

Membership Document

A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER			COUNC	IL LOC	CATION (CITY, ST/PROV)	ME	EMBERSHIP NUMBER		DATE READ	DATE ELE	CTED	1ST. DEG.	DATE			
	TRANSACT					REACTIVATION (inactive insura	nce)	☐ TRANSFER IN	TRANSFER IN DATA CHANGE								
2	□ NEW MEMBER □ READMISSION (up to 7 years)								☐ HONORARY MEMBERSHIP ☐ SUSPENSION Feason MO DAY YR									
_	☐ JUVENILE TO		to 3 m	onthe)		REAPPLICATION	(over 7 vears)		☐ HONORARY LII	FE MEMBER		□ DEATI	4		YR			
	LAST NAME	LIVI (up	10 0 11	10111113)	<u>''</u>	FIRST NAME	(over 7 years)		MIDDLE INITIAL		degree attained	TITLE	E SURVIVOR I	NFORMATION	NBELOW			
	OTDEET						CITY			CT/DDOV/	DOCTAL COL) <u> </u>	COUN	TDV (OLITCID	E He)			
2	STREET						CITY		ST/PROV POSTAL CODE COUNTRY (OUTSIDE US									
3	DATE OF BIR	TH YF		ARITAL STAT	US	HOME PHONE			BUSINESS PHONE	<u> </u>		CELL PHONE	NE NE					
	E-MAIL ADDRESS								OCCUPATION/EMPLO	YER		LAST FOUR	DIGITS OF T	AX ID (e.a., SS	SN)			
									OCGUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)									
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION WITH THE HOLY SEE?	YES	NO				PARISH NAM	ME, LOCATI	ON (CITY, ST/PROV)			COLU	RMER JMBIAN JIRE?	YES	NO			
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES		1. FIRS	Т		2. SECOND		3. THIRD	<u> </u>	4	1. FOURTH				
	PREVIOUSLY? DATE OF TERMINATION REASON NUMBER OF LAST COUNCIL COUNCIL LOCATION (CITY, ST/PROV)																	
									E 83) FOR A KN									
5	THE BACK OF THIS APPLICATION (COMPLETE FOR MEMBER) OR THE REVERSE SIDE OF THE DUPLICATE (COMPLETE FOR WIFE)																	
	l an	n appl	ying f	or mys	elf	□ Yes □ N	No	*I am	applying for m	y wife	∃ Yes □ No							
	I HEREBY RECOMMEND THE ABOVE APPLICANT FOR MEMBERSHIP.								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 APPLICANT												PLICANT						
	DATE				F	FINANCIAL SECRETARY			SIGNATURES			GRANI	KNIGHT					
		FA	MILY	NFORM						PLETE WHE	N REPORTING N			LY.				
WIF	E'S NAME							NEX	T OF KIN									
NA	MES AND AGES O	F CHILI	DREN_					REL	ATIONSHIP									
_								STR										
_								CITY										
	DI IOANITIO I	NITE) FOT	- (DD)		DENOS		ST/P	PROV		P	OSTAL CO	DE					
	PLICANT'S I						cument. v	ou wi	II be contacte	ed in rea	ard to vour	meeting	with t	the cou	ıncil's			
ad	mission com	mitte	e. To	o aid	the	e committee	e in prepa	aratio	II be contacten for this me mation on any	eting, y	ou are ask	ed to i	ndicate	com	nittee			
	erview proces		,es r	elow.	пу	ou need mo	re specific	IIIIOI	manon on any	Of these	e committee	s, pieas	e iriqui	re durii	ig the			
	CHURCH FAMILY						OMMUNITY	1	☐ COUNCIL ☐ MEMBERSHIP RECRUITMENT/									
		atara.	+01				OUTH	RETENTION										
-	ease specify in nat do you ex			VOLUE 55		aborobin in th	no Knichte	of Co	lumbus?									
VV	iai uo you ex	p e ct T	IUIII	your II	ıell	ineiziiih iii fi	ie milgrits	01 00	iuiiibUS (
ln	your opinion,	what	can	you do	or	contribute t	o assist in	the su	iccessful oper	ation of	this council?	1						
Da	te of Interviev	v:					Si	gned:			ADMISSION COMMIT	TEE CHAIDMAN						
Date of Interview: Signed: TRANSACTIONS WITH ANNUITY APP(S) TO GENERAL AGENT. ALL OTHER TRANSACTIONS TO SUPREME COUNCIL OFFICE.														CE				

