



KNIGHTS OF COLUMBUS

1 COLUMBUS PLAZA, NEW HAVEN CT 06510

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER	COUNCIL LOCATION (CITY, ST/PROV)	MEMBERSHIP NUMBER	DATE READ	DATE ELECTED	1ST. DEG. DATE
2	TRANSACTION <input type="checkbox"/> REACTIVATION (inactive insurance) <input type="checkbox"/> TRANSFER IN <input type="checkbox"/> DATA CHANGE <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> HONORARY MEMBERSHIP _____ degree attained <input type="checkbox"/> SUSPENSION _____ reason <input type="checkbox"/> JUVENILE TO ADULT <input type="checkbox"/> READMISSION (up to 7 years) <input type="checkbox"/> HONORARY LIFE MEMBERSHIP _____ degree attained <input type="checkbox"/> DEATH _____ <input type="checkbox"/> REINSTATEMENT (up to 3 months) <input type="checkbox"/> REAPPLICATION (over 7 years) <input type="checkbox"/> DEATH _____ PROVIDE SURVIVOR INFORMATION BELOW					
3	LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ TITLE _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____ COUNTRY (OUTSIDE US) _____ DATE OF BIRTH _____ *MARITAL STATUS _____ HOME PHONE _____ BUSINESS PHONE _____ CELL PHONE _____ MO _____ DAY _____ YR _____ E-MAIL ADDRESS _____ OCCUPATION/EMPLOYER _____ LAST FOUR DIGITS OF TAX ID (e.g., SSN) XXXXX-					
4	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE? YES <input type="checkbox"/> NO <input type="checkbox"/> PARISH NAME, LOCATION (CITY, ST/PROV) _____ FORMER COLUMBIAN SQUIRE? YES <input type="checkbox"/> NO <input type="checkbox"/> DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY? YES <input type="checkbox"/> NO <input type="checkbox"/> 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. _____ SIGNATURE OF APPLICANT		
	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: _____ ADMISSION COMMITTEE CHAIRMAN			
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 _____
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3. Street _____

4. City _____	State/Province _____	Zip Code/Postal Code _____
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5. Relationship to Applicant _____	Age _____
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6. Social Security Number/Social Insurance Number _____	Date of Birth _____
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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 _____
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10. Social Security Number/Social Insurance Number _____	Date of Birth _____
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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 _____



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3	LAST NAME		FIRST NAME	MIDDLE INITIAL	TITLE			
	STREET		CITY	ST/PROV	POSTAL CODE	COUNTRY (OUTSIDE US)		
	DATE OF BIRTH MO DAY YR	MARITAL STATUS	HOME PHONE	BUSINESS PHONE	CELL PHONE			
	E-MAIL ADDRESS			OCCUPATION/EMPLOYER	LAST FOUR DIGITS OF TAX ID (e.g., SSN) XXXXX-			
4	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?		PARISH NAME, LOCATION (CITY, ST/PROV)				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)			
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	PRINTED NAME OF PROPOSER				SIGNATURE OF APPLICANT			
PROPOSER'S MEMBER NUMBER (required)				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		
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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: _____				
				ADMISSION COMMITTEE CHAIRMAN				
TO GENERAL AGENT								

ANNUITY APPLICATION FOR NEW MEMBER'S SPOUSE

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

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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.)
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Applicant's Signature _____

Annuitant's Signature _____

Date _____

Date _____



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	<input type="checkbox"/> TRANSFER IN <input type="checkbox"/> HONORARY MEMBERSHIP <input type="checkbox"/> HONORARY LIFE MEMBERSHIP			<input type="checkbox"/> DATA CHANGE <input type="checkbox"/> SUSPENSION _____ reason _____ MO DAY YR <input type="checkbox"/> DEATH _____ <small>PROVIDE SURVIVOR INFORMATION BELOW</small>			
	LAST NAME		FIRST NAME		MIDDLE INITIAL	TITLE	
3	STREET		CITY		ST/PROV	POSTAL CODE	
	DATE OF BIRTH	*MARITAL STATUS	HOME PHONE		BUSINESS PHONE		
	MO	DAY	YR			CELL PHONE	
	E-MAIL ADDRESS			OCCUPATION/EMPLOYER		LAST FOUR DIGITS OF TAX ID (e.g., SSN)	
						XXXXX-	
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO	PARISH NAME, LOCATION (CITY, ST/PROV)			
					FORMER COLUMBIAN SQUIRE?	YES	
						NO	
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST		2. SECOND
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FAMILY INFORMATION WIFE'S NAME _____ NAMES AND AGES OF CHILDREN _____ _____ _____				COMPLETE WHEN REPORTING MEMBER DEATH ONLY. NEXT OF KIN _____ RELATIONSHIP _____ STREET _____ CITY _____ ST/PROV _____ POSTAL CODE _____			
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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: _____				
			ADMISSION COMMITTEE CHAIRMAN				
RETAIN FOR COUNCIL RECORDS							

* THESE QUESTIONS DO NOT APPLY TO PRIESTS AND RELIGIOUS

WHY YOU SHOULD BE A KNIGHT OF COLUMBUS

1. As an integral part of the world's largest and most dynamic Catholic fraternal organization, you will be united with more than 1.7 million brother Knights and their families in over 13,000 local councils in the United States, Canada, Mexico, the Philippines, Poland, Central America and the Caribbean.
2. Your personal involvement as a Knight will provide opportunities, in charity and fraternity, for service to the Church at the local, diocesan and universal levels; to your communities; and to the less fortunate in our midst.
3. Your active participation in council affairs: spiritual, fraternal, family, social, civic-oriented, athletic and recreational – will serve as a school of leadership and enable you to develop qualities that enhance your strengths and abilities.
4. You will enjoy a sense of “belonging” in an organization that shares your religious beliefs, brings together like-minded men joined in a common cause, and offers the opportunity to develop and cement friendships for years to come.
5. Your concerns for your family and for your retirement years can be addressed by the Order's low-cost insurance program, conducted by brother Knights for brother Knights, and assure **their** security and **your** peace of mind.
6. You will share in the sense of pride all Knights feel in knowing that their Order is second to none in support of our Holy Father, our bishops and priests; in working for our fellow man, especially those most in need; and in binding together to preserve traditional values in the face of attacks against the family and innocent human life.

WHY YOU AND YOUR WIFE SHOULD ACCEPT THIS “NEW MEMBER ANNUITY” OFFER

1. For as little as \$100 each, you and your wife can open an annuity.
2. Your principal is guaranteed by the Knights of Columbus.
3. The Board of Directors sets the interest rate for this plan, but at no time will it drop below 3%. All interest credited in the United States is tax deferred.
4. You may add deposits to your annuity at any time.
5. Everybody can use additional funds during their retirement.