

SERFF Tracking Number: CAKN-125666986 State: Arkansas
Filing Company: Catholic Knights State Tracking Number: 39212
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level 30 Term
Project Name/Number: Level 30 Term/TB095 05/08

Filing at a Glance

Company: Catholic Knights
Product Name: Level 30 Term SERFF Tr Num: CAKN-125666986 State: ArkansasLH
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 39212
Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: State Status: Approved-Closed
Fixed/Indeterminate Premium
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Susan Bacon, Alan Disposition Date: 06/10/2008
Bembenek, Judy Halas
Date Submitted: 06/05/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Level 30 Term Status of Filing in Domicile: Authorized
Project Number: TB095 05/08 Date Approved in Domicile: 05/14/2008
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 06/10/2008 Deemer Date:
State Status Changed: 06/10/2008
Corresponding Filing Tracking Number:
Filing Description:
1100 West Wells Street
Milwaukee, WI 53233

www.catholicknights.org
414-278-6564 Telephone

SERFF Tracking Number: CAKN-125666986 *State:* Arkansas
Filing Company: Catholic Knights *State Tracking Number:* 39212
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level 30 Term
Project Name/Number: Level 30 Term/TB095 05/08

414-223-3201 Fax
800-927-2547 Toll-Free

Judy Halas
Executive Assistant, Operations
Email: judy.halas@catholicknights.org

June 5, 2008

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Policy Form Number: TB095 05/08
Level 30 Term

Dear Arkansas Department of Insurance Representative:

We request approval of the policy form identified above. Form TB095 05/08 is a non-illustrated plan.

Form TB095 05/08 is a level death benefit term based on the 2001 CSO Mortality Tables. Issue ages are 16-50 and term coverage continues until the contract anniversary following the insured's 95th birthday. It is anticipated that this contract will be sold through our career agency force as well as through direct mail programs.

This product will not be replacing any of our existing term products.

The following documents are submitted in support of our request:

1. Cover letter (see Filing Description);
2. Certificate of Compliance;

SERFF Tracking Number: CAKN-125666986 State: Arkansas
Filing Company: Catholic Knights State Tracking Number: 39212
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level 30 Term
Project Name/Number: Level 30 Term/TB095 05/08

3. Actuarial Certification;
4. Actuarial Memorandum;
5. The Contract and Application;
6. Readability Score;
7. Certification re unfair sex discrimination (Reg. 19 10B);
8. Consumer Information Notice (Bulletin 11-88).

If you have any questions or need any additional information, please contact me via the contact information above.

Thank you for your cooperation and assistance.

Sincerely,
Judy Halas

Company and Contact

Filing Contact Information

Judy Halas, Executive Assistant, Operations judy.halas@catholicknights.org
Catholic Knights (414) 278-6564 [Phone]
Milwaukee, WI 53233 (414) 223-3201[FAX]

Filing Company Information

Catholic Knights CoCode: 56030 State of Domicile: Wisconsin
1100 West Wells Street Group Code: Company Type: Fraternal
Milwaukee, WI 53233 Group Name: State ID Number: 2796
(414) 273-6266 ext. 6505[Phone] FEIN Number: 39-0201015

Filing Fees

Fee Required? No

SERFF Tracking Number: CAKN-125666986 *State:* Arkansas
Filing Company: Catholic Knights *State Tracking Number:* 39212
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level 30 Term
Project Name/Number: Level 30 Term/TB095 05/08
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Knights	\$50.00	06/05/2008	20679294

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/10/2008	06/10/2008

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Disposition

Disposition Date: 06/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Policy Contract		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Certification		Yes
Form	Level 30 Term		Yes

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TB095 05/08	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50	TB095 05-08 (Contract).pdf



A Fraternal Benefit Society

Certificate of Membership and Life Insurance

- Insurance Payable at Death of Insured Prior to Expiration of Policy
- Thirty Year Level Term Insurance
- Premiums Payable for Thirty (30) Years
- Renewable Thereafter Until Age 95 as Annual Term
- Convertible for Stated Period
- Schedule of Benefits and Premiums on Page 4
- Participating

This is a legally binding insurance contract between you and Catholic Knights. We issue this contract based on the application signed by the applicant and the full payment of the initial premium. Upon receiving due proof of the insured's death, we will pay the insurance proceeds (see Section 1) to the beneficiary according to the provisions of this certificate.

Catholic Knights agrees to pay the benefits provided in this contract subject to its terms and conditions. Signed at Milwaukee, Wisconsin, on the certificate date.

William R. O'Toole

President

Allan G. Joyce

Secretary

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth day after the owner received the certificate. This is done by delivering or mailing a written notice and the certificate to Catholic Knights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our representative through whom you purchased the insurance, or to any Catholic Knights financial services representative. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Knights will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

DELIVERY DATE _____

TABLE OF CONTENTS

SPECIFICATIONS PAGE	3
CONTRACT SPECIFICATIONS	4
SECTION 1. GENERAL PROVISIONS	5
1.1 Insurance Proceeds	5
1.2 The Contract	5
1.3 Incontestability	5
1.4 Suicide	6
1.5 Misstatement of Age or Sex	6
1.6 Maintenance of Legal Reserves	6
1.7 Decrease in Face Value	6
SECTION 2. OWNERSHIP	6
2.1 The Owner	6
2.2 Transfer of Ownership	6
2.3 Collateral Assignment	6
SECTION 3. PREMIUMS AND REINSTATEMENT	7
3.1 Premium Amount	7
3.2 Premium Payment	7
3.3 Reinstatement	7
SECTION 4. DIVIDENDS	7
4.1 Annual Dividends	7
4.2 Use of Dividends	7
4.3 Lapse, Termination, and Expiry of Contract	8
SECTION 5. BASIS OF RESERVES	8
5.1 Basis of Reserves	8
SECTION 6. CONVERSION	8
6.1 Requirements	8
6.2 New Contract	8
6.3 Conversion Credit	8
6.4 Disability	9
SECTION 7. RENEWAL PROVISIONS	9
7.1 Renewal	9
7.2 Table of Renewal Premiums	9
SECTION 8. BENEFICIARY	10
8.1 Designated Beneficiary	10
8.2 Change of Beneficiary	10
SECTION 9. PAYMENT OF INSURANCE PROCEEDS	11
9.1 Optional Payment Plans	11
9.2 Who May Choose a Payment Plan	11
9.3 Frequency of Payments	12
9.4 Minimum Payment Guarantee	12
9.5 Payout Plan Guaranteed Payments	12

SPECIFICATIONS PAGE

THIS IS A LEGAL CONTRACT BETWEEN THE OWNER AND CATHOLIC KNIGHTS.

READ YOUR CONTRACT CAREFULLY

Definitions – In this certificate “you” and “your” refer to the owner of this insurance contract. “We”, “us” and “our” refer to Catholic Knights.

The insured named on this page 3 is the person at whose death the insurance proceeds will be payable.

The “Face Amount of Insurance” is shown on this page 3.

Contract years and months are measured from the certificate date. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 1.1) depends upon the payment of premiums (Section 3.1). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.2 and 3.3).

Forms and Procedures – We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from a sales representative or the home office of Catholic Knights.

INSURED:

JOHN DOE

OWNER:

JOHN DOE

FACE AMOUNT OF INSURANCE:

\$100,000

CERTIFICATE DATE:

7/01/2008

CERTIFICATE NUMBER:

1234567

ISSUE AGE:

35

PREMIUM CLASS:

NON SMOKER

SEX:

MALE

CONTRACT SPECIFICATIONS

1234567

JOHN DOE

FORM NO.	DESCRIPTION OF BENEFITS	EXPIRES ON CONTRACT ANNIVERSARY DATE	YEARS PREMIUM PAYABLE	ANNUAL PREMIUM AMOUNT
TB095	\$100,000 30 YEAR LEVEL TERM MALE N/S	2028	30	298.00

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The due date for the first premium is the certificate date shown on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

TOTAL PREMIUMS

These premiums include the charge for any additional benefits.

ANNUAL
298.00

SEMIANNUAL
154.96

EFT (MONTHLY)
24.82

PREMIUM PAYMENT METHOD: EFT

Premiums for the renewal periods are as provided in Section 7.

BENEFICIARY: The beneficiary for the insured is as designated in the application for this insurance unless otherwise provided by endorsement at issue, or unless subsequently changed as provided in this certificate.

