



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



OWNERSHIP CHANGE – LIFE

INFORMATION

Insured: _____ Certificate #: _____

Current Owner: _____ Owner SSN: _____

NEW OWNER'S INFORMATION (Complete ONE)

☐ **Individual**

Name: _____ Relationship to Insured: _____

Address: _____

Primary Telephone Number: _____ ☐ Cell ☐ Home ☐ Work

Alternate Telephone Number: _____ ☐ Cell ☐ Home ☐ Work

Date of Birth: _____ SSN: _____

☐ **Trust or Business**

Name of Trust or Business: _____

Name of Trustee or Authorized Representative: _____

Address: _____

Phone #: _____ Tax ID: _____

Documentation Requirements:

If a **Trust** is named as owner, we **require** a copy of **each** of the following pages from the Trust:

- Name of the trust
- Names of trustee(s) and successor trustee(s)
- Tax ID number (if applicable)
- Signature page

If a **Business** is named as owner, we **require** a copy of **one** of the following:

- Corporate Resolution
- Other documentation that names the individual(s) authorized to act/sign on behalf of the business

SIGNATURE OF OWNERS

By signing below, the owner understands that this transaction may be a taxable and reportable event. The owner acknowledges that a tax liability may exist and agrees that Western Catholic Union will not be liable for any taxes as a consequence of this change. The owners agree to hold harmless and indemnify Western Catholic Union for any and all claims or demands which may be made by reason of this ownership change. It is hereby agreed that the changes requested above shall not become effective unless and until this request is received by Western Catholic Union.

Current Owner: _____ Date: _____

New Owner: _____ Date: _____

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