

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER			COUNCIL LC	CATION (CITY, ST/PROV)		ME	MBERSHIP NUMBER		DATE READ	DATE ELECTE	D	1ST. DEG. D	DATE		
	TRANSACT	ION			REACTIVATION (i	nactive insurance	ce) TRANSFER IN DATA CHANGE									
2	☐ NEW MEMBE			П	READMISSION (u	p to 7 vears)	☐ HONORARY MEMBERSHIP ☐ SUSPENSION									
_	U JUVENILE TO						degree attained MO DAY YR HONORARY LIFE MEMBERSHIP							YR		
	LAST NAME	ENT (up	o to 3 r	nonths)	FIRST NAME	(over 7 years)		MIDDLE INITIAL		degree attained	PROVIDE SU	RVIVOR IN	IFORMATION	BELOW		
	STREET CITY							ST/PROV POSTAL CODE COUNTRY (OUTSIDE US)								
3	DATE OF BIR	DATE OF BIRTH *MARITAL STATUS HOME PHONE MO DAY YR						BUSINESS PHONE CELL PHONE								
	E-MAIL ADDRESS						OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)									
											XXX	XX-				
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO			PARISH NAME,	LOCATIO	ON (CITY, ST/PROV)			FORME COLUMBI SQUIRE	AN	YES	NO		
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST			2. SECOND		3. THIRD		4.	FOURTH			
	DATE OF TERMINATION		REASO	N				NUMBER OF LAST COU	JNCIL	COUNCIL LOCATION (C	ITY, ST/PROV)					
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5					•		,				DATE (COM	r LL II	_ 1 OI1 V	VII L)		
	l an	n appl	lying 1	for myself	☐ Yes ☐ N	lo '	*I am	applying for m	y wife] Yes □ No						
	I HEREBY RECOMMEND	THE ABO	VE APPLI	CANT FOR MEME	ERSHIP.		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.									
	PRINTED NAME OF PROPOSER							I AGREE THAT THE KNIGHTS OF COLUMBUS MAY USE AN OUTSIDE AGENCY TO OBTAIN INFORMATION CONCERNING MY CORRECT ADDRESS.								
6	PROPOSER'S MEMBER	NUMBER	(required)							SIGNATURE OF APP	LICANT					
	DATE				FINANCIAL SECRETARY		SIGNATURES GRAND KNIGHT									
	DAIL	F/	AMILY	INFORMATION					PLETE WHE	N REPORTING M			Υ.			
WII	E'S NAME						NEXT	OF KIN								
NA	MES AND AGES O	F CHIL	DREN.				RELA	TIONSHIP								
							STRE	ET								
							CITY									
_							ST/P	ROV		P(OSTAL CODE					
	PPLICANT'S								4.5			201. 0	ı			
ac as	mission com signment pre	nmitte feren	ee. T	o aid th	e committee	in prepara	atior	I be contacte n for this me nation on any	eting, v	ou are ask	ed to ind	icate	comm	nittee		
	erview proces	SS.							г							
│								☐ MEMBERSHIP RECRUITMENT/								
Ple	ease specify i	nteres	sts:							RETENTIC	N					
⊢	hat do you ex			your mer	nbership in th	ne Knights o	f Col	umbus?								
- In	your opinion,	what	can	you do o	r contribute to	assist in th	ne su	ccessful oper	ation of t	his council?						
Da	ate of Interviev	v:				Sigr	ned:			ADMISSION COMMIT	EE CHAIRMAN					
\	Date of Interview: Signed: ADMISSION COMMITTEE CHAIRMAN TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.															

