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Western Catholic Union
A Fraternal Benefit Society
510 Maine St, Quincy, IL 62301
217-223-9721 • Fax: 217-223-9726
www.wculife.org

ANNUITY APPLICATION CHECKLIST
OHIO

REQUIRED FOR ALL ANNUITY APPLICATIONS:

- ☐ Application for Individual Annuity
- ☐ Ohio Disclosure
- ☐ Form W-9
- ☐ Annuity Suitability Disclosure

REQUIRED IF FUNDS ARE COMING FROM ANOTHER LIFE OR ANNUITY POLICY:

- ☐ Authorization to Transfer Funds (Not required if coming from a WCU policy)
- ☐ Replacement of Annuities or Life Insurance

REQUIRED IF DRAFTING PREMIUM(S) FROM BANK ACCOUNT:

- ☐ Automatic Premium Payment Authorization

REQUIRED FOR ALL SPIA APPLICATIONS:

- ☐ Form W-4P
- ☐ ACH Authorization (for direct deposit of payments)

REQUIRED IF INTEREST PAYMENTS ARE ELECTED ON APPLICATION:

- ☐ Form W-4R
- ☐ ACH Authorization (for direct deposit of payments)

OTHER FORMS THAT MAY BE NEEDED:

AVAILABLE ON THE AGENT FORMS PAGE AT WCULIFE.ORG OR IN THE AGENT PORTAL

Additional Beneficiaries

Automatic Annuity Withdrawal Form

Conditional Receipt

NOTES FOR THE HOME OFFICE:

_____

_____

_____

_____

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APPLICATION FOR INDIVIDUAL ANNUITY

Is the Annuitant an existing member of Western Catholic Union? . . . . . ☐ Yes ☐ No
I understand if my application is approved I am automatically a member of WCU.

OWNER

Name (first name, middle initial, last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Phone: _____

U.S. Citizen: ☐ Yes ☐ No Email Address: _____

JOINT OWNER (OPTIONAL FOR NON-QUALIFIED ANNUITIES)

Name (first name, middle initial, last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Phone: _____

U.S. Citizen: ☐ Yes ☐ No Email Address: _____

ANNUITANT (IF OTHER THAN OWNER - OWNER MUST BE ANNUITANT ON QUALIFIED PLANS)

Check here if Owner and Annuitant are the same: ☐

Name (first name, middle initial, last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Phone: _____

U.S. Citizen: ☐ Yes ☐ No Email Address: _____

JOINT ANNUITANT (REQUIRED FOR JOINT AND SURVIVOR SPIA'S) (OPTIONAL FOR NON-QUALIFIED DEFERRED ANNUITIES. JOINT ANNUITANTS ARE DEEMED TO BE EACH OTHER'S PRIMARY BENEFICIARY.)

Proposed Joint Annuitant (first name, middle initial, last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Phone: _____

Relationship: _____ If Female, Maiden Name: _____

PAYEE (If other than Annuitant)

Name (first name, middle initial, last name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Phone: _____

U.S. Citizen: ☐ Yes ☐ No Email Address: _____

PREMIUM AND TAX QUALIFICATION STATUS

Plan Type: ☐ Non-Qualified ☐ IRA ☐ Roth IRA ☐ Other _____

Initial or Single Premium Amount:

Amount submitted with application $ _____ Estimated amount of 1035 exchange, rollover or transfer $ _____

Source of Premium (check all that apply):

☐ Check ☐ Non-Qualified 1035 Exchange ☐ Indirect IRA Rollover

☐ Roth IRA ☐ Roth Conversion ☐ Other _____

☐ Qualified Direct Rollover (401(k) or other qualified retirement plan)

☐ Direct Transfer (IRA or non-qualified CD or brokerage account)

