



WCU FINANCIAL

ESTABLISHED IN 1877
FAITH | STRENGTH | SECURITY

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

CONDITIONAL RECEIPT

LIFE RECEIPT

THIS RECEIPT DOES NOT PROVIDE ANY INSURANCE UNTIL ITS CONDITIONS ARE MET

Received from _____, in connection with an application for insurance on the life of _____, in the sum of \$_____.

Please contact Western Catholic Union if you do not receive the certificate applied for or a refund of the amount paid within 60 days from the date of this Receipt. Please include the name of the agent and the date and amount paid.

All remittances must be payable to Western Catholic Union. Do not make payable to the Agent or leave the Payee blank.

FAIR CREDIT REPORTING ACT

Western Catholic Union may obtain an investigative consumer report, as you have authorized, whereby information is obtained through personal interviews with third parties, such as: family members; business associates; financial sources; friends; neighbors; or others with whom you are acquainted. This inquiry includes information as to your: character; general reputation; personal characteristics; and mode of living, whichever may be applicable. You have the right to make a written request, within a reasonable period of time for additional information concerning the nature and scope of such investigation, if made.

The insurance applied for will be effective on the later of: (1) the date of the application; or (2) the date of any initially required medical examination. Provided, the following conditions are met exactly: (1) the proposed insured is determined to be a standard risk for the amount and plan of insurance applied for in accordance with Western Catholic Union's underwriting rules then in effect; (2) the amount paid is not less than the full first premium for the amount and plan applied for; and (3) the payment is good and collectable. The maximum amount of life insurance, including accidental death, which may become effective under this Conditional Receipt, may not exceed \$300,000; this amount includes any other pending application for the proposed insured.

MEDICAL INFORMATION BUREAU (MIB)

Information regarding your insurability will be treated as confidential. Western Catholic Union, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's Information Office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Western Catholic Union, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. For more information about MIB, phone (866) 692-6901 or visit www.mib.com.

ANNUITY RECEIPT

Received from _____ the sum of \$_____ in cash, for an Annuity applied for this date to the WESTERN CATHOLIC UNION, Quincy, IL 62301.

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 duly paid.

If the application for an Annuity applied for should not be acceptable to the Society, the Society will refund the payment in accordance herewith.

AUTHORIZED REPRESENTATIVE (Must complete for Life or Annuity)

Authorized Representative Signature: _____ Agent #: _____

Authorized Representative Printed Name: _____ Date: _____