



WESTERN CATHOLIC UNION

510 Maine, P O Box 410

Quincy IL 62306



APPLICATION FOR JUVENILE LIFE INSURANCE

Proposed Insured Application Age 0-14

Issue in Month of _____, 20____

Branch NO _____

- 1A. Proposed Insured Name _____ 2A. Applicant Name _____
- B. Height: ___ft. ___in.; Weight ___ Date of Birth: _____ B. Address: _____
- C. Address: _____ C. Relationship to Proposed Insured: _____
- D. Proposed Insured's Social Security Number: _____ D. Phone #: Daytime _____
Evening _____
- E. Sex: ___ Male ___ Female
- F. Is the applicant a member of Western Catholic Union? ___ NO. ___ Yes.

- 3A. Plan of Insurance: _____ B. Face Amount of Insurance _____
- C. Mode of Premium Payment: ___ Annual ___ Semi-Annual ___ Quarterly ___ Check-O-Matic Amount Paid \$ _____
___ Single Premium ___ 1 Payment ___ 2 Installments ___ 4 Installments
- D. Dividend Option
___ 1. Cash ___ 2. Reduce Premium ___ 3. Paid-Up Additions ___ 4. Accumulate at Interest
- E. Automatic Premium Loan Option, if available: ___ Yes ___ No
- F. Riders to be included (if available): _____

4. Beneficiary: (Full Name) (Relationship) Contingent: (Full Name) (Relationship)

5. In the past 5 years or, if later, since birth, has the Proposed Insured: been hospitalized or had hospitalization recommended; or consulted any medical practitioner for treatment or care for any injury, illness or other cause: ___ Yes ___ No
Does the Proposed Insured have any existing deformity or impairment in health or physical condition: ___ Yes ___ No

Details to Yes answers:

Doctor's Name: _____

Address: _____

Phone: _____

6. Will the insurance applied for replace or change any existing insurance or annuities: ___ No ___ Yes; show name of insurer and policy number.

7. The applicant shall be the Owner of any certificate issued.

8. Contingent Owner to whom control of certificate will pass upon death of the owner: _____

Relationship to Proposed Insured: _____

Having read, or had read to me, the above questions and answers, I represent that the information provided herein is true and complete, to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any certificate issued. I understand that no agent or person other than an executive officer of Western Catholic Union has authority to: (1) make or modify certificates; or (2) waive any of the rights or requirements of Western Catholic Union.

I understand and agree that no insurance shall take effect unless and until: (1) this application is approved by Western Catholic Union; (2) a certificate is issued, delivered to and accepted by me; and (3) the full first premium for the certificate is paid. All such conditions must be met while the Health and other factors affecting the insurability of the Proposed Insured remain as described in this application.

Signed at _____ this _____ day of _____, 20 _____.

Adult Applicant: _____

Witness (Agent): _____

Agent's Statement: To the best of your knowledge and belief, will the insurance now applied for replace or change any existing insurance or annuity? ____ No ____ Yes

Form # 97-02