Ongoing Premiums: Amount $ _____ Frequency _____

☐ See Automatic Premium Payment Authorization ☐ Send bills to Owner

TYPE OF ANNUITY

☐ FLEX _____ years ☐ SPDA _____ years ☐ MYGA _____ years ☐ SPIA ☐ Other _____

INTEREST

☐ Accumulate within annuity or Withdraw: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

INCOME OPTION

☐ Income for a Specified Period _____ years (must be between 3 and 20)

☐ Income of a Specified Amount $ _____ ☐ Monthly ☐ Annually

☐ Life Only

☐ Life Annuity with a Period Certain Period Certain: ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

REPLACEMENT

Do you have existing life insurance policies or annuity contracts in force with this or any other company? ..... ☐ Yes ☐ No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance policy or annuity with this or any other company? ..... ☐ Yes ☐ No

If yes, furnish insurance company's name and address and the policy number to be replaced. _____

PRIMARY BENEFICIARY

Name	Relationship	SSN/Taxpayer ID	Date of Birth	Share %*	☐No ☐Yes** Irrevocable?

Address	City	State	Zip + 4 Code

Name	Relationship	SSN/Taxpayer ID	Date of Birth	Share %*	☐No ☐Yes** Irrevocable?

Address	City	State	Zip + 4 Code

CONTINGENT BENEFICIARY

Name	Relationship	SSN/Taxpayer ID	Date of Birth	Share %*

Address	City	State	Zip + 4 Code

Name	Relationship	SSN/Taxpayer ID	Date of Birth	Share %*

Address	City	State	Zip + 4 Code

* Share % must total 100%. If no Share % is specified, payments will be made in equal shares.
** "No" is the most common choice. "Yes" eliminates the Owner's ability to unilaterally change the beneficiaries of the contract.

REPRESENTATIVE'S STATEMENT

I hereby certify that each of the questions on this application was personally asked by me of the Proposed Annuitant and Proposed Owner if other than the Proposed Annuitant. To the best of my/our knowledge and belief the Proposed Owner ☐ ***does*** ☐ ***does not*** have any existing life insurance or annuity coverage and the annuity coverage applied for ☐ ***will*** ☐ ***will not*** replace any existing life insurance or annuity coverage. The answers have been accurately recorded in this application.

I believe this transaction is suitable given the Proposed Owner's financial situation and needs. I have complied with requirements for disclosures and/or replacement forms as necessary.

Signature of Western Catholic Union Licensed Representative _____ Date _____

Western Catholic Union Licensed Representative's Printed Name _____ Representative Number _____

PREMIUM RECEIPT

Received from: _____ the sum of $_____ for an annuity applied for on this date to the Western Catholic Union, Quincy, Illinois.

This is a premium receipt, and it is expressly understood, that the Western Catholic Union, ASSUMES NO LIABILITY THEREUNDER until and unless the application is accepted by the society, under its rules, limits and standards, and any balance of first payment has been paid.

If the application for an annuity applied for should not be acceptable to the Western Catholic Union, the Western Catholic Union will refund the payment in accordance herewith.

Signature of Western Catholic Union Licensed Representative _____ Date _____

AGREEMENT

The proposed Annuitant and Owner hereby consent to the annuity in this application applied for, and declare that all of the answers and statements in this application are full, complete and true to the best of their knowledge and belief. It is understood and agreed: 1) the answers and statements in this application are offered to the Society in consideration for and will be a part of any contract issued on the basis of this application; 2) acceptance of any contract issued shall constitute a ratification of any endorsement with the Contract, except that no change in plan or type of annuity, amount, classification, or benefits shall be effective unless agreed to in writing by the Annuitant; 3) no agent has authority to waive any of the Society's rights or requirements or to make or alter any contract; and 4) the contract applied for shall take effect on the later of: (a) the date requested by the Applicant; (b) the date this application is approved by the Society at its Home Office; or (c) the date the first stipulated payment is received in full, at the Home Office of the Society.

I certify that the Social Security Number(s) and/or Taxpayer's Identification Number(s) provided in this Application are correct and that I am not subject to backup withholding.

