

<i>SERFF Tracking Number:</i>	<i>FRCS-125641488</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>39163</i>
<i>Company Tracking Number:</i>	<i>4970</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>807 1-08 WL w/ Term</i>		
<i>Project Name/Number:</i>	<i>KOFC/99/99</i>		

Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-125641488	State: ArkansasLH
Product Name: 807 1-08 WL w/ Term	SERFF Status: Closed	State Tr Num: 39163
TOI: L071 Individual Life - Whole	Co Tr Num: 4970	State Status: Approved-Closed
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life	Co Status: None	Reviewer(s): Linda Bird
Filing Type: Form	Author: Kevin Wiggs	Disposition Date: 06/04/2008
	Date Submitted: 05/30/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: KOFC/99	Status of Filing in Domicile: Pending
Project Number: 99	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted to domicile state 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: 06/04/2008	Deemer Date:
State Status Changed: 06/04/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
The Knights of Columbus is a fraternal society.	

This form is new and is not intended to replace any previously approved forms.

This contract is a whole life policy based upon the 2001 CSO Tables and consists of life paid-up at age 100 insurance

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and an additional protection benefit. The life paid-up at age 100 insurance provides a guaranteed level death benefit to age 120 with guaranteed level premiums payable to age 100. The additional benefit protection is a combination of one year decreasing term insurance and increasing amounts of paid-up additions providing a level death benefit.

When this contract is used in replacement situations, the free look period shown on the attached contract will be changed to 30 days.

Application 600D-AR 1-09, approved by your Department on 04/18/2008, will be used to apply for this policy.

The 12 riders listed below may be used with this policy.

Form #	Description	Approval Date
720	10-93 Waiver of Premium Rider	11/8/1993
700	4-90 Accidental Death Benefit Rider	5/7/1990
760	8-01 Payor Death Benefit Rider	10/26/2001
761	8-01 Payor Death and Disability Benefit Rider	8/5/2002
65	1-97 Spousal Contract's Waiver of Premium Rider	2/24/1997
765	2-85 Income Protection Rider	3/5/1985
81C	CIR 1-08 Children's Term Insurance Rider	10/8/2007
845-GPO	1-08 Guaranteed Purchase Option Rider	10/8/2007
813-SDPUA	1-08 Single Deposit Paid-up Additions Rider	11/30/2007
812-PUA	1-08 Paid-up Additions Rider	4/29/2008
66	1-97 Youth Purchase Option	1/14/1997
81L	1-08 10 & 20 Year Level Term Rider	3/3/2008

Our fee of \$50 has been sent by EFT on this same date.

Company and Contact

Filing Contact Information

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

SERFF Tracking Number: FRCS-125641488 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 39163
Company Tracking Number: 4970
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 807 1-08 WL w/ Term
Project Name/Number: KOFC/99/99

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

State of Domicile: Connecticut
Company Type:
State ID Number:

SERFF Tracking Number: FRCS-125641488 State: Arkansas
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Product Name: 807 1-08 WL w/ Term
Project Name/Number: KOFC/99/99

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR fee of \$50 per policy.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$50.00	05/30/2008	20597908

SERFF Tracking Number: FRCS-125641488

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 39163

Company Tracking Number: 4970

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 807 1-08 WL w/ Term

Project Name/Number: KOFC/99/99

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/04/2008	06/04/2008

SERFF Tracking Number: FRCS-125641488 *State:* Arkansas
Filing Company: Knights of Columbus *State Tracking Number:* 39163
Company Tracking Number: 4970
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 807 1-08 WL w/ Term
Project Name/Number: KOFC/99/99

Disposition

Disposition Date: 06/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125641488 *State:* Arkansas
Filing Company: Knights of Columbus *State Tracking Number:* 39163
Company Tracking Number: 4970
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 807 1-08 WL w/ Term
Project Name/Number: KOFC/99/99

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Life Paid-up At Age 100 Life Insurance with Additional Protection Benefit		Yes

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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
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Form Schedule

Lead Form Number: 807-AR 1-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	807-AR 1-08	Policy/Cont	Life Paid-up At Age ract/Fratern 100 Life Insurance al with Additional Certificate: Protection Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial			807-AR 1-08.pdf

Knights of Columbus

A Fraternal Benefit Society
[One Columbus Plaza
New Haven, Connecticut 06510-3326
PHONE NUMBER (800) 524-3611]

INSURED	[JOHN DOE]	[JAN. 15, 2008]	REGISTER DATE
ISSUE AGE AND SEX	[35 MALE]	[9999999]	CONTRACT NUMBER
ISSUE DATE	[JAN. 15, 2008]	[\$100,000]	CONTRACT AMOUNT

LIFE INSURANCE CONTRACT

This is a legal contract between you and the Knights of Columbus.

Please Read This Contract Carefully.

We agree, subject to this Contract's provisions, to pay the proceeds to the beneficiary, if the Insured dies while this Contract is in force.

Signed for the Knights of Columbus at its Supreme Office at [New Haven, Connecticut].

[*Donald R. Kehoe*] [*Carl A. Anderson*]
Supreme Secretary Supreme Knight

LIFE PAID-UP AT AGE 100 WITH ADDITIONAL PROTECTION BENEFIT CONVERTIBLE TO AGE 75

PREMIUM PAYABLE TO AGE 100 PARTICIPATING

RIGHT TO CANCEL

You may cancel this Contract within [10] days of receiving it by returning it to us at [One Columbus Plaza, New Haven, Connecticut 06510] or to the agent from whom you bought it. As soon as you deliver or mail this Contract it is void from the start and we will refund all premium payments.

