



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

JUVENILE TERM LIFE APPLICATION CHECKLIST FOR THE STATE OF OH

Issue Ages 0-18 • Face Amount \$10,000 or \$20,000

REQUIRED FOR ALL APPLICATIONS:

- Application for Individual Single Premium Term Life Insurance to Age 25
- Ohio Disclosure

REQUIRED IF PAYING PREMIUM BY ONE-TIME BANK DRAFT:

- Electronic Premium Payment Authorization

OTHER FORMS THAT MAY BE NEEDED:

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

Additional Beneficiaries
Conditional Receipt



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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 named, proceeds will be divided equally unless you indicate a share.)

Primary Beneficiary Name	Relationship to Insured	Social Security #	Date of Birth	Share

Address	City	State	Zip + 4 Code

Primary Beneficiary Name	Relationship to Insured	Social Security #	Date of Birth	Share

Address	City	State	Zip + 4 Code

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

Signature of Western Catholic Union Licensed Representative

Date



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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



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ELECTRONIC PREMIUM PAYMENT AUTHORIZATION

INFORMATION

Annuitant/Insured: _____

Owner (if other than annuitant/insured): _____

INSTRUCTIONS

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

BANK INFORMATION

Amount: \$ _____

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 withdraw the amount listed above by initiating a one-time debit entry from my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make a correcting credit/debit entry to my account.
- Certificate Owner is responsible for the accuracy of the payment information.

Signature of Bank Account Holder: _____ Date: _____

SIGNATURE

Owner: _____ Date: _____