I understand that the Western Catholic Union is a Fraternal Benefit Society. I agree that I will comply with the laws, rules, and regulations of the Western Catholic Union as they now are, or as hereafter enacted or amended. I further agree that the Western Catholic Union Articles of Incorporation, bylaws, this application signed by me and the Contract to be issued hereon, together with all amendments to each, shall constitute the agreement between me and the Western Catholic Union.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalty under state law.

Signature of Proposed Owner _____

_____
Title (if Proposed Owner is a corporation, partnership, trust or custodian)

Signed at _____ Date _____
City, State

Signature of Proposed Joint Owner (Optional for non-qualified annuities) _____

_____
Title (if Proposed Joint Owner is a corporation, partnership, trust or custodian)

Signed at _____ Date _____
City, State

Signature of Proposed Annuitant (if other than Proposed Owner)

_____

Signed at _____ Date _____
City, State

Signature of Parent/Legal Guardian/Legal Representative

_____
(if Proposed Annuitant is age 0-17)

Signed at _____ Date _____
City, State

Signature of Proposed Joint Annuitant (if any)

_____

Signed at _____ Date _____
City, State

Signature of Witness (if Propsed Owner is a corporation, partnership, trust or custodian)

_____

Signed at _____ Date _____
City, State

WESTERN CATHOLIC UNION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY, AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

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DISCLOSURE

WESTERN CATHOLIC UNION IS LICENSED TO DO BUSINESS IN THE STATE OF OHIO. AS MEMBERSHIP ORGANIZATIONS, FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO GUARANTY ASSOCIATION. THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CONTRACT HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CONTRACT ISSUED BY THE SOCIETY.

Signed: _____ at _____
(Month, Day, Year) (City, State)

_____
Signature of Proposed Insured

_____
Signature of Applicant/Owner (Only if other than Proposed Insured)

_____
Relationship of Applicant/Owner to Proposed Insured

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

WESTERN CATHOLIC UNION
510 MAINE ST
QUINCY, IL 62301-3903

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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ANNUITY SUITABILITY DISCLOSURE

INFORMATION

Thank you for your interest in the Western Catholic Union Fraternal Benefit Society and our annuity contract. Your state law requires that any person considering the purchase of an annuity contract must be given the opportunity to provide information concerning his or her financial condition to the agent selling the contract. The information given will be used to determine if the proposed annuity contract is appropriate for your financial circumstances. You may decline to provide this information, but in so doing, you take full responsibility in determining whether the proposed annuity contract is suitable for you. By signing, you acknowledge your understanding that an annuity is generally a long-term investment and that withdrawals may be subject to charges.

Proposed Annuitant: _____ **Age:** _____

Joint Annuitant: _____ **Age:** _____

Proposed Product: _____ **Amount of Proposed Annuity:** $_____

WAIVER OF ANNUITY SUITABILITY DISCLOSURE

☐ **No,** I will not answer the questions on this Annuity Suitability Disclosure and I take full responsibility for determining whether the proposed annuity is suitable for me. **(Please sign and date page 2.)**

☐ **Yes**, I agree to answer the questions below and I understand that my responses will be used to evaluate the suitability of an annuity contract. I understand that the Western Catholic Union may elect not to issue the annuity contract being applied for based on a reasonable determination that the product may not be suitable for me/us. **(Please complete ALL questions. Sign and date on page 2.)**

How long have you been investing? _____ Years

Primary financial objectives: (Check all that apply.)

☐ Preservation of Capital ☐ Future Income ☐ Wealth Accumulation ☐ Inheritance
☐ Charitable Giving ☐ Education Planning ☐ Tax Deferral ☐ Immediate Income

What other financial assets exist that you own? ☐ Life Insurance $_____ Total Face Amount
☐ Annuities ☐ Stocks ☐ Bonds ☐ Real Estate ☐ CD's ☐ Cash

Risk tolerance: ☐ Conservative ☐ Moderate ☐ Aggressive

Intended use or primary purpose of this annuity: (Check all that apply.)

