



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

www.kjtnet.org

Rep. _____ # _____

Form with sections: (1) Proof of Loss of Certificate, (2) Verify Beneficiary or Change of Beneficiary, (3) Change Dividend Option, (4) Change Ownership, (5) Change Mailing Address/Tel. Number, (6) Change Name Of the:, (7) Change Payor. Includes signature and social security number fields.

Received and approved on _____ Home Office Signature _____

Signature Requirements

If the insured is 16 years at the date of issue, the Insured has control of the certificate and may exercise all the rights and receive all of the benefits provided by the certificate without the consent of any other person.



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Form with sections: (8) Request For Society Transfer, (9) Change Premium Mode, (10) Request For Certificate Loan, (11)*Request For Surrender/Cancellation, (12) Withholding Notice and Election of Options, (13) Other Request or Information. Includes signature and date lines.