



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: _____

NOTARIZED SIGNATURES

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(s) must be notarized to be considered valid.

Signature of Owner

Signature of Joint Owner (if applicable)

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