☐ Tax-Deferred Growth ☐ Immediate Income ☐ Other (Specify.) _____

Financial time horizon for this investment: When will you need the money you are investing in this annuity? (Check one.)

☐ 1 year or less ☐ 1-3 years ☐ 3-7 years ☐ 7-10 years ☐ 10+ years
☐ Never (Money for charity/inheritance.)

Financial information: Annual household income: $_____ Liquid net worth: $_____

Estimated monthly income: $_____ **Estimated monthly expenses:** $_____

Source of income: ☐ Employment ☐ Investments ☐ Social Security ☐ Retirement ☐ Other

Federal tax bracket: ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

Do you have any funds available to you in case of emergency? ☐ Yes ☐ No

If this policy is a replacement, an exchange, or is paid for with money from another contract, I believe the purchase of this annuity will better meet my financial needs. ☐ Yes ☐ No ☐ N/A

Percentage of proposed annuity to estimated net worth: _____%.
(If more than 50%, sale will not meet company guidelines.)

After I purchase this annuity, I will still have sufficient cash, income, or other liquid assets over and above the 10% surrender-fee amount available to me each year from this new annuity to meet my current and foreseeable future liquidity needs. ☐ Yes ☐ No

I believe that I will benefit from certain features of this annuity, such as tax deferred growth, safety of principal, lifetime income and/or death or living benefit. ☐ Yes ☐ No

SIGNATURES

To the best of my knowledge and belief, the answers provided above are true and complete.

Proposed Annuitant: _____ Date: _____

Joint Annuitant: _____ Date: _____

Agent's Statement: I have reasonable grounds for believing that the recommendations for this consumer to purchase/exchange or replace an annuity is suitable on the basis of the facts disclosed by the client as to their current investments, financial situation, and needs.

Agent: _____ Agent Number: _____ Date: _____

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AUTHORIZATION TO TRANSFER FUNDS

SURRENDERING COMPANY INFORMATION

Company Name: _____

Address: _____

Phone Number: _____ Approximate Transfer Amount: $_____

Date to complete transfer/surrender: ☐ Immediately ☐ Before _____ ☐ After _____

ANNUITANT(S) / INSURED / OWNER INFORMATION

Annuitant/Insured: _____ Social Security Number: _____

Address: _____

Joint Annuitant: _____ Social Security Number: _____

Address: _____

Owner (if different): _____ Social Security Number: _____

Address: _____

The undersigned hereby requests and directs that the following action be taken to transfer the account/policy funds identified below.

CERTIFICATE OF DEPOSIT

Account Number: _____

- ☐ Liquidate on the maturity date of ____/____/____.
- ☐ Liquidate upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.
- ☐ Partial Transfer – $_____

LIQUIDATE (See page 3 for Medallion Stamp Signature Guarantee) – Please select ONLY one

Brokerage Account Number: _____

- ☐ Full Transfer
- ☐ Partial Transfer – $_____ – Number of Shares _____

Mutual Fund(s) Account Number: _____

- ☐ Full Transfer
- ☐ Partial Transfer – $_____

Money Market Account Number: _____

- ☐ Full Transfer
- ☐ Partial Transfer – $_____

401K Pension Plan(s) – May require the company's own paperwork to withdraw. Client must contact their former employer to initiate the transfer.

- ☐ Full Transfer
- ☐ Partial Transfer – $_____

ANNUITY CONTRACTS

Existing plan: ☐ Non-Qualified Annuity ☐ IRA ☐ Roth IRA ☐ Keogh ☐ SEPP
☐ Converted Roth IRA ☐ TSA ☐ 457 ☐ Other _____

Account Number: _____

☐ **1035 Tax-Free Exchange** – (Please be sure to complete the Absolute Assignment section) – Surrender a non-qualified annuity contract for the purchase of another non-qualified contract under Section 1035 of the Internal Revenue Code.

