



# 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)



This life application kit is for the state of:

**Colorado, Illinois, Iowa, Maryland, Missouri,  
Pennsylvania, Texas, West Virginia &  
Wisconsin**

**Juvenile Term to 25**

**(Issue ages 0-18 – Face amount \$10,000 OR \$20,000)**

**Contents:**

**Juvenile Term to 25 Application – ICC21JUVE TERM APP 04/2021**

**Other form that may be needed (these can be found in the individual forms section at [www.wculife.org](http://www.wculife.org)):**

- **Additional Beneficiaries Form – ADDITIONAL BENES 11/2021.**
- **Conditional Receipt for Life/Annuity application advance payments.**



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## Application for Individual Single Premium Term Life Insurance to Age 25

### Child to be Insured

Child to be Insured (First Name, Middle Initial, Last Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Sex: ☐ Male ☐ Female

Street Address, City, State, Zip + 4 Code: \_\_\_\_\_

Coverage Amount Requested: ☐ \$10,000 for \$125 single premium ☐ \$20,000 for \$250 single premium

### Payor

Payor (First Name, Middle Initial, Last Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address, City, State, Zip + 4 Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Owner

Owner (First Name, Middle Initial, Last Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address, City, State, Zip + 4 Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Contingent Owner (Not required)

Contingent Owner (First Name, Middle Initial, Last Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address, City, State, Zip + 4 Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Beneficiary Designation (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Primary Beneficiary Name	Relationship to Insured	Social Security #	Date of Birth	Share
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Address	City	State	Zip + 4 Code
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Primary Beneficiary Name	Relationship to Insured	Social Security #	Date of Birth	Share
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Address	City	State	Zip + 4 Code
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## Representative's Statement

1. Does the child to be insured have existing life insurance policies or annuity contracts in force? ..... ☐ Yes ☐ No
2. Is the insurance applied for intended to replace any other insurance in force? ..... ☐ Yes ☐ No
3. Did you personally see the child to be insured at the time of application? ..... ☐ Yes ☐ No  
(Explain why not below.)

## Additional Information and Details

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Signature of Western Catholic Union Licensed Representative

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Date