	4.5					PLEASE TYPE	OR PRI	NT IN	INK					
KNIGHTS						Membership Document								
OF COLU 1 COLUMBUS PLAZA, NI								A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION						
1	COUNCIL NUMBER					(CITY, ST/PROV)	MEMBE	RSHIP	NUMBER	DATE READ		DATE ELECTED	1ST DEG. I	DATE ^\
					REAC	TIVATION (inactive insurance			TRANSFER IN			DATA CHANGE		
2						X	· -							
	JUVENILE TO ADULT				READMISSION (up to 7 years)			HONORARY M'BERSHP		degree	e SUSPENSION reason			
	REINSTATEMENT (up to 3 months)				REAPPLICATION (over 7 years)			HON. LIFE M'BERSHP		degree		Mo day year		
3	LAST NAME				FIRST NAME			MIDDLE INITIAL	TITLE					
	STREET				CITY				ST/PROV	ST/PROV POSTAL CODE COUNTR			COUNTRY	(OUTSIDE US)
	DATE OF BIRTH 'MARITAL STATUS MO DAY YR			НОМ	HOME PHONE B			BUSINESS PHONE		CELL PHONE				
	E-MAIL ADDRESS			occ	OCCUPATION/EMPLOYER				LAST FOUR	DIGITS OF	TAX ID (e.g., SSN)	SPOUSE FIRST NAM	1E	
					PARISH NAME, LOCATION (CITY. ST/PROV)					XXXX			L VEO	Luo.
4	'ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO		PARISH NAME, LOCATIO				.ON (CITY. ST/PROV)		FORMER COLUMBIAN SQUIRE?		YES	NO
	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	PLY YES NO IN D		INITIA DAT	NITIATION 1. FIRST DATES			2. SECOND			3 THIRD		4 FOURTH	
	DATE OF TERMINATION	REASON					NUM	IBER O	FLAST COUNCIL	COUNCIL L	OCATION (CITY. ST/PROV)		
5	NEW MEMBERS AND THEIR WIVES ARE ELIGIBLE (THROUGH AGE 83) FOR A KNIGHTS OF COLUMBUS ANNUITY AS DESCRIBED ON THE BACK OF THIS APPLICATION (COMPLETE FOR MEMBER) OR THE REVERSE SIDE OF THE DUPLICATE (COMPLETE FOR WIFE)													
5	I am applying for myself Yes No I am appl										Yes	No	,	
	CONSTITUTIO								CLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER ON AND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN ; WHICH I HOLD P AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS					
~	PROPOSER'S ME SIGNATURE													-
6	PROPOSER'S MEMBFR NUMBER (required)						_			SIGNATURE OF	APPLICA	NT		
1	DATE		FINANCI	AL SECRET	ARY			SI	GNATURES			GRAND KNIGHT		
		OMPLETE				ER DEATH ONLY			FOR SUPREME CO	DUNCIL OFF	ICE US			
	NEXTOFKIN													
RE														
	STREET													
	CITY													
	ST/PROV				POST									
	APPLICANT													
						o Document, you v tee in preparation								6
	assignment p	referenc	es below	. If yo	u nee	d more specific inf	ormat	tion	on any of these co	ommittee	s, ple	ase inquire	during t	he
	interview pro	cess.			Г	COMMUNITY								
FAMILY YOUTH								INIREK2H	IF KE	CKULIMENI	/ KEIENI	IUN		
	Please specify													
W	nat do you expe	ct from y	our mem	bershi	ip in tł	ne Knights of Colur	nbus?	?						
In	your opinion, wh	at can y	ou do or	contril	oute to	o assist in the succ	essful	l op	eration of this cour	ncil?				
ı 														
Da	te of Interview:						Sig	ned	:					
	TRA	VSACTION	IS WITH AN	INUITY	APP(S) TO GENERAL AGENT	-					ITEE CHAIRMAN		
					(2							,		

ANNUITY APPLICATION FOR NEW MEMBER'S SPOUSE Knights of Columbus, A Fraternal Benefit Society, 1 Columbus Plaza, New Haven, CT 06510-3326

INFORMATION CONCERNING APPLICA	NT	8. Will this annuity replace, in whole or in part, any existing						
1. Name of Applicant (last-first-middle in	itial)	insurance or annuity now in force? Yes No						
		If yes, provide the fo	llowing informat	ion regarding the contract				
INFORMATION CONCERNING ANNUITA	NT	to be replaced						
2. Name (last-first-middle initial)	Sex	Company	Year Issue	ed Amount				
3. Street								
4. City State/Province	Zip Code/Postal							
	Code	INFORMATION CONCERNING BENEFICIARY						
		9. Name	Re	Relationship to Annuitant				
5. Relationship to Applicant								
		10. Social Security I	Number/Social	Date of Birth				
6. Social Security Number/Social	Date of Birth	Insurance Number						
Insurance Number								
7. Amount Paid With Application: (mus	t bo at loast \$100.00)							
7. Amount Faid With Application. (mus	f be at least ϕ (00.00).							

\$ _____

REGARDING MY APPLICATION FOR A KNIGHTS OF COLUMBUS ANNUITY CONTRACT, I UNDERSTAND:

- 1. The long range nature of the annuity being purchased,
- 2. While the Board of Directors will always strive to maintain competitive interest rates, any interest rates not specifically guaranteed at the time of issue of this contract are subject to change from time to time at the discretion of the Board of Directors.
- 3. A surrender charge ranging from 5% to 2% will be imposed on amounts withdrawn from this annuity contract within seven years of deposit, with no surrender charge being made against amounts on deposit over seven years. After the first contract year, if the Accumulation Value is \$5,000 or more, I may withdraw as much as 10% of it once each year with no surrender charge. If a surrender charge is applicable, it will be imposed regardless of my age at the time of withdrawal.
- (a) In the <u>United States:</u> Interest credited to this contract is taxable when proceeds are withdrawn, and a 10% penalty is imposed by the IRS on taxable income withdrawn before the taxpayer is age 59 ¹/2. (This Internal Revenue Service penalty will not be assessed if the taxable income is disbursed in periodic payments made for the life of the taxpayer.)
 (b) In Canada: Interest credited to this contract is reportable on an annual basis, even if there is no distribution,
- 5 The annuity applied for will be cancelled if the applicant is a candidate for membership and has not been initiated into the First Degree of the Order within 90 days of the date of this application.

Applicant's Signature	Annuitant's Signature
Date	Date