ANNUITY APPLICATION FOR NEW MEMBERS

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

INFORMATION CONCERNING APPLIC		8. Will this annuity replace, in whole or in part, any existing insurance or annuity now in force? Yes No										
1. Name of Applicant (last-first-middle	e initial)	insurance or annuity now	in force? Ye	S NO) [
INFORMATION CONCERNING ANNIHIT	TA N I T	If yes, provide the following information regarding the contract										
INFORMATION CONCERNING ANNUIT		to be replaced.										
2. Name (last-first-middle initial)	Sex	Company Year Issued Amou										
3. Street			1041									
4 City Ctate / Drawings	Zin Codo/Dostal Codo											
4. City State/Province	Zip Code/Postal Code	INFORMATION CONCERN	JING BENEE	ICIARY								
5. Relationship to Applicant	Age	9. Name		Relationship to Annuitant								
6. Social Security Number/Social Insurance Number	Date of Birth	10. Social Security Number										
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 Directors 	I always strive to main me of issue of this con	tain competitive interest ra										
 A surrender charge ranging from within seven years of deposit, we years. After the first contract ye of it once each year with no sur 	n 5% to 2% will be impoint no surrender charges ar, if the Accumulation render charge. If a surr	ge being made against am Value is \$5,000 or more, I	ounts on de may withdi	eposit over raw as m	er seven uch as 10%							
 my age at the time of withdrawa (a) In the <u>United States</u>: Interest penalty is imposed by the IRS of Revenue Service penalty will not be a service penalty will not be a service. 	credited to this contra on taxable income with	drawn before the taxpayer	r is age 59 1	/2. (This Ir	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			COUNC	IL LO	CATION (CITY, ST/PROV)	ME	MBERSHIP NUMBER		DATE READ	DATE	ELECTED		1ST. DEG. I	DATE		
	TRANSACT					REACTIVATION (inactive insura	nce)	nce) TRANSFER IN DATA CHANGE									
2	□ NEW MEMBER □ READMISSION (up to 7 years)								☐ HONORARY MEMBERSHIP ☐ SUSPENSION									
_	☐ JUVENILE TO			nonthe)		REAPPLICATION	Lover 7 vears)		☐ HONORARY LII	FE MEMBER		□ DE/				YR		
	LAST NAME	LITT (Up	710011	Юпинај		FIRST NAME	(over 7 years)		MIDDLE INITIAL		degree attained	TITLE	VIDE SURV	IVOR INF	FORMATION	BELOW		
	07055						Lami			Lowensy								
3	STREET						CITY		ST/PROV POSTAL CODE COUNTRY (OUTSIDE US)									
	DATE OF BIR	TH YE		ARITAL STAT	US	HOME PHONE			BUSINESS PHONE			CELL PHON	NE .					
	E-MAIL ADDRESS								OCCUPATION/EMPLO	YER		LAST F	OUR DIGITS	S OF TAX	ID (e.g., SS	N)		
												X	XXX	Χ-	. 15 (o.g., oo	••,		
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION	YES	NO				PARISH NAM	IE, LOCATIO	ON (CITY, ST/PROV)				FORMER	ı	YES	NO		
	WITH THE HOLY SEE? DID YOU APPLY	YES	NO	INITIATION		1. FIRS	т		2. SECOND		3. THIRD		SQUIRE?	4.	FOURTH			
4	FOR MEMBERSHIP PREVIOUSLY?			DATES														
	DATE OF TERMINATION REASON NUMBER OF LAST COUNCIL COUNCIL LOCATION (CITY, ST/PROV)																	
	NEW MEMBE	RS AN	ND TH	IEIR WI	VES	S ARE ELIGIB	LE (THROUC	GH AG	E 83) FOR A KN	IIGHTS O	F COLUMBUS	S ANNU	JITY A	S DE	SCRIB	ED ON		
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)																	
	l am applying for myself ☐ Yes ☐ No *I am applying for my wife ☐ Yes ☐ No																	
	I HEREBY RECOMMEND	THE ABO	VE APPLIC	CANT FOR M	1EMBE	ERSHIP.		Т	I HEREBY DECLARE TH	HAT THE ABOVI	E IS TRUE AND COR	RECT AND	THAT I W	ILL UPH	OLD THE	CHARTER,		
	PRINTED NAME OF PROPOSER								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.									
6	PROPOSER'S MEMBER	NUMBER (required)					- TOTAL TABBLESS.		SIGNATURE OF AP	PLICANT							
SIGNALURE OF APPLICANT																		
	DATE					FINANCIAL SECRETARY	,	SIGNATURES GRAND KNIGHT										
,,,,,		FA	AMILY	INFORM	ATIC	ON		NEX.	COMI F OF KIN	PLETE WHE	N REPORTING I	MEMBER	R DEATH	I ONL	/.			
	FE'S NAME MES AND AGES O	E CHILI	DREN						ATIONSHIP									
I NA	WIES AND AGES O	OTTL	DITEN_					STRI										
								CITY										
								ST/P	ROV		F	OSTAL (CODE_					
AF	PPLICANT'S I	NTEF	REST	S/PRI	EFE	RENCES												
Fo	llowing subm	nissio	n of	this M	lem	bership Do	cument, yo	ou wi	I be contacted for this me	ed in reg	ard to your	meeti	ng wi	th th	ne cou	ıncil's		
as	signment pre	ferend	ces b	elow.	If y	ou need mo	re specific	infor	mation on any	of these	e committee	es, plea	ase in	quire	e durir	ng the		
	erview proces	SS.					·ONANAL INITV	,			□ COUNCIL							
□ CHURCH □ COMMUNITY □ FAMILY □ YOUTH									☐ MEMBERSHIP RECRUITMENT/									
Ple	ease specify in	nteres	sts:								RETENTI	ON 						
-	hat do you ex			your m	nem	nbership in tl	ne Knights	of Co	lumbus?									
In	your opinion,	what	can	you do	or	contribute t	o assist in t	the su	ccessful oper	ation of t	this council?	,						
Da	ate of Interviev	v:					Si	gned:			ADMICCION	TEE 0						
(AL AGENT		ADMISSION COMMIT	I LEE CHAIRN	MAN					

