



# 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 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.

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