SECTION 1. GENERAL PROVISIONS

1.1 Insurance Proceeds

When the insured dies, an amount of money, called the insurance proceeds, will be payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract
- Any dividends left with us to earn interest
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;
MINUS
- Any premium due

Within a reasonable period (not longer than one month) after we receive due proof of the insured's death and of the claimant's right to payment, we will pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 9 is selected. We will pay interest on the proceeds from the date of death to the date of settlement at a rate not less than that required by applicable law, and we will pay any interest or penalty that applicable law would require for any overdue payment.

1.2 The Contract

Your insurance contract consists of this certificate, the application, and the Articles of Incorporation and Bylaws of Catholic Knights. Any changes, additions or amendments to the Articles or Bylaws of Catholic Knights duly made or enacted subsequent to the issuance of this contract shall bind the owner and the beneficiaries and shall govern and control the contract in all respects the same as if the changes, additions or amendments had been made prior to and were in force at the time of the application for insurance, except that no change, addition or amendment shall destroy or diminish benefits which Catholic Knights contracted to give the owner as of the date of issuance.

If you cease to be a member of Catholic Knights for any reason, except for nonpayment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, you may maintain the insurance in force by continuing payment of the required premium. No provision of Catholic Knights' Articles or Bylaws provides for the termination of coverage under this contract.

We assume that all statements made in the application were made to the best of the knowledge and belief of the person who made them; in the absence of fraud they are deemed to be representations not warranties. We relied on those statements when we issued the contract. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No change in this contract is valid unless approved by an officer of Catholic Knights. No agent has authority to change the contract or to waive any of its provisions.

1.3 Incontestability

This contract will not be contested by us after it has been in force during the lifetime of the insured for two (2) years from the certificate date. Within two (2) years after the effective date of a reinstatement (see Section 3.3), we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

1.4 Suicide

If the insured dies by suicide, whether sane or insane, within two (2) years from the certificate date, we will pay no more than the sum of the premiums paid, without interest, less any indebtedness.

1.5 Misstatement of Age or Sex

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

1.6 Maintenance of Legal Reserves

If for any reason our reserves as to all or any class of insurance contracts becomes impaired, the Board of Directors or a corresponding body may require that there shall be paid by the owner to us the amount of the owner's equitable portion of such deficiency.

If the payment is not made it shall stand as an indebtedness against the contract and draw interest at a variable rate (not exceeding eight percent (8%) per annum) as specified from time to time by us. In lieu thereof or in combination therewith, the owner may consent to an equivalent reduction in benefits.

The foregoing provisions of this Section 1.6 correspond in substance to a section of the Catholic Knights Bylaws. No other provision of Catholic Knights' Articles or Bylaws provides for any reduction of benefits under this contract.

1.7 Decrease in Face Value

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

SECTION 2. OWNERSHIP

2.1 The Owner

The owner is named on page 3. You or your successor or transferee as owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured and thereafter to the extent permitted by Section 9.

2.2 Transfer of Ownership

You may transfer the ownership of this contract. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed.

2.3 Collateral Assignment

You may assign this contract as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this contract. We will not be responsible to an assignee for any payment or other action taken by us before receipt of the assignment in writing at our home office.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 2.2.

SECTION 3. PREMIUMS AND REINSTATEMENT

3.1 Premium Amount

The annual premium amount for the thirty (30) year level term insurance will be as shown on page 4. This premium amount applies for all thirty (30) years. The annual premium for any riders or benefits is also shown on page 4.

3.2 Premium Payment

1. **PAYMENT.** All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 4). A receipt signed by one or more of the officers of Catholic Knights shall be issued when requested upon payment of premium.
2. **FREQUENCY.** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.
3. **GRACE PERIOD.** A 31-day grace period will be allowed for payment of a premium not paid on its due date. This contract will continue in full force during this period. If the premium is not paid within the grace period, the contract will terminate as a lapse as of the due date.

3.3 Reinstatement

You may reinstate this contract within five (5) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the policy upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

1. Provide evidence of insurability satisfactory to us; and
2. Pay all overdue premiums with interest from the due date of each premium. We will establish the interest rate from time-to-time, but it will not be more than six percent (6%) compounded annually.

SECTION 4. DIVIDENDS

4.1 Annual Dividends

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

4.2 Use of Dividends

You may choose in writing to receive any dividend which may be declared in one of these ways:

1. **CASH** – Payment to you by check.
2. **DEPOSIT ACCOUNT** – To be left with us to earn interest at the rate we set from time to time. The annual rate will not be less than three percent (3%).
3. **APPLIED TO REDUCE PREMIUMS** – If after the dividends are applied toward your premium you have dividend monies remaining, the excess dividends will remain on deposit and earn interest until the next premium payment becomes due. If the dividend is not sufficient to cover the premium, you will be billed for the net premium due. To remain under this option, all future insurance premiums must be paid on an annual or semi-annual basis.

Your choice may be made on the application for your insurance or in writing at a later date. If no choice has been made, we will place the dividends in a deposit account.

4.3 Lapse, Termination, and Expiry of Contract

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

SECTION 5. BASIS OF RESERVES

5.1 Basis of Reserves

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

SECTION 6. CONVERSION

6.1 Requirements

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

1. Making a written application for conversion at any time prior to the earlier of the 28th contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
2. Making payment of the full first premium for the new contract; and
3. Returning this certificate.

6.2 New Contract

The new contract will be limited to:

1. Insurance on the same person as the insured under this contract.
2. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
3. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

6.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

6.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of: (a) the 30th contract anniversary, or (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

SECTION 7. RENEWAL PROVISIONS

7.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the 30th contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this policy shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be the premium shown in the Table of Renewal Premiums for the insured's sex and age as of his or her birthday on or immediately preceding the renewal date, determined as set forth in Section 7.2.

7.2 Table of Renewal Premiums

The annual renewal premium for this policy shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding \$48. The premium for any attached riders or for any special class rating shall be added to such premium.

MALE PLANS

Attained Age	Renewal Premium								
46	8.44	57	22.71	68	81.69	79	257.67	90	661.26
47	9.05	58	24.76	69	94.28	80	283.05	91	704.34
48	9.54	59	27.16	70	109.13	81	310.02	92	748.56
49	10.15	60	30.07	71	128.10	82	337.77	93	794.28
50	10.95	61	33.63	72	139.92	83	367.35	94	843.06
51	11.98	62	37.76	73	151.83	84	400.80		
52	13.23	63	42.27	74	164.73	85	438.72		
53	14.67	64	46.98	75	179.07	86	479.85		
54	16.50	65	51.88	76	194.97	87	523.56		
55	18.54	66	60.82	77	213.36	88	569.13		
56	20.66	67	70.71	78	234.45	89	615.99		

FEMALE PLANS

Attained Age	Renewal Premium								
46	6.36	57	19.51	68	62.99	79	193.17	90	461.76
47	7.05	58	21.34	69	73.89	80	211.23	91	475.44
48	7.81	59	23.21	70	86.51	81	233.31	92	504.99
49	8.66	60	25.18	71	101.55	82	256.05	93	546.81
50	9.61	61	27.35	72	110.49	83	279.27	94	605.10
51	10.69	62	29.65	73	120.24	84	303.45		
52	11.90	63	32.07	74	130.44	85	325.80		
53	13.18	64	34.73	75	141.15	86	351.63		
54	14.52	65	37.69	76	152.73	87	383.67		
55	16.06	66	44.99	77	165.21	88	415.74		
56	17.74	67	53.38	78	178.68	89	445.08		

SECTION 8 BENEFICIARY

8.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when an insured dies, the owner (or the owner's estate) will be the beneficiary.

If more than one beneficiary is alive when the Insured dies, we will pay them in equal shares, unless you have chosen otherwise.

8.2 Change of Beneficiary

While the insured is alive, you may change any beneficiary by written notice to us, unless the beneficiary had been made irrevocable. No change is binding on us until it is recorded at our home office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this certificate to make the change.

SECTION 9. PAYMENT OF INSURANCE PROCEEDS

9.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 1.1, optional payment plans available upon death of the insured are:

- A. **Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than three percent (3%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.
- B. **Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.
- C. **Payments Based on a Single Life**
 - 1. **Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.
 - 2. **Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.
- D. **Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.
- E. **Other Plans** – Other periodic plans may be arranged with us.