ANNUITY APPLICATION FOR NEW MEMBERS

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

INFORMATION CONCERNING APPLIC	ANT	8. Will this annuity replace, in whole or in part, any existing						
1. Name of Applicant (last-first-middle	e initial)	insurance or annuity now in force? Yes ☐ No ☐						
INFORMATION CONCERNING ANNUAL		If yes, provide the follow	ing information	on regardir	ng the contract			
INFORMATION CONCERNING ANNUIT		to be replaced.						
2. Name (last-first-middle initial)	Sex	Company	Vear	Issued	Amount			
3. Street	<u> </u>	Соттрату	rear	100000	7 tillount			
4.00	7: 0 1 /0 1 10 1							
4. City State/Province	Zip Code/Postal Code	INFORMATION CONCER	NING DENEE	ICIADV				
5. Relationship to Applicant	Age	9. Name		Relationship to Annuitant				
o. Holationomp to Applicant	7.90	o. Namo	riolat	ionomp to	7 ti il lattarit			
6. Social Security Number/Social Insurance Number	Date of Birth	10. Social Security Numb Insurance Number	e of Birth					
REGARDING MY APPLICATION	N FOR A KNIGHTS OF	COLUMBUS ANNUITY	CONTRAC	T, I UNDE	ERSTAND:			
 The long range nature of the an While the Board of Directors will specifically guaranteed at the ti discretion of the Board of Direct A surrender charge ranging from within seven years of deposit, w 	I always strive to main me of issue of this con tors. n 5% to 2% will be imp	tain competitive interest r tract are subject to chang posed on amounts withdr	ge from time awn from th	to time a	at the / contract			
years. After the first contract ye of it once each year with no sur my age at the time of withdraws 4. (a) In the <u>United States</u> : Interest penalty is imposed by the IRS of Revenue Service penalty will no	ar, if the Accumulation render charge. If a surnal. credited to this contract taxable income with	Value is \$5,000 or more, render charge is applicable act is taxable when procedurawn before the taxpaye	I may withd le, it will be it eds are with er is age 59	raw as mi imposed i drawn, ar ½. (This Ir	uch as 10% regardless of nd a 10% nternal			

(b) In <u>Canada</u>: 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

Applicant's Signature______ Date _____

into the First Degree of the Order within 90 days of the date of this application.

the life of the taxpayer.)