ANNUITY APPLICATION FOR NEW MEMBER'S SPOUSE

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

INF	FORMATION CONCERNING APPLICA	ANT	8. Will this annuity replace, in whole or in part, any existing							
1.	Name of Applicant (last-first-middle	initial)	insurance or annuity now in force? Yes ☐ No ☐							
			If yes, provide the following	ng information	on regardi	ng the contrac				
INF	FORMATION CONCERNING ANNUITA	ANT	to be replaced.							
2.	Name (last-first-middle initial)	Sex								
_			Company	Year	Issued	Amount				
3.	Street									
4.	City State/Province	Zip Code/Postal Code								
			INFORMATION CONCERN	ING BENEF	ICIARY					
5.	Relationship to Applicant	Age	9. Name	Relati	onship to	Annuitant				
6.	Social Security Number/Social Insurance Number	Date of Birth	10. Social Security Number Insurance Number	r/Social	te of Birth					
1. 2.	The long range nature of the ann While the Board of Directors will specifically guaranteed at the times.	always strive to maint ne of issue of this con	ain competitive interest ra	•						
3.	discretion of the Board of Directo	ors. 5% to 2% will be imp th no surrender charg ir, if the Accumulation ender charge. If a surr	oosed on amounts withdra e being made against amo Value is \$5,000 or more, I	wn from th ounts on de may withd	is annuity eposit ov raw as m	y contract er seven uch as 10%				
4.	(a) In the <u>United States</u> : Interest of penalty is imposed by the IRS or Revenue Service penalty will not the life of the taxpayer.)	credited to this contra n taxable income with be assessed if the ta	drawn before the taxpayer xable income is disbursed	is age 59 1 in periodic	/2. (This I paymen	nternal ts made for				
5.	(b) In <u>Canada</u> : Interest credited to The annuity applied for will be ca into the First Degree of the Order	ancelled if the applicar	nt is a candidate for memb							
Ар	plicant's Signature		Annuitant's Signature							