9.2 Who May Choose a Payment Plan

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

9.3 Frequency of Payments

Monthly, quarterly, semiannual or annual payments may be selected.

9.4 Minimum Payment Guarantee

1. The amount of the periodic payment in Section 9.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least three percent (3%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.
2. Tables 1, 2 and 3 in Section 9.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

9.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.01; 6.04; or 12.16, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of three percent (3%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD							
Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.95	9	10.56	13	7.73	17	6.24
6	15.18	10	9.64	14	7.28	18	5.98
7	13.20	11	8.88	15	6.89	19	5.74
8	11.71	12	8.26	16	6.54	20	5.53

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE						
Payee's Age	No Certain Period		Certain Periods			
	Male	Female	10 Year		20 Year	
			Male	Female	Male	Female
50	4.09	3.84	4.06	3.83	3.96	3.77
55	4.48	4.17	4.43	4.14	4.25	4.05
60	5.00	4.61	4.90	4.56	4.57	4.37
65	5.72	5.20	5.51	5.10	4.90	4.73
70	6.71	6.04	6.26	5.81	5.18	5.07

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS

Male Age	Female Age				
	50	55	60	65	70
50	3.53	3.66	3.77	3.86	3.94
55	3.62	3.78	3.94	4.09	4.21
60	3.68	3.89	4.11	4.32	4.52
65	3.74	3.98	4.25	4.55	4.84
70	3.77	4.04	4.37	4.75	5.15



A Fraternal Benefit Society

Certificate of Membership and Life Insurance

- Insurance Payable at Death of Insured Prior to Expiration of Policy
- Thirty Year Level Term Insurance
- Premiums Payable for Thirty (30) Years
- Renewable Thereafter Until Age 95 as Annual Term
- Convertible for Stated Period
- Schedule of Benefits and Premiums on Page 4
- Participating

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

*Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/27/2008

Comments:

Rule and Regulation 49 is not applicable to Catholic Knights.

Attachments:

TB095 05-08 Readability Certificate.pdf

TB095 05-08 Bulletin 11.pdf

TB095 05-08 CERTIFICATE OF COMPLIANCE - Alan Bembenek.pdf

TB095 05-08 Certification Reg 19.pdf

Review Status:

Satisfied -Name: Application

05/27/2008

Comments:

Application #23-00440LA-06-05 (Ref 07-07) is submitted in support of our approval request of Policy Form Number TB095 05/08, Level 30 Term

Attachment:

23-00440LA-06-05 (Rev 07-07).pdf

Review Status:

Satisfied -Name: Policy Contract

06/05/2008

Comments:

Attached is our Policy Contract Form Number TB095 05/08.

Attachment:

TB095 05-08 (Contract).pdf

Review Status:

Satisfied -Name: Cover Letter

06/05/2008

Comments:

This cover letter is in support of our request for approval of Policy Form Number TB095 05/08.

Attachment:

TB095 05-08 Cover Letter.pdf

SERFF Tracking Number: CAKN-125666986

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 39212

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Level 30 Term

Project Name/Number: Level 30 Term/TB095 05/08

Review Status:

Satisfied -Name: Actuarial Certification

06/05/2008

Comments:

This Actuarial Certification is submitted in support of our request for approval of Policy Form Number TB095 05/08, Level 30 Term.

Attachment:

TB095 05-08 (Act_Cert).pdf

CATHOLIC KNIGHTS
CERTIFICATE OF READABILITY

I, Alan R. Bembenek, General Counsel of Catholic Knights, do hereby certify that to the best of my information, knowledge and belief the form listed below is deemed to be readable in accordance with the requirements of the laws of the State of Arkansas and that its Flesch Test score under the method of Insurance Rule §6.07 is as follows:

<u>Form Number</u>	<u>Form Title</u>	<u>Readability Score</u>
TB095 05/08	Level 30 Term	49.7

Dated at Milwaukee, Wisconsin, this 5th day of June, 2008.



Alan R. Bembenek
General Counsel, Catholic Knights

CONSUMER NOTICE

In response to Arkansas Act 197 of 1987

This notice is In accordance with Arkansas Act 197 of 1987 requiring that certain information accompany all policies issued or renewed after January 1, 1988.

Company: Catholic Knights
Department: c/o Member Services Department
1100 West Wells Street
Milwaukee, Wisconsin 53233
Telephone: (414) 273-6266
Name of Agent: _____
Agent Address: _____
Telephone: _____

If we at Catholic Knights fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Phone Number: 1(800) 852-5494 or
(501) 371-2640

**CERTIFICATE OF COMPLIANCE
CATHOLIC KNIGHTS**

Re: Form Number: TB095 05/08

Level 30 Term Insurance Policy

I, Alan R. Bembenek, General Counsel of Catholic Knights, hereby certify that I have authority to bind and obligate the company by filing this form. I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form listed above comply with all applicable provisions of the Arkansas Statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. The form does not contain any inconsistent, ambiguous, or misleading clauses;
3. The form does not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the application form;
4. The only material variations from a form currently on file with the commissioner of insurance are clearly marked or otherwise indicated on pages of the attached form or in an attachment;
5. The form does not have any unconventional provisions; and
6. The attached form is in printed form or typed facsimile and are as will be offered for issuance or delivery in Arkansas after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.



Date: June 5, 2008

Alan R. Bembenek
General Counsel

Individual responsible for this filing:



Date: June 5, 2008

Alan R. Bembenek
General Counsel

Catholic Knights
1100 W. Wells Street
Milwaukee, Wisconsin 53233
Phone Numbers: (800) 927-2547
(414) 278-6525
Fax: (414) 223-3201
E-mail: alan.bembenek@catholicknights.org

**Certification Regarding Arkansas Insurance Rule and Regulation 19 Prohibiting
Unfair Sex Discrimination In The Sale Of Insurance**

I certify that to the best of my knowledge the form listed below complies with Arkansas Rule and Regulation 19, *Unfair Sex Discrimination IN the Sale of Insurance*, and with all other applicable requirements of the Arkansas Insurance Department.

Form: TB095 05/08 Level 30 Term

Dated: June 5, 2008



Alan Bembenek
General Counsel
Catholic Knights
1100 West Wells Street
Milwaukee, WI 53233

(414) 278-6525

Application For Life Insurance

CATHOLIC KNIGHTS



Membership: To qualify, one of the following questions must be answered "Yes".

To be completed by Home Office.

Branch # _____

Is Proposed Insured:

a) Catholic? Yes No Parish name/City _____

b) Spouse of a Catholic? Yes No Parish name/City _____

c) Child or grandchild (legal, adopted or step, regardless of age) of a Catholic? Yes No

d) Already a CK member or otherwise qualified as member? Yes No Explain: _____

(For Joint policies involving unmarried Proposed Insureds, BOTH must qualify for membership.)

Type of Application

- New Policy Conversion/Purchase Option Election (Give details in Page 3)
- Add Layer/Rider/Benefits to policy # _____ Change to Non Smoker rates on policy # _____
- (Indicate existing Rider to be deleted) _____ Review extra rating on policy # _____

Proposed Insured (Complete in all cases. This person will also be the policy owner, unless the Owner section is completed below.)

Name: _____ Gender: Male Female

Date of Birth: _____ - _____ - _____ Age: _____ Place of Birth: _____ Social Security # _____ - _____ - _____
Month Day Year

Marital Status: Single Married Maiden Name: _____ Phone # (_____) _____ - _____

Residence Address: _____
Street City State Zip Code

Occupation: _____ Name of Employer: _____ How long at this occupation? _____

Employer's Address: _____
Street City State Zip Code

Additional Proposed Insured (Complete only if Joint policy or Spouse term rider coverage is applied for.)

Name: _____ Gender: Male Female

Date of Birth: _____ - _____ - _____ Age: _____ Place of Birth: _____ Social Security # _____ - _____ - _____
Month Day Year

Marital Status: Single Married Maiden Name: _____ Phone # (_____) _____ - _____

Residence Address: _____
Street City State Zip Code

Occupation: _____ Name of Employer: _____ How long at this occupation? _____

Employer's Address: _____
Street City State Zip Code

Owner (Complete on all cases for Proposed Insureds 15 and under; for adults only if other than the Primary Insured above.)

1. Name of Individual/Entity* _____ Gender: Male Female Date of Birth: _____

If a Trust, complete verification of Trust form.

