

SERFF Tracking Number:	FRCS-125590184	State:	Arkansas
Filing Company:	Knights of Columbus	State Tracking Number:	38614
Company Tracking Number:	4956		
TOI:	A10 Annuities - Other	Sub-TOI:	A10.000 Annuities - Other
Product Name:	Annuity Applications		
Project Name/Number:	KOFC/97/97		

## Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-125590184	State: ArkansasLH
Product Name: Annuity Applications	SERFF Status: Closed	State Tr Num: 38614
TOI: A10 Annuities - Other	Co Tr Num: 4956	State Status: Approved-Closed
Sub-TOI: A10.000 Annuities - Other	Co Status: None	Reviewer(s): Linda Bird
Filing Type: Form	Author: Kevin Wiggs	Disposition Date: 04/14/2008
	Date Submitted: 04/02/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: KOFC/97	Status of Filing in Domicile: Pending
Project Number: 97	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing was submitted to the domicile state (CT) on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/14/2008	
State Status Changed: 04/14/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The Knights of Columbus is a fraternal benefit society.	

These forms are new and are not intended to replace any previously approved form.

The forms will be used with the Company's existing Flexible Premium Annuity Contract, form 793 4-03, which was approved by your Department on 4/29/03.

SERFF Tracking Number: FRCS-125590184 State: Arkansas  
 Filing Company: Knights of Columbus State Tracking Number: 38614  
 Company Tracking Number: 4956  
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
 Product Name: Annuity Applications  
 Project Name/Number: KOFC/97/97

Our fee of \$40 has been sent by EFT on this same date.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - FC01)

Kevin Wiggs, Compliance Specialist  
 1020 Central  
 Kansas City, MO 64105

kevin.wiggs@firstconsulting.com  
 (800) 927-2730 [Phone]  
 (816) 391-2755[FAX]

### Filing Company Information

Knights of Columbus  
 1 Columbus Plaza  
 New Haven, CT 06507-3326  
 (203) 752-4266 ext. [Phone]

CoCode: 58033  
 Group Code:  
 Group Name:  
 FEIN Number: 06-0416470  
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State of Domicile: Connecticut  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation: AR fee of \$20 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$40.00	04/02/2008	19226970

SERFF Tracking Number: FRCS-125590184

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 38614

Company Tracking Number: 4956

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Product Name: Annuity Applications

Project Name/Number: KOFC/97/97

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/14/2008	04/14/2008

*SERFF Tracking Number: FRCS-125590184*

*State: Arkansas*

*Filing Company: Knights of Columbus*

*State Tracking Number: 38614*

*Company Tracking Number: 4956*

*TOI: A10 Annuities - Other*

*Sub-TOI: A10.000 Annuities - Other*

*Product Name: Annuity Applications*

*Project Name/Number: KOFC/97/97*

## **Disposition**

Disposition Date: 04/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Product Name: Annuity Applications  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annuity Application for New Member		Yes
Form	Annuity Application for New Member's Spouse		Yes

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## Form Schedule

**Lead Form Number:** 100Q 7-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	100Q 7-08	Application/ Annuity Enrollment Form	Application for New Member	Initial		51	100Q 7-08 - New Member App_john doe_dist.pdf
	100Q 8-08	Application/ Annuity Enrollment Form	Application for New Member's Spouse	Initial		53	100Q 8-08 - New Member Spouse App_john doe_dist.pdf

