONE section)

A. New Owner Information – Individual Only

Name: _____ Relationship to Insured: _____

Address: _____

Phone #: _____ Social Security #: _____ Date of Birth: _____

B. New Owner Information – Trust or Business Only

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

Current Owner: _____ Date: _____

New Owner: _____ 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