Address: _____
Street City State Zip Code

Phone # (_____) _____ - _____ Relationship to Proposed Insured: _____ Social Security/Tax ID # _____

If owner is revocable trust without tax ID use Grantor's Social Security #.

*If an entity, name a contact Person: _____ Phone # (_____) _____ - _____

2. Successor Owner Name: _____ Relationship _____

Home Office Use:

Policy Number:

Policy Date:

Backdate to Save Age

Designation of Beneficiaries

1. Gift to Parish or Other Charities - The following amount(s) shall be paid to the parish(es) or other religious or charitable organization(s) or its successors named below.

Name and Address of Parishes and/or Charitable Organizations

Amount or Percentage

2. Remaining Proceeds - The proceeds (or the remaining proceeds if #1 is completed) shall be paid to the Primary Beneficiaries in the indicated shares or, if no Primary Beneficiary survives, to the Contingent Beneficiaries in the indicated shares. If there is no surviving Beneficiary, payment will be made to the Owner or, if the Owner is the Insured or died before the Insured, to the Owner's estate. The share of a Beneficiary who does not survive shall be allocated proportionally among the surviving Primary or Contingent Beneficiaries. For an individual, to "survive" and "surviving" mean being alive when the Insured dies, and for an entity those terms mean existing at that time and also filing a claim within one year.

The Owner may check one or more of the following options to modify the preceding paragraph;

- The share of any Beneficiary who does not survive shall be paid in equal shares to the Beneficiary's surviving children.
- A Beneficiary who dies within 30 days after the Insured's death shall be deemed not to have survived.
- If I named a Custodian for a Beneficiary who is a minor at the time of payment, the Beneficiary's share shall be paid to the Custodian, under the Uniform Transfers (or Gifts) To Minors Act of the state in which the Beneficiary is then domiciled.

(Choosing this option can reduce expense and delay at the time of payment.)

Primary (Equal shares unless percentages are stated next to each beneficiary) (If naming a trust complete "Trust as Beneficiary" section below)

Name (First, Initial, Last)	Relationship	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

[and] all [other] [children] [grandchildren] of the Insured, whenever born or adopted. (Cross out unwanted words) The Insured's estate.

Contingent (Equal shares unless percentages are stated next to each beneficiary) (If naming a trust complete "Trust as Beneficiary" section below)

Name (First, Initial, Last)	Relationship	Gender	Date of Birth	Address/Social Security #
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

[and] all [other] [children] [grandchildren] of the Insured, whenever born or adopted. (Cross out unwanted words) The Insured's estate.

Trust as Beneficiary (Complete Verification of Trust Form if section b is completed below)

a) Trust under the Insured's last will.

Primary Contingent

b) Trust name _____ Trust dated _____ as amended.

Children's Term Rider Information (Complete this section only if applying for CTR. Otherwise, go to the next section.)

(List all natural, adopted and stepchildren living with Proposed Insured who have not reached their 21st birthday. Coverage for future children begins on the 15th day of life, or after adoption is final.)

Name	Gender	Age	Birth date	SS#
Child _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Child _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Child _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
Child _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

Are there any children on whom coverage is not being requested? Yes No

If "Yes" give name and reason

Child _____ M F

Term Conversion/Purchase Option Election

New Incontestability and Suicide clauses will apply only to amounts and /or benefits issued in excess of those guaranteed by the original contract.

Term Conversion

- Term policy/rider being converted # _____ This term policy/rider will be reduced to \$ _____.
- Children's Term Rider "individual" conversion from Policy # _____.

If the existing policy carries an assignment, then the assignment shall remain in force against the new policy. In consideration of the issuance of the new policy, Catholic Knights is released from all liability under that portion of the policy being converted.

Purchase Option Election Existing Policy # _____

- Type of Option: Guaranteed Insurability Rider Juvenile Purchase Option
- Joint Life Survivor Option Purchase of Individual policy(s) due to Termination of Joint Life policy
(Relationship among insureds has ended.)

Waiver of Premium

- Is Waiver of premium benefit being requested? Yes No
- Is proposed insured now disabled? Yes No

Complete pages 4 & 5 only if:

- Waiver of Premium is requested and the existing policy/rider did not contain nor guarantee this benefit.
- Additional coverage/benefits are being applied for; or
- A change of rating or classification is also being applied for.

Coverage Information

Base Coverage

Plan Name: _____

Amount: \$ _____

Riders

- Primary Insured: Plan Name: _____ Amount \$ _____
- Additional Insured: Plan Name: _____ Amount \$ _____
- LTC Benefits Rider
(Complete separate application.) Amount \$ _____
- LTC Extended Benefits Rider
(Complete separate application.) Amount \$ _____
- _____

Benefits

- Waiver Of Premium
- Accidental Death Benefit \$ _____
- Children's Term Rider \$ _____
- Guaranteed Insurability Option \$ _____
- Payor Benefit

Premium Class:

- Primary: Smoker Non Smoker Select Select Plus
- Additional Ins.: Smoker Non Smoker Select Select Plus

Layer

Amount \$ _____

Plan Code _____

Policy Options

- Participation Credit to Reduce Premium Option: Yes
(Interest Sensitive Products Only, assumed "No" unless "Yes" is checked)
- Dividend Option: Cash Paid Up
(Traditional Products Only) Interest Reduce Premium
- If available, is Automatic Premium Loan Requested?
(Assumed Yes, unless No is checked.) No

Premium Information:

- A. Premium Payment Mode:
- Annual
 - Semi-Annual
 - Quarterly (if available)
 - Single Premium (SP/ SPR only) \$ _____
 - Monthly - EFT (Complete authorization on Page 10)
- B. Required Contract Premium for Mode Selected \$ _____
- C. Elected Premium Outlay (if different) \$ _____
For layer, indicate Billing Premium for entire policy.

Home Office Use:

Life Insurance in Force

(On all proposed insureds. For Juvenile applications, also indicate all coverage on parents and siblings) Check if None

First Name	Company	Amount Of Insurance	Relationship to Applicant (For Juvenile applications only)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

General Information

(Complete the following information on all persons to be covered.)

1. Aviation and Military:

a. Except as a passenger on a regularly scheduled flight, does any person to be covered intend to fly or has he/she flown during the past two years? Yes No

If "Yes," complete Aviation Questionnaire.

b. Is any person to be covered a member, or does he/she intend to become a member of the armed forces (including reserves or National Guard)? Yes No

If "Yes," complete Military Questionnaire.

2. Avocation and Sports:

In the past three years, has any person to be covered participated in any form of racing, skin or scuba diving, skydiving, parachuting, hang gliding, rock climbing or any similar sport or avocation? Yes No

If "Yes," complete Avocation Questionnaire.

Remarks: Give details for any question answered "Yes". Identify person affected.

3. Driving Information (Complete in all cases)

a. Driver's License

Proposed Insured's # _____ State _____
 Additional Insured's # _____ State _____

b. Has any Proposed Insured been charged with any moving violation or accident, had driving license suspended, or been convicted of driving under the influence of drugs or alcohol within the last 5 years? Yes No

4. Other Insurance

a. Has any company declined to issue, renew or reinstate; rated, modified, postponed or cancelled any life or health insurance on any person to be covered? Yes No

b. Will insurance, including annuities, in any company, be discontinued or changed, or subject to borrowing of cash value, if the insurance applied for is issued? Yes No

c. Is any application for life or health insurance on any person to be covered pending in any other company? Yes No

5. Annual Income Information:

Proposed Insured: \$ _____

Other/Spouse: \$ _____

Personal Measurements (To be completed for all Proposed Insureds.)

Name	Height	Weight
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____

Name	Height	Weight
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____
_____	ft. _____ in. _____ lbs. _____	_____

Home Office Use:

Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Acknowledgment

Those Who Signed Below Understand And Agreed That:

1. They have received the Notice of Insurance Information Practices. Catholic Knights may release information to the MIB in accordance with this notice.
2. They have read the above statement and answers and the statements and answers are true and complete, to the best of their knowledge and belief.
3. Any false statement or misrepresentation in the application may result in the loss of coverage under the policy.
4. This application and any required medical examination will become a part of the insurance contract.
5. Catholic Knights reserves the right to require a medical examination and medical testing of any person proposed for coverage.
6. Acceptance of any policy issued in response to this application will be a ratification of corrections, additions or changes made and noted in the spaces marked "Home Office Use", except that any change in amount, plan of insurance, classification of risk or benefits shall be made only with their written consent.
7. Except as provided for in the Conditional Insurance Agreement, no coverage shall take effect:
-Until the policy is delivered to the owner and the first required premium is fully paid during the lifetime of the person(s) to be insured; and
-Unless the insurability of the persons to be covered remains as described in this application.
8. No Financial Service Representative, medical examiner or other person, other than the President or Secretary of Catholic Knights, can make or alter this contract or waive Catholic Knights rights or requirements.