# ANNUITY APPLICATION FOR NEW MEMBER

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

## INFORMATION CONCERNING APPLICANT

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

Doe, John

## INFORMATION CONCERNING ANNUITANT

2. Name (Last-first-middle initial)

Doe, John

Sex

M

3. Street

123 Any Street

4. City State/Province Zip Code/Postal Code

Any City Any State 12345

5. Relationship to Applicant

Brother

Age

30

6. Social Security Number/Social Insurance Number

123-45-6789

Date of Birth

01/01/1970

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

\$ 250.00

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

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

Company	Year Issued	Amount

## INFORMATION CONCERNING BENEFICIARY

9. Name

JaneDoe

Relationship to Annuitant

Sister

10. Social Security Number/Social Insurance Number

123-45-6789

Date of Birth

01/01/1970

## REGARDING MY APPLICATION FOR A KNIGHTS OF COLUMBUS ANNUITY CONTRACT, I UNDERSTAND:

1. The long range nature of the annuity being purchased.
2. While the Board of Directors will always strive to maintain competitive interest rates, any interest rates not specifically guaranteed at the time of issue of this contract are subject to change from time to time at the discretion of the Board of Directors.
3. A surrender charge ranging from 5% to 2% will be imposed on amounts withdrawn from this annuity contract within seven years of deposit, with no surrender charge being made against amounts on deposit over seven years. After the first contract year, if the Accumulation Value is \$5,000 or more, I may withdraw as much as 10% of it once each year with no surrender charge. If a surrender charge is applicable, it will be imposed regardless of my age at the time of withdrawal.
4. (a) In the United States: Interest credited to this contract is taxable when proceeds are withdrawn, and a 10% penalty is imposed by the IRS on taxable income withdrawn before the taxpayer is age 59 ½. (This Internal Revenue Service penalty will not be assessed if the taxable income is disbursed in periodic payments made for the life of the taxpayer.) (b) In Canada: Interest credited to this contract is reportable on an annual basis, even if there is no distribution.
5. The annuity applied for will be cancelled if the applicant is a candidate for membership and has not been initiated into the First Degree of the Order within 90 days of the date of this application.

Applicant's Signature John Doe

Date 01/01/2008

# ANNUITY APPLICATION FOR NEW MEMBERS'S SPOUSE

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

## INFORMATION CONCERNING APPLICANT

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

Doe, John

## INFORMATION CONCERNING ANNUITANT

2. Name (Last-first-middle initial)

Doe, John

Sex

M

3. Street

123 Any Street

4. City State/Province Zip Code/Postal Code

Any City Any State 12345

5. Relationship to Applicant

Brother

Age

30

6. Social Security Number/Social Insurance Number

Date of Birth

01/01/1970

123-45-6789

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

\$ 250.00

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

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

Company	Year Issued	Amount

## INFORMATION CONCERNING BENEFICIARY

9. Name

JaneDoe

Relationship to Annuitant

Sister

10. Social Security Number/Social Insurance Number

123-45-6789

Date of Birth

01/01/1970

## REGARDING MY APPLICATION FOR A KNIGHTS OF COLUMBUS ANNUITY CONTRACT, I UNDERSTAND:

1. The long range nature of the annuity being purchased.
2. While the Board of Directors will always strive to maintain competitive interest rates, any interest rates not specifically guaranteed at the time of issue of this contract are subject to change from time to time at the discretion of the Board of Directors.
3. A surrender charge ranging from 5% to 2% will be imposed on amounts withdrawn from this annuity contract within seven years of deposit, with no surrender charge being made against amounts on deposit over seven years. After the first contract year, if the Accumulation Value is \$5,000 or more, I may withdraw as much as 10% of it once each year with no surrender charge. If a surrender charge is applicable, it will be imposed regardless of my age at the time of withdrawal.
4. (a) In the United States: Interest credited to this contract is taxable when proceeds are withdrawn, and a 10% penalty is imposed by the IRS on taxable income withdrawn before the taxpayer is age 59 ½. (This Internal Revenue Service penalty will not be assessed if the taxable income is disbursed in periodic payments made for the life of the taxpayer.)  
(b) In Canada: Interest credited to this contract is reportable on an annual basis, even if there is no distribution.
5. The annuity applied for will be cancelled if the applicant is a candidate for membership and has not been initiated into the First Degree of the Order within 90 days of the date of this application.

Applicant's Signature John Doe

Annuitant Signature John Doe

Date 01/01/2008

Date 01/01/2008

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## **Rate Information**

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## Supporting Document Schedules

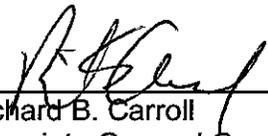
<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b>	04/01/2008
<b>Comments:</b>		
<b>Attachments:</b>		
AR RDB.pdf		
Auth_1-08_dist.pdf		
AR CoC.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b>	04/01/2008
<b>Bypass Reason:</b> Not applicable with this application filing.		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Life & Annuity - Acturial Memo	<b>Review Status:</b>	04/01/2008
<b>Bypass Reason:</b> Not applicable with this application filing.		
<b>Comments:</b>		

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
100Q 7-08	51.0
100Q 8-08	52.7

  
\_\_\_\_\_  
Richard B. Carroll  
Associate General Counsel

April 1, 2008  
\_\_\_\_\_  
Date



KNIGHTS OF COLUMBUS

January 2, 2008

To: Department of Insurance

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By:   
Title: Associate General Counsel

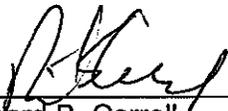
**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Knights of Columbus

**Form Title(s):** Annuity Application for New Member  
Annuity Application for New Member's Spouse

**Form Number(s):** 100Q 7-08  
100Q 8-08

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

  
\_\_\_\_\_  
Richard B. Carroll  
Associate General Counsel

April 1, 2008  
\_\_\_\_\_  
Date