



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



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)