Authorization to Obtain Information

I, the Proposed Insured(s) hereby authorize any licensed physician, medical practitioner, any medical or related facility, insurance or reinsurance company, the MIB, employer, individual, entity, or consumer reporting agency, to give to Catholic Knights, its reinsurers or its legal representatives, any and all medical and non-medical information available on me and my minor children, including all historical records and any records dated up to two years beyond the date of this authorization, concerning diagnosis or medical history, treatment and prognosis of any physical or mental condition, psychiatric history or treatment and drug or alcohol abuse history or treatment.

I further authorize the above sources, except the MIB, to provide the information to any consumer reporting agency or to any legal agent employed by Catholic Knights to collect such information. I understand that Catholic Knights will use this information to determine eligibility for insurance coverage or claim benefits. Catholic Knights will only release this information to organizations performing business, insurance or legal services for Catholic Knights in connection with my application or claim, or as may otherwise be lawfully required.

This authorization is valid for two years from the date shown below, unless revoked earlier. I agree that copies of this authorization may be used in place of the original. I (or my authorized representative) am entitled to receive a copy of this authorization form.

I request to be interviewed if an investigative report is required.

I certify under penalties of perjury: 1. that the Social Security Number shown on page 1 is correct, and
2. that I am not subject to backup withholding. (If subject to withholding please cross out #2)

I have read the above statements and answers.

Date Signed _____ at _____
Month/ Day/ Year City/State

Signature of Proposed Insured (A parent or guardian must always sign application if Proposed Insured is under age 16.)

Signature of Spouse (under a Joint Life policy) or Additional Proposed Insured

Signature of any Persons ages 16-20 to be covered under Children's Term Rider

Signature of Owner

List the names of all children ages 0-15 to be covered.

Witnessed by: _____
Catholic Knights Representative

Serial No.

Receipt for Payment and Conditional Insurance Agreement



If, within the past 12 months, any person proposed for coverage has been treated for heart trouble, stroke or cancer, no payment may be accepted with the application. If coverage in excess of \$750,000 is being applied for on any person, no payment may be accepted, regardless of health history.

Please Read this Agreement Carefully

Terms and Conditions of Agreement

A. Coverage Amount

The amount of insurance that is in effect by this Agreement for each Proposed Insured is the amount shown in the application, but in no event shall Catholic Knights liability under this and any other Agreements be more than \$300,000 for each Proposed Insured.

B. Coverage Limitations.

1. No coverage shall be in force unless the amount paid with this application is at least equal to a full monthly premium for the policy requested.
2. No coverage shall be in force if the person(s) proposed to be insured is not a risk insurable in accordance with Catholic Knights rules, limits and standards for the plans and amounts applied for without any modification as to plan, amount, riders and/or the rate of premium paid.
3. No coverage shall be in effect if there is any material misrepresentation in the application.
4. If death is by suicide, Catholic Knights liability under this Agreement will be limited to a return of the initial premium submitted.

Terms and Conditions continued on reverse side.

Serial No.

Tear Off

Notice Of Insurance Information Practices

This form should be left with the Proposed Insured in all cases.

CATHOLIC KNIGHTS

1100 West Wells Street
Milwaukee, Wisconsin 53233
(414) 273-6266 or 1-800-927-2547



Thank you for your application for life insurance with Catholic Knights. Information regarding insurability helps us to evaluate your application, and it will be treated as confidential. Sources for this information include: your statements made on the application or in a telephone interview, physical examination, results from medical testing and reports Catholic Knights receives from doctors or medical facilities, the MIB or from investigative consumer reports.

A report from a consumer reporting agency or a call by one of our employees may be needed to help us evaluate your insurability. While most reports are based on a telephone interview with you alone, occasionally a report may include interviews with personal and business sources. Information requested may cover your medical history, financial condition, personal characteristics, general reputation, character, mode of living and insurance history. All information will be treated confidentially by Catholic Knights.

Catholic Knights will always attempt to have you interviewed for such a report. At your request, you will be informed if a report has actually been ordered. If one has been ordered, you may request (1) a complete and accurate disclosure of the nature and scope of the investigation requested (2) a copy of the report and (3) a summary of your rights under the Fair Credit Reporting Act. We will provide you with the requested items.

Notice of Insurance Information Practices continued on the other side.

C. When Coverage Begins (subject to the Limitations in section B above.)

Coverage under this Agreement begins on the **latest** of the following dates:

- The date of this application
- The date of this Agreement
- The effective date specifically requested in the application
- The date of completion during the proposed insured's life of all examinations and medical studies required by the rules and practices of Catholic Knights.

D. When Coverage Ends (subject to the Limitations in section B above)

Insurance coverage under this Agreement will end on the **earliest** of the following dates:

- 60 days from the date it begins
- The date insurance begins on the policy applied for

If the Owner does not accept delivery of the policy, or if the insurance is not issued, any payment will be returned to the Owner.

If the coverage/benefit applied for is not issued, the payment for that coverage/benefit will be returned.

No Financial Service Representative of Catholic Knights is authorized to change or waive any of the terms of this Agreement.

Received \$ _____ From _____ Date _____
Owner's Name

Paid by: Check Transfer of Funds from policy # _____ Other _____

for the insurance applied for in the application to Catholic Knights bearing the same number as this receipt. This Agreement is void if any check given for payment is not honored on its first presentation. Any check must be made payable to Catholic Knights.

Catholic Knights Financial Service Representative

Tear Off

Catholic Knights, or its reinsurers may provide information about your insurability in coded form to the MIB, a nonprofit organization of life insurance companies. The MIB operates an information exchange on behalf of its members. If a report is made, it will contain only objective findings: it will not indicate what action Catholic Knights takes on your application. If you apply to another MIB member company for life or health insurance coverage, or if you submit a claim for benefits to such a company, the MIB, upon request, will supply the information in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact them. A correction may be sought in accordance with the provisions set forth in the Federal Fair Credit Reporting Act. The address of the MIB Information Office is P.O. Box 105, Essex Station, MA 02112; telephone number 617-426-3660.

Catholic Knights, or its reinsurers, may also release information in its files, without requiring prior authorization, to insurance and/or non-insurance entities performing services for us, with the purpose of determining eligibility for insurance coverage, evaluating a claim, detecting fraud or misrepresentation, performing actuarial or research studies. We may also release this information to an insurance regulatory authority, to a law enforcement or other governmental authority, in certain circumstances. Catholic Knights will only make such disclosures as are permitted by law.

Upon receipt of an authorization signed by you, Catholic Knights, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

You are entitled to have access to all your personal information obtained or disclosed by Catholic Knights. You may request to see a copy of your records in person, by mail, by telephone or by any other means of communication chosen by you. You may also request a summary of the procedures by which you may request correction, amendment or deletion of your personal information recorded in our files. A copy of your signed authorization to obtain information may also be requested.

This page is only informational and is not part of the application or of any resulting life insurance contract.

Life Insurance Submission Report

(To be completed for all sales. A copy of this form will be returned with the issued policy.)

Proposed Insured _____ Owner (If other than Proposed Insured) _____

1. What need is the insurance coverage intended to address?

- Payment of Final Expenses Retirement Planning College Funding Charitable Donation
- Income Protection Mortgage/Loan Cancellation Settling Estate
- Business Needs (Key Person, Buy-Sell, etc.) _____ Other _____

2. How was the amount of coverage determined?

- Insured's Request Business Planning LP 2000/Needs Analysis Affordability
- Estate Planning Other _____

3. Were any possible future changes in insurance coverage discussed or considered? Yes No

- If "Yes": Additional Coverage Conversions Reduced Coverage Other _____

Applicable to Interest Sensitive Products Only:

4. At the time of application is the elected premium outlay (billing amount) less than the required contract premium? Yes No

If "Yes" indicate how/when the balance of the required premium will be paid and the source of payment.

