



KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| 1 | NEW/RECEIVING COUNCIL NUMBER | COUNCIL LOCATION (CITY, ST) | MEMBERSHIP NUMBER | DATE READ | DATE ELECTED | 1ST. DEG. DATE |
| 2 | TRANSACTION <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY MEMBERSHIP <small>degree attained</small> <input type="checkbox"/> SUSPENSION <small>reason</small> <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP <small>degree attained</small> <input type="checkbox"/> DEATH <small>MO DAY YR</small> <small>PROVIDE SURVIVOR INFORMATION BELOW</small> | | | | | |
| 3 | LAST NAME FIRST NAME MIDDLE INITIAL TITLE STREET CITY ST POSTAL CODE COUNTRY (OUTSIDE US) MO DATE OF BIRTH *MARITAL STATUS HOME PHONE BUSINESS PHONE CELL PHONE <small>DAY YR</small> E-MAIL ADDRESS OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN) XXXXX- | | | | | |
| 4 | *ARE YOU A PRACTICAL OR PRACTICING CATHOLIC IN UNION WITH THE HOLY SEE? (SEE DEFINITION ON REVERSE SIDE OF COUNCIL COPY.) YES NO PARISH NAME, LOCATION (CITY, ST) FORMER COLUMBIAN SQUIRE? YES NO DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES NO INITIATION DATES 1. FIRST 2. SECOND 3. THIRD 4. FOURTH DATE OF TERMINATION REASON NUMBER OF LAST COUNCIL COUNCIL LOCATION (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) I am applying for myself <input type="checkbox"/> Yes <input type="checkbox"/> No *I am applying for my wife <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 6 | I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP. PRINTED NAME OF PROPOSER PROPOSER'S MEMBER NUMBER (required) | | | I HEREBY DECLARE THAT THE ABOVE IS TRUE AND CORRECT AND THAT I WILL UPHOLD THE CHARTER, CONSTITUTION AND LAWS OF THE KNIGHTS OF COLUMBUS AND ANY OF ITS COUNCILS IN WHICH I HOLD MEMBERSHIP AND AGREE THAT THE DECISION OF THE BOARD OF DIRECTORS SHALL CONTROL IN ALL MATTERS. I AGREE THAT THE KNIGHTS OF COLUMBUS MAY USE AN OUTSIDE AGENCY TO OBTAIN INFORMATION CONCERNING MY CORRECT ADDRESS. X SIGNATURE OF APPLICANT | | |
| | | X | | | X | |
| | | DATE | FINANCIAL SECRETARY | SIGNATURES | GRAND KNIGHT | |
| FAMILY INFORMATION | | | | COMPLETE WHEN REPORTING MEMBER DEATH ONLY. | | |
| WIFE'S NAME | | | | NEXT OF KIN | | |
| NAMES AND AGES OF CHILDREN | | | | RELATIONSHIP | | |
| | | | | STREET | | |
| | | | | CITY | | |
| | | | | ST/PROV POSTAL CODE | | |
| APPLICANT'S INTERESTS/PREFERENCES | | | | | | |
| Following submission of this Membership Document, you will be contacted in regard to your meeting with the council's admission committee. To aid the committee in preparation for this meeting, you are asked to indicate committee assignment preferences below. If you need more specific information on any of these committees, please inquire during the interview process. | | | | | | |
| <input type="checkbox"/> CHURCH | | <input type="checkbox"/> COMMUNITY | | <input type="checkbox"/> COUNCIL | | |
| <input type="checkbox"/> FAMILY | | <input type="checkbox"/> YOUTH | | <input type="checkbox"/> MEMBERSHIP RECRUITMENT/RETENTION | | |
| Please specify interests: _____ | | | | | | |
| What do you expect from your membership in the Knights of Columbus? _____ | | | | | | |
| In your opinion, what can you do or contribute to assist in the successful operation of this council? _____ | | | | | | |
| Date of Interview: _____ | | | | Signed: _____ | | |
| | | | | <small>ADMISSION COMMITTEE CHAIRMAN</small> | | |

TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.

* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS

ANNUITY APPLICATION FOR NEW MEMBERS

Knights of Columbus, A Fraternal Benefit Society, 1 Columbus Plaza, New Haven, CT 06510-3326

INFORMATION CONCERNING APPLICANT

1. Name of Applicant (last-first-middle initial)

INFORMATION CONCERNING ANNUITANT

2. Name (last-first-middle initial)

Sex

3. Street

4. City State/Province Zip Code/Postal Code

5. Relationship to Applicant

Age

6. Social Security Number/Social Insurance Number

Date of Birth

7. Amount Paid With Application: (must be at least \$100.00).

\$ _____

8. Will this annuity replace, in whole or in part, any existing insurance or annuity now in force? Yes No

If yes, provide the following information regarding the contract to be replaced.

| Company | Year Issued | Amount |
|---------|-------------|--------|
| | | |
| | | |
| | | |

INFORMATION CONCERNING BENEFICIARY

9. Name

Relationship to Annuitant

10. Social Security Number/Social Insurance Number

Date of Birth

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.
4. (a) In the United States: 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 ½. (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 _____ Date _____