- ☐ Full Surrender
- ☐ Partial Surrender – $_____
- ☐ Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract holder of the cost basis in the contract.

☐ **Transfer** – Surrender of qualified annuity contract(s) under Section 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under same section of the Internal Revenue Code.

- ☐ Full Surrender
- ☐ Partial Surrender – $_____

☐ **Surrender** – The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.

- ☐ Full Surrender
- ☐ Partial Surrender – $_____

☐ **TSA/403(b) Transfer** – (TSA to TSA) – This transaction is intended to qualify as a tax-free transfer under Revenue Ruling 90-24.

- ☐ Full Transfer
- ☐ Partial Transfer – $_____

☐ **Direct Transfer** – This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

- ☐ Full Transfer
- ☐ Partial Transfer – $_____
- ☐ Western Catholic Union contract number is _____.

LIFE CONTRACTS

Policy Number: _____

☐ **Surrender** – The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.

☐ **Surrender entire contract**.

☐ **1035 Tax-Free Exchange** – (Please be sure to complete the Absolute Assignment section) – Surrender a Life Insurance contract for the purchase of another non-qualified contract under Section 1035 of the Internal Revenue Code.

- ☐ Full Surrender
- ☐ Partial Surrender – $_____
- ☐ Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract holder of the cost basis in the contract.

ABSOLUTE ASSIGNMENT

☐ The owner of the above contract(s) assigns ☐ all or ☐ part ownership and rights under the above numbered contracts absolutely to the following assignee, Western Catholic Union.

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s), as to the amounts shown above are irrevocably transferred. The sole beneficiary and payee of the partial or total amounts shown above shall be the above-named assignee. The assignment is subject to any prior collateral assignments affecting the contracts.

The assignee shall place the transferred amount into contract number _____ on behalf of the insured.

CONTRACT

☐ Contract is attached.

☐ Contract is lost. I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and believe it is not in anyone's possession.

FEDERAL INCOME TAX WITHHOLDING

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your surrender. You also may be subject to tax penalties underestimated tax payment rules if your payments of estimated tax and withholding if any are not adequate.

☐ I do not want any federal income tax withheld for the surrender of the contract.

☐ I do want to have federal income tax withheld. $_____ or _____%.

MINIMUM DISTRIBUTION – IRA CONTRACTS ONLY

If you are age 73 or older, please be sure to enter the following information:

☐ Please proceed with the transfer of the proceeds, I have already taken my minimum distribution for the current year.

☐ I have not yet taken my minimum distribution, but please proceed with the transfer, I will take it later this year.

☐ Please retain my minimum distribution until such time as it is required to be distributed.

AUTHORIZATION

I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes Western Catholic Union to act on my request and to receive any information and proceeds because of this transfer.

I have completed a Western Catholic Union annuity or life application and other documentation required for this transfer.

Western Catholic Union will immediately endorse the proceeds check to the contract number, _____, I have applied for upon receipt of the funds.

I understand the amount of the proceeds may vary depending upon the exact date of the transfer. I respectfully request that this transfer be accomplished as quickly as possible and thank you in advance for your cooperation in this matter.

I also authorize Western Catholic Union or its representative to inquire about the status of this transfer/exchange on my behalf any time prior to the transfer of these funds. _____
Insured/Owner Initials

Please make the check payable to **Western Catholic Union**.

For the benefit of _____

Dated at _____ this _____ day of _____, 20_____

Signature of Owner: _____

Signature of Joint Owner: _____

* Signature of Spouse: _____

Signature of Witness: _____

If required:
Medallion Stamp Signature Guarantee: _____ **Affix Medallion Stamp Above**

*** If you reside in one of the following community property states, the spouse must also sign:**
Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.

