



# WCU FINANCIAL

ESTABLISHED IN 1877  
FAITH | STRENGTH | SECURITY

Western Catholic Union  
A Fraternal Benefit Society  
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## ADDRESS CHANGE

### INFORMATION

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

Owner (if other than annuitant/insured): \_\_\_\_\_

Joint Owner (if applicable): \_\_\_\_\_

Certificate #(s): \_\_\_\_\_

### INSTRUCTIONS

Change address of:  Owner  Joint Owner  Annuitant/Insured  Payor  Beneficiary

### NEW INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_  Cell  Home  Work

Alternate Telephone Number: \_\_\_\_\_  Cell  Home  Work

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### SIGNATURE(S)

By signing below, I certify that the information above is true and complete to the best of my knowledge. I understand that any person who knowingly presents a false statement in a claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)