



# WCU FINANCIAL

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

## NAME CHANGE

### INFORMATION

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

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

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

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

### INSTRUCTIONS

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

Previous Name on Certificate: \_\_\_\_\_

Reason for Name Change (marriage, divorce, adoption, etc.): \_\_\_\_\_

### NEW INFORMATION

New Legal 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: \_\_\_\_\_

### OTHER REQUIREMENTS

Any name change for the **Owner, Joint Owner, Annuitant or Insured** – a **W9 form** for Social Security Number Verification **MUST** be completed.

### 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)