- Participation Credits Excess PDF Other Policy Values Other: _____

5. Is it anticipated that the initial elected premium outlay (billing amount) will remain the same for the life of the policy? Yes No

If "No" provide detailed amounts and dates of anticipated billing changes:

- Increase future billing: _____ Decrease future billing: _____

(Notification of future billing changes is the responsibility of the Owner at that time.)

6. Does this contract involve a modified death benefit? Yes No

If yes, has this feature been fully explained to the Owner's satisfaction? Yes No

This is our understanding of the life insurance application being submitted with this report.

Signature of Owner _____

Catholic Knights Financial Service Representative _____

Date _____

Financial Service Representative's Report

1. Do you have knowledge or reason to believe that replacement or change of existing insurance may be involved? Yes No

2. Has a Replacement Form been completed? Yes No

3. Was the Conditional Insurance Agreement explained and given to the Owner? Yes No

4. Was the Notice of Insurance Information Practices explained and given to the Proposed Insured? Yes No

5. a. Have you seen all persons applying for insurance under this application? Yes No

b. Did the Proposed Insured/Owner specifically contact you for this policy? Yes No

c. How well do you know the Proposed Insured? Family Known well Met on solicitation

6. What was the source of this lead?

Existing Client Contractual Offer _____ Death Claim- Policy # _____

Referred Lead Marketing Campaign _____ Branch Event _____

Charitable Giving Seminar _____ Other _____

7. If there would be a need to contact the Proposed Insured, what would be a good time and place to do it?

I hereby certify, that to the best of my knowledge and belief, the answers on the application and in this report are correct.

Catholic Knights Financial Service Representative _____

Date _____

Sales Illustration Certification

Serial No.

(Complete either Section I or Section II, including signatures, only if the plan chosen requires an illustration.)

SECTION I Certification That No Illustration Conforming To Application Was Used.

Financial Service Representative's Statement: I certify that no illustration matching the life insurance policy as applied for was provided to the Owner. I have explained that upon approval, an illustration conforming to the policy issued will be provided to the Owner no later than at the time of policy delivery. I have also explained that any non-guaranteed elements of the policy applied for are subject to change.

Financial Service Representative _____ Date _____

Owner's Statement: I acknowledge that I have received no illustration which conforms to the policy applied for. I further understand that I will be provided, no later than at the time of policy delivery, an illustration that conforms to the policy as issued, if any.

Signature of Owner _____ Date _____

SECTION II Certification For Computer Screen Illustration

Financial Service Representative's Statement: I certify that I displayed a computer screen illustration or illustrations to the Owner that complies with state requirements and for which no paper copy was furnished. The illustration(s) were based on the personal and policy information given in the application bearing the above serial number.

Financial Service Representative _____ Date _____

Owner's Statement: I acknowledge that I have viewed a computer screen illustration based on the information given in the application bearing the above serial number. No paper copy of the illustration was furnished. I understand I will be provided, no later than at the time of policy delivery, an illustration that conforms to the policy as issued, if any.

Signature of Owner _____ Date _____

Electronic Funds Transfer Plan Authorization

I/We hereby request and authorize CATHOLIC KNIGHTS, Milwaukee, Wisconsin, to draw funds under the Electronic Funds Transfer Plan to pay the premiums on the policy resulting from this application. The funds should be drawn from the following account:

_____ Checking Acct # _____

(Print Names as shown on account - First and Second Authorized Signatures.
This should agree with bank signatures. Include name of firm if funds are to be drawn from business account.)

_____ Savings Acct # _____

at _____ of _____
Name of Financial Institution City and State Branch Transit #

Subject to the following conditions:

1. The premium shall be drawn each month. (Draw date may differ from billing date.)
2. The privilege of paying premiums under this Plan may be revoked by Catholic Knights if any transfer is not paid upon presentation.
3. This Plan shall not be construed as a modification of any of the provisions of the policies, except that during the continuance of this Plan, Catholic Knights shall not be required to give notice of premiums becoming due on any of the policies issued to the undersigned.
4. The payment of premiums under this Plan may be discontinued by Catholic Knights, or the undersigned upon seven (7) days' written notice.

New EFT Existing EFT Policy # _____

Date Signature of Premium Payer If joint account, Other signature.

IMPORTANT: Attach a voided blank check or deposit slip

Underwriting Classifications Criteria

This information is being provided to assist the Representative in "guesstimating" the applicant's classification. If in doubt, apply for the next classification down. After reviewing the case, Underwriting will issue the policy at the best rate possible.

Non Smoking Criteria

No cigarettes smoked for one full year.

"Select" and "Select Plus" Criteria

	Select	Select Plus
Tobacco (Nicotine) Use	None for 1 Year	None for 3 Years
Total Cholesterol	240 or Less	220 or Less
Cholesterol/HDL	6 or Less	5 or Less
Family History	No more than one death of a parent or sibling from cardiovascular disease before age 60.	No deaths or diagnosis among parents or siblings from cardiovascular disease, stroke or cancer, before age 60.
Maximum Blood Pressure	135/85 Ages 0-44 140/90 Ages 45-Up	135/85 Ages 0-44 140/90 Ages 45-Up
Driving History	No DUI in last 5 years and only 2 moving violations in the last 3 years.	No DUI, reckless driving, suspended license or multiple accidents in the last 5 years. No more than one moving violation in the last 3 years
Height/Weight	Within range shown in table below.	Within range shown in table below.
Drug Dependency	No history of drug or alcohol dependency in the last 10 years.	No history of drug or alcohol dependency in the last 10 years.
Other Impairments	Must not be substandard for any reason, other than flat extras for avocations and aviation.	Must not be substandard for any reason.

Height and Weight Chart

Height	Under weight	Select	Select+	Average	Select+	Select	Over weight*
4'10"	78	90	96	120	132	144	197
4'11"	81	93	99	124	136	149	201
5'0"	84	97	103	129	142	155	205
5'1"	86	100	106	133	146	160	210
5'2"	90	104	110	138	152	166	214
5'3"	93	107	114	143	157	172	219
5'4"	96	110	118	147	162	176	225
5'5"	98	113	121	151	166	181	231
5'6"	101	117	125	156	172	187	237
5'7"	104	120	128	160	176	192	243
5'8"	107	124	132	165	182	198	250
5'9"	111	128	136	170	187	204	257
5'10"	113	131	139	174	191	209	264
5'11"	116	134	143	179	197	215	271
6'0"	120	138	147	184	202	221	279
6'1"	124	143	152	190	209	228	287
6'2"	127	146	156	195	215	234	295
6'3"	131	151	161	201	221	241	303
6'4"	134	155	165	206	227	247	311
6'5"	137	158	169	211	232	253	319
6'6"	141	163	174	217	239	260	326
6'7"	145	167	178	223	245	268	334
6'8"	148	171	182	228	251	274	341
6'9"	152	176	187	234	257	281	350

FSR Information

	Code	Split	Commission
Writing FSR	_____	_____%	<input type="checkbox"/> Earned <input type="checkbox"/> Advanced
FSR	_____	_____%	<input type="checkbox"/> Earned <input type="checkbox"/> Advanced

Policy No.

Initial Premium Payment Information

Use Dividends from # _____ # _____
 # _____ # _____

Use Cash Surrender Values from # _____
 # _____
 # _____

Use 1035 Exchange # _____ # _____

Check enclosed for \$ _____ C.O.D. Application

Primary Insured's Last Name

Premium Received
(Home Office Use Only)

Amount	Date	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Premium Worksheet *(Complete for all cases)*

Plan Code _____ Gender: M F Joint: Age: _____

Base annual premium per \$1,000 \$ _____
 (Is Waiver of Premium included? Yes No)

Number of \$1,000's x _____

Basic annual Policy cost \$ _____

Policy Fee \$ _____

Riders Kind	Premium per unit	No. of units	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			\$ _____
			\$ _____
Total Annual Premium			\$ _____

Medical Requirements

	Prim. Insured	Additional Insured
Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Blood	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
EKG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Urine	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Date Ordered	_____	
From	_____	
OFT collected by FSR	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Instructions to Home Office

Provide special instructions or any other information that you are aware of about the health, finances, habits or mode of living which may affect the insurability of the Proposed Insured(s) which has not been recorded in this application.



