



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"/> (1) Proof of Loss of Certificate	<p>The Undersigned owner and /or insured hereby certifies that the insurance certificate has been lost or misplaced. A duplicate certificate is hereby requested and it is understood that if the original certificate is found or if it should come into my possession, it will be returned to the CATHOLIC UNION OF TEXAS Home Office in La Grange, Texas.</p> <p>The undersigned further certifies that the certificate is not assigned or pledged and upon issuance of a new certificate, the CATHOLIC UNION OF TEXAS will be held harmless from any claim which may arise by reason of the issuance of a Duplicate Certificate.</p> <p>When requesting a duplicate certificate, You must also verify your beneficiaries by completing section #2 below.</p>		
<input type="checkbox"/> (2) Verify Beneficiary <input type="checkbox"/> or <input type="checkbox"/> Change of Beneficiary	<p>I hereby revoke my former designation of beneficiary and do hereby designate the following as:</p> <p>Primary Beneficiary: _____</p> <p>Relationship _____ Social Security # of Beneficiary _____</p> <p>Contingent Beneficiary: _____</p> <p>Relationship _____ Social Security # of Contingent Beneficiary _____</p>		
<input type="checkbox"/> (3) Change Dividend Option	<p>This election applies to the current dividend and future dividends as apportioned</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> 1. Paid in cash <input type="checkbox"/> 2. Reduce premiums <input type="checkbox"/> 3. Held at interest <input type="checkbox"/> 4. Purchase additional paid-up insurance </td> <td style="width:50%; border: none;"> <input type="checkbox"/> 6. Apply to premiums; current dividend only; excess held at interest. <input type="checkbox"/> 7. Apply to premiums; current dividend only; excess to purchase additional paid-up insurance <input type="checkbox"/> 8. Suspended Premium (Par Whole Life & Select Whole Life) </td> </tr> </table>	<input type="checkbox"/> 1. Paid in cash <input type="checkbox"/> 2. Reduce premiums <input type="checkbox"/> 3. Held at interest <input type="checkbox"/> 4. Purchase additional paid-up insurance	<input type="checkbox"/> 6. Apply to premiums; current dividend only; excess held at interest. <input type="checkbox"/> 7. Apply to premiums; current dividend only; excess to purchase additional paid-up insurance <input type="checkbox"/> 8. Suspended Premium (Par Whole Life & Select Whole Life)
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<input type="checkbox"/> (4) Change Ownership	<p>From _____ Social Security # _____</p> <p>To _____ Social Security # _____</p>		
<input type="checkbox"/> (5) Change Mailing Address/ Tel. Number	<p>_____</p> <p>No. _____ Street/Route _____ Apt. # _____ Area Code \ Telephone Number _____</p> <p>_____</p> <p>City _____ State _____ Zip + 4 _____</p>		
<input type="checkbox"/> (6) Change Name Of the: <input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Assignee <input type="checkbox"/> Payor	<p>From _____</p> <p>To _____</p> <p>This Change of Name Resulted From: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Adoption <input type="checkbox"/> Correction <input type="checkbox"/> Court Order</p> <p>Change of Name must be completed in accordance with the following instructions:</p> <ol style="list-style-type: none"> 1. If change is by divorce, divorce decree must specifically state that former name is restored. A divorce does not automatically restore the former name. 2. If name was changed by adoption or other legal procedure, a certified copy of the court order must accompany the change of name notice. 3. If name is to be corrected because of mistake at the time of contract issue or a portion of legal name has been dropped or changed without court order, a copy of birth or baptismal certificate or statement by disinterested party that both names apply to same person must accompany this form. 		
<input type="checkbox"/> (7) Change Payor	<p>From _____ Social Security # _____</p> <p>To _____ Social Security # _____</p>		
Signature (Assignee/Owner, if other than insured.) _____	Signature (Insured) _____		
Social Security No. _____ Date _____	Social Security No. _____ Date _____		

Received and approved on _____ Home Office Signature _____