



# 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



## BENEFICIARY CHANGE

### INFORMATION

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

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

### PRIMARY BENEFICIARY(IES)

Name	Address, City, State, Zip	Relationship	Date of Birth	SSN or Tax ID	Share %*	Per Stirpes
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**

\* Share % must total 100%. If no Share % is specified, payments will be made in EQUAL shares.

\*\* If "Yes" under Per Stirpes, and if the listed beneficiary predeceases you, the portion that would go to the listed beneficiary would instead be divided equally amongst their heirs.

### CONTINGENT BENEFICIARY(IES)

Name	Address, City, State, Zip	Relationship	Date of Birth	SSN or Tax ID	Share %*	Per Stirpes
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**
						<input type="checkbox"/> No <input type="checkbox"/> Yes**

\* Share % must total 100%. If no Share % is specified, payments will be made in EQUAL shares.

\*\* If "Yes" under Per Stirpes, and if the listed beneficiary predeceases you, the portion that would go to the listed beneficiary would instead be divided equally amongst their heirs.

☐ **Additional beneficiaries are attached.** The additional sheet **MUST** also be signed, notarized and dated.

### • • IMPORTANT • •

If a **Trust** is named as beneficiary, a copy of the pages that contain the following information is required:

- name of trust
- names of trustee(s) and successor trustee(s)
- signature page

## **COMMUNITY PROPERTY STATE CONSENT**

**For residents of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin:**

If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such insurance under applicable community property laws.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

## **SIGNATURES (MUST BE WITNESSED BY THE WCU AGENT OF RECORD OR NOTARIZED TO BE CONSIDERED VALID)**

It is hereby agreed that the changes requested above shall not become effective unless and until this request is received by Western Catholic Union. All prior beneficiary designations are then revoked.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

## **AGENT OR NOTARY WITNESS OF SIGNATURE (ONLY ONE REQUIRED)**

### **AGENT**

As the WCU agent of record for this client, I hereby waive the notarized signature requirement and attest that I personally witnessed the above policy owner(s) signature.

\_\_\_\_\_  
Agent of Record Signature

\_\_\_\_\_  
Agent of Record Printed Name

\_\_\_\_\_  
Date

### **NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me on this date of \_\_\_\_\_  
(Month / Day / Year)

Acknowledged before me on this date of \_\_\_\_\_  
(Month / Day / Year)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Signature

**NOTARY STAMP:**

**NOTARY STAMP:**

Please return the completed form to our office. You will receive a copy to place with your certificate after we have recorded the change.

## **FOR WESTERN CATHOLIC UNION USE ONLY:**

Western Catholic Union has recorded the change requested and retained the original of the request.

Signed on \_\_\_\_\_ at Quincy, IL by \_\_\_\_\_  
(Month, Day, Year) WCU Officer