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A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER	COUNCIL NUMBER COUNCIL LOCATION (CITY, ST/PROV)						MBERSHIP NUMBER	DATE ELECTED 1ST. DEG. DATE			DATE				
	TRANSACT	ION			REACTIVATION (i	nactive insuran	ce)	☐ TRANSFER IN			☐ DATA CHANGE					
,	□ NEW MEMBER □ READMISSION (up to 7 years)							☐ HONORARY MEMBERSHIP ☐ SUSPENSION								
2	JUVENILE TO ADULT						degree attained MO DAY HONORARY LIFE MEMBERSHIP						DAY	YR		
	☐ REINSTATEM	ENT (u	o to 3 r	nonths) 🗌	REAPPLICATION FIRST NAME	(over 7 years)		MIDDLE INITIAL	LIVILIVIDLI	degree attained	PROVIDE SUI	RVIVOR IN	FORMATION	BELOW		
	LAST NAIVIE				FINOT NAIVIE			MIDDLE INITIAL			IIILE					
	STREET CITY							ST/PROV POSTAL CODE COUNTRY (OUTSIDE US)								
3																
	DATE OF BIF MO DAY		R *N	IARITAL STATUS	HOME PHONE		BUSINESS PHONE CELL PHONE									
	E-MAIL ADDRESS						OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)						V)			
											XXXXX-					
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION	YES	NO			PARISH NAME,	LOCATIO	ON (CITY, ST/PROV)			FORMER COLUMBI		YES	NO		
	WITH THE HOLY SEE?	YES	NO	AMOUTATION	1. FIRST			2. SECOND		3. THIRD	SQUIRE		FOURTH			
4	FOR MEMBERSHIP PREVIOUSLY?	TES	NO	INITIATION DATES	I. FINOI			2. SECOND		3. IHIND		4.	FOORTH			
	DATE OF TERMINATION		REASO	N				NUMBER OF LAST COU	JNCIL	COUNCIL LOCATION (C	ITY, ST/PROV)					
						×		E 83) FOR A KN								
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	l ar	n app	lying 1	or myself	□ Yes □ N	lo '	*I am	applying for m	y wife	Yes 🗆 No						
_	I HEREBY RECOMMEND	THE ABO	VE APPLI	CANT FOR MEME	BERSHIP.			I HEREBY DECLARE TH	HAT THE ABOVE	IS TRUE AND CORF	ECT AND THAT I	WILL UP	HOLD THE	CHARTER.		
	PRINTED NAME OF PROPOSER							CONSTITUTION AND LA MEMBERSHIP AND AGRE I AGREE THAT THE KNIGH	WS OF THE KN	IGHTS OF COLUMBUS	S AND ANY OF ITS OF DIRECTORS SH	COUNC ALL CON	LS IN WHIC	H I HOLD MATTERS.		
6								MY CORRECT ADDRESS.								
	PROPOSER'S MEMBER	OSER'S MEMBER NUMBER (required)								SIGNATURE OF APP	LICANT					
	DATE				FINANCIAL SECRETARY			SIGNATURES			GRAND KNI	GHT				
		F	AMILY	INFORMATI	ON			COME	PLETE WHE	N REPORTING M	IEMBER DEAT	H ONL	Y.			
WII	E'S NAME						NEXT	Γ OF KIN								
NA	MES AND AGES O	F CHIL	DREN_				REL/	ATIONSHIP								
							STRE	ET								
							CITY									
l							ST/P	ROV		P	OSTAL CODE					
AF	PPLICANT'S	INTE	RES1	S/PREF	ERENCES											
Fc	llowing subn	nissic	n of	this Mer	nbership Doo	cument, you	u wil	I be contacte	ed in reg	ard to your	meeting v	ith t	ne cou	ncil's		
ac	mission com	ımitte feren	ee. T	o aid th	ie committee	e in prepara re specific i	atior	n for this me mation on any	eeting, y of these	ou are ask	ed to ind s please i	icate nauir	comn e durin	nittee a the		
	erview proce		000 k	ociow. II	you need mo	ic opcome ii	111011	nation on any	01 111000		s, picase i	iiqaii	o dann	g the		
	CHURCH					OMMUNITY										
☐ FAMILY ☐ YOUTH								☐ MEMBERSHIP RECRUITMENT/ RETENTION								
Ple	ease specify i	ntere	sts:_													
W	hat do you ex	pect [·]	from	your mer	mbership in th	ne Knights o	f Co	lumbus?								
										lata a series 210						
l In	your opinion,	wnat	can	you do o	r contribute to	assist in th	ne su	ccessful oper	ation of t	nis council?						
Da	ate of Interviev	W:				Sign	ned:									
()	Date of Interview: Signed:															

ANNUITY APPLICATION FOR NEW MEMBER'S SPOUSE

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

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6. Social Security Number/Social Insurance Number	Tate of	- Ahia ìo	10. Social Security Number/So Insurance Number	cial	al Date of Birth				
5. Relationship to Applicant	əɓ∀		9. Иате	Selations	tnstiunnA ot qidenoitsle				
4. City State/Province	ode√Po Gi∑	Postal Code	INFORMATION CONCERNING BENE		3ENEFICIARY				
3. Street									
2. Name (last-first-middle initial)		xəS	Сотрапу	Year Issu	penss	JunomA			
NEORMATION CONCERNING ANNUIT	TNAT		If yes, provide the following information regarding the contract to be replaced.						
1. Name of Applicant (last-first-middle	e initial)		insurance or annuity now in f						
JEORMATION CONCERNING APPLICA	TNAC		8. Will this annuity replace,	in whole or	or in par	t, any existin			

- The long range nature of the annuity being purchased.
 While the Board of Directors will always strive to maints.
- 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.
- 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 ½. (This Internal Revenue Service penalty will not be assessed if the taxable income is disbursed in periodic payments made for the taxpayer.)
- (b) In <u>Canada</u>: Interest credited to this contract is reportable on an annual basis, even if there is no distribution. 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.

