

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



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):

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

LIFE APP 01/2025



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Application for Individual Single Premium Term Life Insurance to Age 25

lle Initial, Last Name):			
Date of Birth:	Age:	_ Birth Sex: Ma	le Female
ode:			
10,000 for \$125 single premium	\$20,000 for \$250 sin	gle premium	
st Name):			
Date of Birth:	Relations	nip to Child:	
ode:			
Email Add	ress:		
Date of Birth:	Relations	nip to Child:	
ode:			
Email Add	ress:		
red)			
le Initial, Last Name):			
Date of Birth:	Relationship to Child:		
ode:			
Email Add	ress:		
nore than one beneficiary is designated	, proceeds will be divided	equally unless you inc	licate a share.)
Relationship to Insured	Social Security #	Date of Birth	Share
City		State Zip +	4 Code
Deletionship to January	C:-1 C:4 #	Dete of Direct	Cl
Relationship to insured	зостат зеси пту #	Date of BITTI	Share
City		State Zip +	4 Code
	Date of Birth: Date of Birth: Bode: Date of Birth: Date of Birth: Email Add ast Name): Email Add Bode: Email Add Ted) Ile Initial, Last Name): Date of Birth: Email Add Ted) Relationship to Insured City Relationship to Insured	Date of Birth: Age: dete: 10,000 for \$125 single premium	Date of Birth: Relationship to Child: Date of Birth: Relationship to Child: Email Address: Date of Birth: Relationship to Child: Email Address: Email Address: Ted) Relationship to Child: Date of Birth: Relationship to Child: Date of Birth: Relationship to Child: Date of Birth: Relationship to Child: Temperature than one beneficiary is designated, proceeds will be divided equally unless you independent of the company

Co	ontingent Beneficiary Name	Relationship to Insured	Social Security #	Date of E	Birth	Share
Ad	ldress	City		State	Zip + 4	· Code
Co	ontingent Beneficiary Name	Relationship to Insured	Social Security #	Date of E	Birth	Share
Ad	ldress	City		State	Zip + 4	· Code
R	Replacement					
1.	Does the child to be insured have	existing life insurance policies or an	•]Yes □No
2.	any other company?	ed to replace or change any existing cany's name and address and the pol				Yes No
S		eck Yes or No for all 3 questions.) ceived diagnosis, treatment or medion circulatory disease, diabetes, psyc]Yes □No
2.	Immune Deficiency Syndrome (A	een diagnosed or treated by a member IDS), AIDS Related Complex (ARC	c) or tested positive for Hu	ıman	_]Yes □No
3.	the medical profession for any rea	be insured received diagnosis, treates son other than routine pediatric exar s (excluding diagnostic tests related	ninations, school physical	s, immuniza	tions]Yes □No
4.	Please give complete details to any	y "yes" answers.				
ŀ	Please Read and Sign					
iss ins	um the parent, grandparent or legal grands are true and complete to the based on this application. I further agresurance and shall not be in force untaree, for myself, the child to be in Western Catholic Union. I have att	est of my knowledge and belief. I a see that this insurance applied for shal il the application is accepted and the nsured and any beneficiary(ies).	agree that this application I be subject to the condition e contract of insurance isson to abide by the Article	will be the book and providued by Wester of Incorp	asis for a sions of the tern Cath	nny certificate he contract of solic Union. I
		FRAUD WARNING	NOTICE			
	ny person who knowingly presents a penalties under state law.			of a crimin	al offens	e and subject
NO GU IN BE CE	ESTERN CATHOLIC UNION IS I OT INCLUDED IN ANY STATE UARANTY ASSOCIATION). THIS ISOLVENCY OF OTHER LIFE IN ENEFIT SOCIETY IS RESPONSIF ERTIFICATE HOLDER MAY BE ESCRIBED IN THE CERTIFICATE	S LIFE AND HEALTH GUARA S MEANS THAT FRATERNAL BI ISURERS OR OTHER FRATERN BLE FOR ITS OWN SOLVENCY ASSESSED A PROPORTIONAT	NTY ASSOCIATION (CENEFIT SOCIETIES CAN AL BENEFIT SOCIETIES. IF THERE IS AN IM	OTHERWISI NNOT BE A ES. BY LA IPAIRMENT	E KNOV SSESSE W, A F OF RE	VN AS THE D FOR THE RATERNAL ESERVES, A
Sig	gned:	Year) at	(City,			
Wi			(City,	State)		
	Signature of Western Catho	lic Union Licensed Representative	Printed Name of Repo	resentative &	Represent	ative Number
	Signature of Member/Applie	cant (Parent, Grandparent or Legal Guardian	Printed Name of Men	nber/Applican	t	

Title of Owner

Representative's Statement							
1.	Does the child to be insured have existing life insurance policies or annuity contracts in force?	□No					
2.	Is the insurance applied for intended to replace any other insurance in force?]No					
3.	Did you personally see the child to be insured at the time of application?	□No					
	Additional Information and Details						
Sig	gnature of Western Catholic Union Licensed Representative Date						