Date

Date_____



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A CATHOLIC, FAMILY, FRATERNAL, SERVICE ORGANIZATION

1	COUNCIL NUMBER			COUNC	OIL LO	CATION (CITY, ST/PROV)		ME	MBERSHIP NUMBER		DATE READ	DATE E	ELECTED		1ST. DEG. [DATE		
	TRANSACT					REACTIVATION (inactive insura	nce)	ICE) TRANSFER IN DATA CHANGE									
2	□ NEW MEMBER □ READMISSION (up to 7 years)								☐ HONORARY MEMBERSHIP ☐ SUSPENSION ☐ reason ☐ SUSPENSION									
	U JUVENILE TO		4- 0						☐ HONORARY LII	FE MEMBEF		□ DEA		МО		YR		
	LAST NAME	ENI (up	to 3 n	iontns)		FIRST NAME	(over 7 years)		MIDDLE INITIAL		degree attained	TITLE	IDE SURVIV	OR INF	ORMATION	BELOW		
	STREET						CITY	ST/PROV POSTAL CODE COUNTRY (OUTSIDE US)										
3	DATE OF BIR			ARITAL STA	TUS	HOME PHONE			BUSINESS PHONE			CELL PHONE	<u> </u> _					
	MO DAY	YF	1															
	E-MAIL ADDRESS								OCCUPATION/EMPLOYER LAST FOUR DIGITS OF TAX ID (e.g., SSN)									
	*ARE YOU A PRACTICAL CATHOLIC IN COMMUNION	YES	NO				PARISH NAM	IE, LOCATI	ON (CITY, ST/PROV)				ORMER OLUMBIAN		YES	NO		
	WITH THE HOLY SEE?	\/E0			. I	1. FIRS			2. SECOND		3. THIRD		SQUIRE?		FOLIDALI			
4	DID YOU APPLY FOR MEMBERSHIP PREVIOUSLY?	YES	NO	INITIATION DATES		1. FIRS	'		2. SECOND		3. THIRD			4.	FOURTH			
	DATE OF TERMINATION		REASON	N	<u>′ </u>				NUMBER OF LAST CO	UNCIL	COUNCIL LOCATION (CITY, ST/PRO	V)					
	NEW MEMBE	RS AN	JD TH	IFIR W	IVF	S ARE ELIGIBI	LE (THROUG	SH AG	F 83) FOR A KN	JIGHTS O	F COLUMBUS	S ANNU	ITY AS	DES	SCRIBI	ED ON		
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 ☐ Yes ☐ No *I am applying for my wife ☐ Yes ☐ No																	
	I HEREBY RECOMMEND							1	I HEREBY DECLARE TH			RECT AND	THAT I WII	I UPH	OLD THE	CHARTER		
	PRINTED NAME OF PROPOSER							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 CODECT ADDRESS.										
6		NI IMPED (roquirod)					MY CORRECT ADDRESS	· 	CIONATURE OF ARI	DUCANT							
	PROPOSER'S MEMBER NUMBER (required) SIGNATURE OF APPLICANT																	
	DATE					FINANCIAL SECRETARY		SIGNATURES GRAND KNIGHT										
		FA	MILY	NFORM	ATIO	ON		NEV		PLETE WHE	N REPORTING N	MEMBER	DEATH	ONLY				
	E'S NAME		DEN						T OF KIN ATIONSHIP									
NA	MES AND AGES O	F CHILI	JKEN_					STRI										
								CITY										
									ROV		P	OSTAL C	ODE					
AF	PPLICANT'S I	NTEF	REST	S/PRI	EFI	ERENCES												
							cument, yo	ou wi	ll be contacten for this me	ed in reg	ard to your	meetir	ng wit	h th	e cou	ıncil's		
ad as	ımıssıon com signment pre	imitte ferend	e. 10 ces b	elow.	tn lf y	e committee ou need mo	e in prepa re specific	ıratıoı infor	n for this me mation on any	eeting, y / of these	ou are ask e committee	ed to s, plea	inaic: se inc	ate Juire	comn durin	nittee ig the		
int	erview proces								ĺ							Ü		
│ □ CHURCH □ COMMUNITY │ □ FAMILY □ YOUTH									☐ COUNCIL☐ MEMBERSHIP RECRUITMENT/									
Ple	ease specify in	nteres	ts:			_				RETENTIO	NC							
-	hat do you ex			vour m														
ln	your opinion,	what	can	you do	0 01	contribute t	o assist in t	the su	iccessful oper	ation of t	this council?					_		
Da	ate of Interviev	v:					Sic	aned:										
(- "									JNCIL RECORDS		ADMISSION COMMIT	TEE CHAIRM	IAN					

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.