	Date
Applicant's Signature	Annuitant's Signature



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A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER COUNCIL LOCATION (CITY, ST/PROV)							MEMBERSHIP NUMBER DATE READ DATE ELECTED 1S						DATE
	TRANSACT	ION			REACTIVATION (i	inactive insuran	ice) TRANSFER IN DATA CHANGE							
2	☐ NEW MEMBE			П	READMISSION (u	ıp to 7 vears)	☐ HONORARY MEMBERSHIP ☐ SUSPENSION							
_	U JUVENILE TO							☐ HONORARY LIF	E MEMBER		□ DEATH_	МО	DAY	YR
	LAST NAME	ENT (u	o to 3 r	nonths)	FIRST NAME	(over 7 years)		MIDDLE INITIAL		degree attained	PROVIDE SL	RVIVOR IN	IFORMATION	BELOW
	STREET CITY							ST/PROV POSTAL CODE COUNTRY (OUTS						US)
3	DATE OF BIF		IARITAL STATUS	HOME PHONE			BUSINESS PHONE		CELL PHONE					
	MO DAY	Y	'R											
	E-MAIL ADDRESS						OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)							
	*ARE YOU A PRACTICAL	YES	NO			PARISH NAME,	, LOCAT	ION (CITY, ST/PROV)			FORME		YES	NO
	CATHOLIC IN COMMUNION WITH THE HOLY SEE?										COLUMB SQUIRE	?		
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES	1. FIRST			2. SECOND		3. THIRD		4.	FOURTH	
	DATE OF TERMINATION		REASO	N				NUMBER OF LAST COL	JNCIL	COUNCIL LOCATION (C	ITY, ST/PROV)			
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	ı ar	n app	iying 1	for myself	☐ Yes ☐ N	10	^ı an	n applying for m	y wite L	∃Yes □ No				
	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.							I HEREBY DECLARE TH CONSTITUTION AND LA MEMBERSHIP AND AGRI	.WS OF THE KN FE THAT THE DE	IIGHTS OF COLUMBUS CISION OF THE BOARD	AND ANY OF ITS OF DIRECTORS SE	S COUNC	ILS IN WHIC TROL IN ALL	H I HOLD MATTERS.
_	PRINTED NAME OF PROPOSER							I AGREE THAT THE KNIGH MY CORRECT ADDRESS.	HTS OF COLUMB	US MAY USE AN OUTSID	E AGENCY TO OB	AIN INFOR	RMATION CON	CERNING
6	PROPOSER'S MEMBER	NUMBER	(required)							SIGNATURE OF APPI	LICANT			
	DATE FINANCIAL SECRETARY							SIGNATURES			GRAND KN	IGHT		
		F	AMILY	INFORMATION	ON			СОМІ	PLETE WHE	N REPORTING M	EMBER DEA	TH ONL	Y.	
wıı	E'S NAME						NEX	T OF KIN						
NA	MES AND AGES O	F CHIL	DREN				REL	ATIONSHIP						
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lad	mission con	nmitte	ee. T	o aid th	e committee	e in prepar	atio	ill be contacte n for this me	etina. v	ou are aske	ed to ind	icate	comn	nittee
as	signment pre erview proce	feren	ces t	pelow. If y	ou need mo	re specific i	nfor	mation on any	of these	e committees	s, please i	nquir	e durin	g the
	CHURCH				□ C	OMMUNITY			[COUNCIL				
	FAMILY				□ Y	OUTH								
Ple	ease specify i	ntere	sts:_							TILILINIIC	/ 1 N			
W	hat do you ex	pect	from	your mer	nbership in th	ne Knights c	of Co	olumbus?						
 n	vour opinion	what	can	vou do o	r contribute to	assist in th	ne si	uccessful oper	ation of t	his council?				
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Da	te of Interviev	N:				Sig	ned	:		ADMISSION COMMITT	EE CHAIRMAN			
\	RETAIN FOR COUNCIL RECORDS													

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 likeminded 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.