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REPLACEMENT OF ANNUITIES OR LIFE INSURANCE

INFORMATION

Applicant: _____ Joint Applicant: _____

Producer: _____ Agent #: _____

IMPORTANT NOTICE

This document must be signed by the applicant(s) and the producer, if there is a producer, and a copy left with the applicant(s).

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER:	CONTRACT OR POLICY #:	INSURED OR ANNUITANT:	REPLACED (R) OR FINANCING (F):

Make sure you know the facts. Contact your existing company or its producer for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the producer in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because_____.
A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

PREMIUMS:
Are they affordable? Could they change? You're older-are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:
New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid; you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

INSURABILITY:
If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid? How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy? Is this a tax-free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

NOTICE:
In the case of a replacement, you have the right to return the policy or contract within 30 days of its delivery and receive a full refund of all premiums or considerations paid, including any policy fee or charges.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

I **do not** want this notice read aloud to me. _____ (Applicant **must** initial only if they **do not** want the notice read aloud.)

RETURN TO WCU – PROVIDE COPY TO APPLICANT – KEEP COPY FOR YOUR RECORD

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AUTOMATIC PREMIUM PAYMENT AUTHORIZATION

• • NEW ANNUITY CERTIFICATE • •

INFORMATION

Annuitant: _____

Owner (if other than annuitant): _____

Joint Owner (if applicable): _____

OPTIONS (Choose ONE)

ANY ANNUITY

☐ Withdraw premium **ONE TIME ONLY** on date of issue.

FLEXIBLE ANNUITY ONLY

☐ Withdraw $_____ on date of issue; then $_____ on the _____ day each month thereafter.
(1st – 28th only)

☐ Withdraw $_____ on date of issue; then $_____ on the same day each month thereafter.

BANK INFORMATION

Amount: $_____ Account Type: ☐ Checking (attach voided check below – no deposit slips) ☐ Savings

IF VOIDED CHECK IS NOT PROVIDED, OR SAVINGS IS SELECTED, COMPLETE BANK INFO

Name on Bank Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing #: _____ Account #: _____

BANK AUTHORIZATION

- I hereby authorize Western Catholic Union (WCU) to withdraw any amounts owed by initiating debit entries from my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make correcting credit/debit entries to my account.
- Certificate Owner is responsible for the accuracy of the payment information.
- ACH will remain in effect until terminated by me or WCU upon written notice. **(Does NOT apply to ONE TIME w/d)**

Signature of Bank Account Holder: _____ Date: _____

SIGNATURE(S)

Owner: _____ Date: _____

Joint Owner: _____ Date: _____
(if applicable)

ATTACH VOIDED CHECK HERE

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☑ **Single** or **Married filing separately**

☐ **Married filing jointly** or **Qualifying surviving spouse**

☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . . **3(b)** $

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . . **3(c)** $

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

No withholding I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 . . . . . ☐

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	%

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

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ACH AUTHORIZATION

INFORMATION

Annuitant/Insured: _____ Certificate # _____

Owner (if other than annuitant/insured): _____

Joint Owner (if applicable): _____

TYPE OF DISTRIBUTION

☐ Interest ☐ RMD ☐ Systematic Withdrawal ☐ Other _____

Start Date (Month/Day/Year) _____

BANK INFORMATION

Account Type: ☐ Checking (include voided check - no deposit slips) ☐ Savings

IF VOIDED CHECK IS NOT PROVIDED, OR SAVINGS IS SELECTED, COMPLETE BANK INFO

Name on Bank Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing #: _____ Account # _____

BANK AUTHORIZATION

- I hereby authorize Western Catholic Union (WCU) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make correcting credit/debit entries to my account.
- Certificate Owner is responsible for the accuracy of the payment information.
- ACH will remain in effect until terminated by me or WCU upon written notice.

Signature of Bank Account Holder: _____ Date: _____

SIGNATURE(S)

Owner: _____ Date: _____

Joint Owner: _____ Date: _____
(if applicable)

AFFIX VOIDED CHECK HERE