



KJT
Catholic Union of Texas

MEMBER SERVICE
Check Blocks for Desired Action and Sign Below
Please Print

214 East Colorado P.O. Box 297
La Grange, Texas 78945-0297
979-968-5877

Rep. _____ # _____

Insured's Name _____	Certificate Numbers _____ / _____ / _____								
<input type="checkbox"/> (8) Request For Society Transfer The Undersigned hereby requests transfer of membership from the present Society No. _____ to Society No. _____. This request for society transfer shall become effective only after the request has been received and recorded by the CATHOLIC UNION OF TEXAS at its Home Office.									
<input type="checkbox"/> (9) Change Premium Mode <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"> <input type="checkbox"/> Direct Bill <input type="checkbox"/> Bank Draft \$ _____ </td> <td style="width:30%; border: none;"> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually </td> <td style="width:40%; border: none;"> With _____ Month _____ Date, 201____ as the due date of the first regular premium payable at the new mode. </td> </tr> </table>		<input type="checkbox"/> Direct Bill <input type="checkbox"/> Bank Draft \$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	With _____ Month _____ Date, 201____ as the due date of the first regular premium payable at the new mode.					
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<input type="checkbox"/> (10) Request For Certificate Loan <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Check for _____ <input type="checkbox"/> To Pay the premium due on (date) _____ </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Maximum available <input type="checkbox"/> on Certificate Number _____ </td> </tr> </table> <p>This loan is made in accordance with the "loan" provisions of your certificate.</p>		<input type="checkbox"/> Check for _____ <input type="checkbox"/> To Pay the premium due on (date) _____	<input type="checkbox"/> Maximum available <input type="checkbox"/> on Certificate Number _____						
<input type="checkbox"/> Check for _____ <input type="checkbox"/> To Pay the premium due on (date) _____	<input type="checkbox"/> Maximum available <input type="checkbox"/> on Certificate Number _____								
<input type="checkbox"/> (11)*Request For Surrender/ Cancellation Or Modified Endowment Surrender (Must also Complete item #12) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Cash Value - To surrender the certificate for the cash value set forth in the Table of Non-forfeiture Values, less any indebtedness of the certificate. </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Extended Term Insurance - To continue the insurance as non-participating extended insurance for the face amount, less any indebtedness thereon from the due date of the premium for the number of years and days as set forth in the Table on Non-forfeiture Values, and receive at the expiration of such period, if living, the amount of pure endowment, if any, stated in the Table of Non-forfeiture Values. This option is not available if the benefit certificate is issued in a special premium class as shown on the face page of the benefit certificate. </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Lapse /Term Conversion - <u>Original Certificate must accompany conversion request</u> </td> <td style="border: none;"> <input type="checkbox"/> Accidental Death Benefit Rider - <u>Original Rider must accompany cancellation request</u> </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Waiver of Premium or Payor Waiver of Premium Rider - <u>Original Rider must accompany cancellation request</u> </td> <td style="border: none;"> <input type="checkbox"/> Child Term Rider - <u>Original Rider must accompany cancellation request</u> </td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Other _____ </td> </tr> </table> <p>* NOTE: The original certificate/rider must accompany a request for surrender. If not available, proof of loss of certificate, Items #1 & #2 must be completed.</p>		<input type="checkbox"/> Cash Value - To surrender the certificate for the cash value set forth in the Table of Non-forfeiture Values, less any indebtedness of the certificate.	<input type="checkbox"/> Extended Term Insurance - To continue the insurance as non-participating extended insurance for the face amount, less any indebtedness thereon from the due date of the premium for the number of years and days as set forth in the Table on Non-forfeiture Values, and receive at the expiration of such period, if living, the amount of pure endowment, if any, stated in the Table of Non-forfeiture Values. This option is not available if the benefit certificate is issued in a special premium class as shown on the face page of the benefit certificate.	<input type="checkbox"/> Lapse /Term Conversion - <u>Original Certificate must accompany conversion request</u>	<input type="checkbox"/> Accidental Death Benefit Rider - <u>Original Rider must accompany cancellation request</u>	<input type="checkbox"/> Waiver of Premium or Payor Waiver of Premium Rider - <u>Original Rider must accompany cancellation request</u>	<input type="checkbox"/> Child Term Rider - <u>Original Rider must accompany cancellation request</u>	<input type="checkbox"/> Other _____	
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<input type="checkbox"/> (12) Withholding Notice and Election of Options Federal income tax withholding applies to payments made from Modified Endowments. Unless you indicate otherwise, we are required to withhold at least 10% from the distribution for income tax. Please complete your withholding options below. CAUTION: You may be subject IRS penalties for having insufficient income tax withheld, or estimated tax payments, during the year. For more information, consult your tax advisor. Complete For Any distribution <input type="checkbox"/> Option 1 - For non-periodic distributions, withhold Federal Income Tax of \$ _____ from the amount withdrawn. <input type="checkbox"/> Option 2 - Withhold the following additional amount \$ _____. <input type="checkbox"/> Option 3 - Do not withhold any income tax from the distribution. I understand that I am liable for the payment of Federal Income Tax. I also understand that I may be subject to Federal Income Tax penalties if the withholding amount is insufficient. Premature distribution. (If you are the owner, under the age of 59 1/2, and not disabled, you will be subject to an IRS Penalty).									
<input type="checkbox"/> (13) Other Request or Information _____ _____ _____ _____									
Signature (Assignee/Owner, if other than insured.) _____	Signature (Insured) _____								
Social Security No. _____ Date _____	Social Security No. _____ Date _____								

Received and approved on _____

Home Office Signature _____