A Fraternal Benefit Society

Certificate of Membership and Life Insurance

- Insurance Payable at Death of Insured Prior to Expiration of Policy
- Thirty Year Level Term Insurance
- Premiums Payable for Thirty (30) Years
- Renewable Thereafter Until Age 95 as Annual Term
- Convertible for Stated Period
- Schedule of Benefits and Premiums on Page 4
- Participating

This is a legally binding insurance contract between you and Catholic Knights. We issue this contract based on the application signed by the applicant and the full payment of the initial premium. Upon receiving due proof of the insured's death, we will pay the insurance proceeds (see Section 1) to the beneficiary according to the provisions of this certificate.

Catholic Knights agrees to pay the benefits provided in this contract subject to its terms and conditions. Signed at Milwaukee, Wisconsin, on the certificate date.

William R. O'Toole

President

Allan G. Joyce

Secretary

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth day after the owner received the certificate. This is done by delivering or mailing a written notice and the certificate to Catholic Knights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our representative through whom you purchased the insurance, or to any Catholic Knights financial services representative. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Knights will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

DELIVERY DATE _____

TABLE OF CONTENTS

SPECIFICATIONS PAGE	3
CONTRACT SPECIFICATIONS	4
SECTION 1. GENERAL PROVISIONS	5
1.1 Insurance Proceeds	5
1.2 The Contract	5
1.3 Incontestability	5
1.4 Suicide	6
1.5 Misstatement of Age or Sex	6
1.6 Maintenance of Legal Reserves	6
1.7 Decrease in Face Value	6
SECTION 2. OWNERSHIP	6
2.1 The Owner	6
2.2 Transfer of Ownership	6
2.3 Collateral Assignment	6
SECTION 3. PREMIUMS AND REINSTATEMENT	7
3.1 Premium Amount	7
3.2 Premium Payment	7
3.3 Reinstatement	7
SECTION 4. DIVIDENDS	7
4.1 Annual Dividends	7
4.2 Use of Dividends	7
4.3 Lapse, Termination, and Expiry of Contract	8
SECTION 5. BASIS OF RESERVES	8
5.1 Basis of Reserves	8
SECTION 6. CONVERSION	8
6.1 Requirements	8
6.2 New Contract	8
6.3 Conversion Credit	8
6.4 Disability	9
SECTION 7. RENEWAL PROVISIONS	9
7.1 Renewal	9
7.2 Table of Renewal Premiums	9
SECTION 8. BENEFICIARY	10
8.1 Designated Beneficiary	10
8.2 Change of Beneficiary	10
SECTION 9. PAYMENT OF INSURANCE PROCEEDS	11
9.1 Optional Payment Plans	11
9.2 Who May Choose a Payment Plan	11
9.3 Frequency of Payments	12
9.4 Minimum Payment Guarantee	12
9.5 Payout Plan Guaranteed Payments	12

SPECIFICATIONS PAGE

**THIS IS A LEGAL CONTRACT BETWEEN THE OWNER
AND CATHOLIC KNIGHTS.**

READ YOUR CONTRACT CAREFULLY

Definitions – In this certificate “you” and “your” refer to the owner of this insurance contract. “We”, “us” and “our” refer to Catholic Knights.

The insured named on this page 3 is the person at whose death the insurance proceeds will be payable.

The “Face Amount of Insurance” is shown on this page 3.

Contract years and months are measured from the certificate date. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 1.1) depends upon the payment of premiums (Section 3.1). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.2 and 3.3).

Forms and Procedures – We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from a sales representative or the home office of Catholic Knights.

INSURED:

JOHN DOE

OWNER:

JOHN DOE

FACE AMOUNT OF INSURANCE:

\$100,000

CERTIFICATE DATE:

7/01/2008

CERTIFICATE NUMBER:

1234567

ISSUE AGE:

35

PREMIUM CLASS:

NON SMOKER

SEX:

MALE

CONTRACT SPECIFICATIONS

1234567

JOHN DOE

FORM NO.	DESCRIPTION OF BENEFITS	EXPIRES ON CONTRACT ANNIVERSARY DATE	YEARS PREMIUM PAYABLE	ANNUAL PREMIUM AMOUNT
TB095	\$100,000 30 YEAR LEVEL TERM MALE N/S	2028	30	298.00

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The due date for the first premium is the certificate date shown on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

TOTAL PREMIUMS

These premiums include the charge for any additional benefits.

ANNUAL
298.00

SEMIANNUAL
154.96

EFT (MONTHLY)
24.82

PREMIUM PAYMENT METHOD: EFT

Premiums for the renewal periods are as provided in Section 7.

BENEFICIARY: The beneficiary for the insured is as designated in the application for this insurance unless otherwise provided by endorsement at issue, or unless subsequently changed as provided in this certificate.

SECTION 1. GENERAL PROVISIONS

1.1 Insurance Proceeds

When the insured dies, an amount of money, called the insurance proceeds, will be payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract
- Any dividends left with us to earn interest
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;
MINUS
- Any premium due

Within a reasonable period (not longer than one month) after we receive due proof of the insured's death and of the claimant's right to payment, we will pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 9 is selected. We will pay interest on the proceeds from the date of death to the date of settlement at a rate not less than that required by applicable law, and we will pay any interest or penalty that applicable law would require for any overdue payment.

1.2 The Contract

Your insurance contract consists of this certificate, the application, and the Articles of Incorporation and Bylaws of Catholic Knights. Any changes, additions or amendments to the Articles or Bylaws of Catholic Knights duly made or enacted subsequent to the issuance of this contract shall bind the owner and the beneficiaries and shall govern and control the contract in all respects the same as if the changes, additions or amendments had been made prior to and were in force at the time of the application for insurance, except that no change, addition or amendment shall destroy or diminish benefits which Catholic Knights contracted to give the owner as of the date of issuance.

If you cease to be a member of Catholic Knights for any reason, except for nonpayment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, you may maintain the insurance in force by continuing payment of the required premium. No provision of Catholic Knights' Articles or Bylaws provides for the termination of coverage under this contract.

We assume that all statements made in the application were made to the best of the knowledge and belief of the person who made them; in the absence of fraud they are deemed to be representations not warranties. We relied on those statements when we issued the contract. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No change in this contract is valid unless approved by an officer of Catholic Knights. No agent has authority to change the contract or to waive any of its provisions.

1.3 Incontestability

This contract will not be contested by us after it has been in force during the lifetime of the insured for two (2) years from the certificate date. Within two (2) years after the effective date of a reinstatement (see Section 3.3), we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

1.4 Suicide

If the insured dies by suicide, whether sane or insane, within two (2) years from the certificate date, we will pay no more than the sum of the premiums paid, without interest, less any indebtedness.

1.5 Misstatement of Age or Sex

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

1.6 Maintenance of Legal Reserves

If for any reason our reserves as to all or any class of insurance contracts becomes impaired, the Board of Directors or a corresponding body may require that there shall be paid by the owner to us the amount of the owner's equitable portion of such deficiency.

If the payment is not made it shall stand as an indebtedness against the contract and draw interest at a variable rate (not exceeding eight percent (8%) per annum) as specified from time to time by us. In lieu thereof or in combination therewith, the owner may consent to an equivalent reduction in benefits.

The foregoing provisions of this Section 1.6 correspond in substance to a section of the Catholic Knights Bylaws. No other provision of Catholic Knights' Articles or Bylaws provides for any reduction of benefits under this contract.

1.7 Decrease in Face Value

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

SECTION 2. OWNERSHIP

2.1 The Owner

The owner is named on page 3. You or your successor or transferee as owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured and thereafter to the extent permitted by Section 9.

2.2 Transfer of Ownership

You may transfer the ownership of this contract. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed.

2.3 Collateral Assignment

You may assign this contract as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this contract. We will not be responsible to an assignee for any payment or other action taken by us before receipt of the assignment in writing at our home office.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 2.2.

SECTION 3. PREMIUMS AND REINSTATEMENT

3.1 Premium Amount

The annual premium amount for the thirty (30) year level term insurance will be as shown on page 4. This premium amount applies for all thirty (30) years. The annual premium for any riders or benefits is also shown on page 4.

3.2 Premium Payment

1. **PAYMENT.** All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 4). A receipt signed by one or more of the officers of Catholic Knights shall be issued when requested upon payment of premium.
2. **FREQUENCY.** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.
3. **GRACE PERIOD.** A 31-day grace period will be allowed for payment of a premium not paid on its due date. This contract will continue in full force during this period. If the premium is not paid within the grace period, the contract will terminate as a lapse as of the due date.

