



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



SERVICE REQUEST

ANNUITANT/INSURED INFORMATION

Annuitant/Insured: _____ Date: _____

Certificate #(s): _____

SERVICE REQUEST

LOAN: Net amount: \$ _____ **DIVIDEND WITHDRAWAL:** \$ _____

Apply \$ _____ to same certificate to pay premium(s) due _____

Apply \$ _____ to certificate number _____

Apply \$ _____ to new insurance. Date of application: _____

DIVIDEND OPTION: Change from _____ to _____

PAID-UP INSURANCE: Reduced Paid-Up in the amount of \$ _____ effective _____

SPECIFIC INSTRUCTIONS – ADDITIONAL SERVICE (INCLUDING CHANGE IN CONTRACT):

ELECTION OR CANCELLATION OF CERTIFICATE PROVISION FOR AUTOMATIC LOAN TO PAY PREMIUMS

ELECT, as of next premium due date CANCEL

ALTERNATE PAYEE (Complete ONLY if check is to be made payable to someone other than Owner)

Make proceeds payable to: _____

Address to mail check to: _____

NAME CHANGE

Former name: _____

New name: _____

Name changed due to: _____

Interest in Certificate (Annuitant, Insured, Owner, Beneficiary): _____

NEW ADDRESS

Name: _____

Interest in Certificate (Annuitant, Insured, Owner, Beneficiary): _____

New address: _____

BENEFICIARY CHANGE

This change will revoke all previous beneficiary designations; a Primary beneficiary **MUST** be named.

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Relationship to Insured	Date of Birth	SSN or Taxpayer ID	Share %
Name: Address:				
Name: Address:				
Name: Address:				
Name: Address:				

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

CONTINGENT BENEFICIARY(IES)

Contingent Beneficiary's Name and Address	Relationship to Insured	Date of Birth	SSN or Taxpayer ID	Share %
Name: Address:				
Name: Address:				
Name: Address:				
Name: Address:				

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

SIGNATURES

It is hereby agreed that the changes requested on Page 1 and/or 2 shall not become effective unless and until this request is received by the Society at its Home Office.

Owner: _____ Date: _____

Joint Owner: _____ Date: _____

Owner's Phone #(s): _____

Witness: _____ Date: _____

PLEASE SEE PAGE 3 FOR TERMS AND OTHER IMPORTANT INFORMATION

SUPPLEMENTARY TERMS AND PROVISIONS

CERTIFICATE LOAN

Your certificate loan provisions, and the following terms constitute your WCU Loan Agreement, which includes the loan made through this request, any other loans and accrued interest (collectively “indebtedness”). Loan interest will accrue daily at the certificate rate (fixed) and will be payable on the certificate anniversary. Interest remaining unpaid will be added to the principal. If the indebtedness on the certificate equals or exceeds the certificate cash value, the certificate will terminate after 31 days from the date we send termination notice. Loans may be paid in whole or in part at any time before the insured’s death, WCU will apply payment first to due or overdue certificate loan interest with any excess applied to due or overdue premiums and then to repayment of certificate indebtedness. The indebtedness will be secured solely by the one certificate to which it refers and will be automatically repaid; (a) if the certificate is surrendered; or (b) there is a default in payment of premiums; or (c) the indebtedness becomes equal to or greater than the cash value; or (d) the certificate matures and proceeds become payable. If this loan is granted after the due date of any premium in default, any extended term insurance which may become effective shall be computed as though this loan had been granted on the due date. This indebtedness is not dischargeable in bankruptcy under current federal law.

REQUEST FOR CHANGE IN CONTRACT

For any change involving a certificate provision (rider or benefit removal or change in certificate) an endorsement is prepared by the Society for attachment to the certificate. The certificate is required for termination of riders. If a change of premium mode, be sure the new mode is available. No signature is required.

PAID-UP INSURANCE

Upon receipt of this election, the Society’s liability is limited to the option or benefit elected. If the certificate provides for additional insurance benefits (double indemnity, disability benefits, etc.) any paid-up insurance will be without these benefits.

HELPFUL HINTS

1. Is this request to surrender a certificate? If so, please use The Full or Partial Surrender Request Form instead of this form.
2. This form may be used for multiple service requests for more than one certificate provided:
 - a) The request is to apply uniformly to each certificate.
 - b) If the Owner’s signature is required, the Owner is the same for all certificates.
3. Please be as specific as possible when giving instructions.
4. Be certain all required forms, checks, etc. are attached.
5. For additional information or service call toll free 1-800-223-4928.