3.3 Reinstatement

You may reinstate this contract within five (5) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the policy upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

1. Provide evidence of insurability satisfactory to us; and
2. Pay all overdue premiums with interest from the due date of each premium. We will establish the interest rate from time-to-time, but it will not be more than six percent (6%) compounded annually.

SECTION 4. DIVIDENDS

4.1 Annual Dividends

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

4.2 Use of Dividends

You may choose in writing to receive any dividend which may be declared in one of these ways:

1. **CASH** – Payment to you by check.
2. **DEPOSIT ACCOUNT** – To be left with us to earn interest at the rate we set from time to time. The annual rate will not be less than three percent (3%).
3. **APPLIED TO REDUCE PREMIUMS** – If after the dividends are applied toward your premium you have dividend monies remaining, the excess dividends will remain on deposit and earn interest until the next premium payment becomes due. If the dividend is not sufficient to cover the premium, you will be billed for the net premium due. To remain under this option, all future insurance premiums must be paid on an annual or semi-annual basis.

Your choice may be made on the application for your insurance or in writing at a later date. If no choice has been made, we will place the dividends in a deposit account.

4.3 Lapse, Termination, and Expiry of Contract

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

SECTION 5. BASIS OF RESERVES

5.1 Basis of Reserves

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

SECTION 6. CONVERSION

6.1 Requirements

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

1. Making a written application for conversion at any time prior to the earlier of the 28th contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
2. Making payment of the full first premium for the new contract; and
3. Returning this certificate.

6.2 New Contract

The new contract will be limited to:

1. Insurance on the same person as the insured under this contract.
2. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
3. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

6.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

6.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of: (a) the 30th contract anniversary, or (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

SECTION 7. RENEWAL PROVISIONS

7.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the 30th contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this policy shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be the premium shown in the Table of Renewal Premiums for the insured's sex and age as of his or her birthday on or immediately preceding the renewal date, determined as set forth in Section 7.2.

7.2 Table of Renewal Premiums

The annual renewal premium for this policy shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding \$48. The premium for any attached riders or for any special class rating shall be added to such premium.

MALE PLANS

Attained Age	Renewal Premium								
46	8.44	57	22.71	68	81.69	79	257.67	90	661.26
47	9.05	58	24.76	69	94.28	80	283.05	91	704.34
48	9.54	59	27.16	70	109.13	81	310.02	92	748.56
49	10.15	60	30.07	71	128.10	82	337.77	93	794.28
50	10.95	61	33.63	72	139.92	83	367.35	94	843.06
51	11.98	62	37.76	73	151.83	84	400.80		
52	13.23	63	42.27	74	164.73	85	438.72		
53	14.67	64	46.98	75	179.07	86	479.85		
54	16.50	65	51.88	76	194.97	87	523.56		
55	18.54	66	60.82	77	213.36	88	569.13		
56	20.66	67	70.71	78	234.45	89	615.99		

FEMALE PLANS

Attained Age	Renewal Premium								
46	6.36	57	19.51	68	62.99	79	193.17	90	461.76
47	7.05	58	21.34	69	73.89	80	211.23	91	475.44
48	7.81	59	23.21	70	86.51	81	233.31	92	504.99
49	8.66	60	25.18	71	101.55	82	256.05	93	546.81
50	9.61	61	27.35	72	110.49	83	279.27	94	605.10
51	10.69	62	29.65	73	120.24	84	303.45		
52	11.90	63	32.07	74	130.44	85	325.80		
53	13.18	64	34.73	75	141.15	86	351.63		
54	14.52	65	37.69	76	152.73	87	383.67		
55	16.06	66	44.99	77	165.21	88	415.74		
56	17.74	67	53.38	78	178.68	89	445.08		

SECTION 8 BENEFICIARY

8.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when an insured dies, the owner (or the owner's estate) will be the beneficiary.

If more than one beneficiary is alive when the Insured dies, we will pay them in equal shares, unless you have chosen otherwise.

8.2 Change of Beneficiary

While the insured is alive, you may change any beneficiary by written notice to us, unless the beneficiary had been made irrevocable. No change is binding on us until it is recorded at our home office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this certificate to make the change.

SECTION 9. PAYMENT OF INSURANCE PROCEEDS

9.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 1.1, optional payment plans available upon death of the insured are:

- A. **Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than three percent (3%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.
- B. **Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.
- C. **Payments Based on a Single Life**
 - 1. **Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.
 - 2. **Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.
- D. **Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.
- E. **Other Plans** – Other periodic plans may be arranged with us.

9.2 Who May Choose a Payment Plan

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

9.3 Frequency of Payments

Monthly, quarterly, semiannual or annual payments may be selected.

9.4 Minimum Payment Guarantee

1. The amount of the periodic payment in Section 9.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least three percent (3%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.
2. Tables 1, 2 and 3 in Section 9.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

9.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.01; 6.04; or 12.16, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of three percent (3%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD							
Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.95	9	10.56	13	7.73	17	6.24
6	15.18	10	9.64	14	7.28	18	5.98
7	13.20	11	8.88	15	6.89	19	5.74
8	11.71	12	8.26	16	6.54	20	5.53

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE						
Payee's Age	No Certain Period		Certain Periods			
	Male	Female	10 Year		20 Year	
			Male	Female	Male	Female
50	4.09	3.84	4.06	3.83	3.96	3.77
55	4.48	4.17	4.43	4.14	4.25	4.05
60	5.00	4.61	4.90	4.56	4.57	4.37
65	5.72	5.20	5.51	5.10	4.90	4.73
70	6.71	6.04	6.26	5.81	5.18	5.07

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS

Male Age	Female Age				
	50	55	60	65	70
50	3.53	3.66	3.77	3.86	3.94
55	3.62	3.78	3.94	4.09	4.21
60	3.68	3.89	4.11	4.32	4.52
65	3.74	3.98	4.25	4.55	4.84
70	3.77	4.04	4.37	4.75	5.15



A Fraternal Benefit Society

Certificate of Membership and Life Insurance

- Insurance Payable at Death of Insured Prior to Expiration of Policy
- Thirty Year Level Term Insurance
- Premiums Payable for Thirty (30) Years
- Renewable Thereafter Until Age 95 as Annual Term
- Convertible for Stated Period
- Schedule of Benefits and Premiums on Page 4
- Participating

1100 West Wells Street
Milwaukee, WI 53233
www.catholicknights.org
414-278-6564 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free
Judy Halas
Executive Assistant, Operations
Email: judy.halas@catholicknights.org

June 5, 2008

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Policy Form Number: TB095 05/08
Level 30 Term

Dear Arkansas Department of Insurance Representative:

We request approval of the policy form identified above. Form TB095 05/08 is a non-illustrated plan.

Form TB095 05/08 is a level death benefit term based on the 2001 CSO Mortality Tables. Issue ages are 16-50 and term coverage continues until the contract anniversary following the insured's 95th birthday. It is anticipated that this contract will be sold through our career agency force as well as through direct mail programs.

This product will not be replacing any of our existing term products.

The following documents are submitted in support of our request:

1. Cover letter (see Filing Description);
2. Certificate of Compliance;
3. Actuarial Certification;
4. Actuarial Memorandum;
5. The Contract and Application;
6. Readability Score;
7. Certification re unfair sex discrimination (Reg. 19 10B);
8. Consumer Information Notice (Bulletin 11-88).

If you have any questions or need any additional information, please contact me via the contact information above.

Thank you for your cooperation and assistance.

Sincerely,

Judy Halas

Actuarial Certification

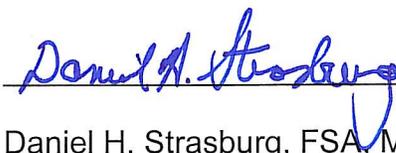
Carrier: Catholic Knights
Submission: Term Policy

Form Number
TB095 05/08

Form Title
30 Year Level Term Policy

I hereby certify that to the best of my knowledge and belief the above submission conforms to generally accepted actuarial principles, standards and guidelines, that the reserves, including a test of deficiency reserves, and non-forfeiture benefits, if applicable, comply with all statutes, rules and regulations of the state of Arkansas, and that premiums, if any, are not inadequate, excessive, unfairly discriminatory, or unreasonable in relation to benefits provided.

Signature of qualified actuary:



Name of qualified actuary:

Daniel H. Strasburg, FSA, MAAA

Title or business affiliation:

Vice President and Chief Actuary

Date:

_____ May 1, 2008 _____