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DEFINITIONS

1. **Annual Contract Date:** The same month and day as the Register Date listed on Page 3 for the years after the Register Date.
2. **Application:** The attached application and all amendments of it.
3. **Base Contract:** This Life Insurance Contract, exclusive of the Additional Protection Benefit.
4. **Beneficiary, Beneficiaries:** The person or persons who will receive the proceeds of this Contract.
5. **Contract:** This Life Insurance Contract.
6. **Contract Year:** The twelve month period following the Annual Contract Date.
7. **Home Office:** The Knights of Columbus Supreme Office in [New Haven, Connecticut].
8. **Insurance Age:** The Insured's age on the birthday nearest the Annual Contract Date.
9. **Issue Date:** The date, shown on Page 3, on which the Contract takes effect.
10. **Laws:** The Charter, Constitution, Laws and any other rules of the Order, as amended from time to time.
11. **Premium:** The amounts to be paid by you as described on Page 7.
12. **Register Date:** The date, shown on Page 3, on which the first premium is due.
13. **We, our, us, the Order, the Order's:** The Knights of Columbus.
14. **You, Your:** The owner of this Contract.

CONTRACT SPECIFICATIONS

INSURED	[JOHN DOE]	[JAN. 15, 2008]	REGISTER DATE
ISSUE AGE AND SEX	[35] [MALE]	[9999999]	CONTRACT NUMBER
ISSUE DATE	[JAN. 15, 2008]	[\$100,000*]	CONTRACT AMOUNT
COUNCIL	[99999]	[STANDARD]	CLASS

AMOUNT OF PREMIUMS FOR ALL BENEFITS UNDER THIS CONTRACT

<u>EFT/MAC</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>SEMI ANNUAL</u>	<u>ANNUAL</u>
[\$102.75]	[\$107.00]	[\$313.75]	[\$616.50]	[\$1,185.00]

The premium rates for all benefits included in the above total premium are shown below.

FORM NUMBER	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PREMIUM	
			YEARS PAYABLE	ANNUAL
807-AR 1-08	LIFE PAID-UP AT AGE 100 WITH ADDITIONAL PROTECTION BENEFIT		[65]	[\$1,185.00]
	A) BASE CONTRACT	[\$ 25,000.00]		
	B) ADDITIONAL PROTECTION BENEFIT	[75,000.00*]		
	TOTAL CONTRACT AMOUNT	[\$100,000.00*]		

***THE ADDITIONAL PROTECTION BENEFIT AMOUNT IS GUARANTEED UNTIL THE 20TH ANNUAL CONTRACT DATE OR THE ANNUAL CONTRACT DATE NEAREST THE INSURED'S 70TH BIRTHDAY, WHICHEVER COMES FIRST. AFTER THIS, THE ADDITIONAL PROTECTION BENEFIT AMOUNT IS SUBJECT TO REDUCTION. (SEE PAGE 4.)**

INSURED [JOHN DOE] [\$25,000] BENEFIT AMOUNT
 ISSUE AGE [35] [MALE] [999999] CONTRACT NUMBER & SEX

BASE CONTRACT

TABLE OF VALUES

END OF CONTRACT YEAR	ANNUAL CONTRACT DATE	INSURANCE AGE	GUARANTEED CASH VALUE	PAID-UP INSURANCE
	[JANUARY 15]			
1	[2009]	[36]	[0.00]	[0.00]
2	[2010]	[37]	[20.25]	[77.00]
3	[2011]	[38]	[325.75]	[1,185.00]
4	[2012]	[39]	[640.25]	[2,253.00]
5	[2013]	[40]	[963.75]	[3,281.00]
6	[2014]	[41]	[1,296.25]	[4,271.00]
7	[2015]	[42]	[1,636.75]	[5,220.00]
8	[2016]	[43]	[1,984.75]	[6,130.00]
9	[2017]	[44]	[2,339.50]	[7,001.00]
10	[2018]	[45]	[2,699.75]	[7,831.00]
11	[2019]	[46]	[3,065.75]	[8,623.00]
12	[2020]	[47]	[3,439.00]	[9,384.00]
13	[2021]	[48]	[3,818.50]	[10,111.00]
14	[2022]	[49]	[4,210.00]	[10,819.00]
15	[2023]	[50]	[4,613.00]	[11,504.00]
16	[2024]	[51]	[5,025.75]	[12,165.00]
17	[2025]	[52]	[5,447.50]	[12,802.00]
18	[2026]	[53]	[5,875.00]	[13,411.00]
19	[2027]	[54]	[6,308.00]	[13,993.00]
20	[2028]	[55]	[6,743.00]	[14,546.00]
AGE 60	[2033]	[60]	[8,951.25]	[16,939.00]
AGE 65	[2038]	[65]	[11,190.75]	[18,832.00]

ANY VALUES NOT SHOWN IN THE ABOVE TABLE WILL BE FURNISHED UPON REQUEST.

TABLE OF MAXIMUM ANNUAL PREMIUMS PER \$1,000 OF ADDITIONAL PROTECTION BENEFIT INSURANCE
USED TO CALCULATE INCREASED PREMIUMS

(SEE PREMIUM PAYMENTS PROVISION ON PAGE 7.)

<u>CONTRACT YEAR</u>	<u>INSURANCE AGE</u>	<u>PREMIUM</u>
1	[35]	[\$10.28]
2	[36]	[10.28]
3	[37]	[10.28]
4	[38]	[10.28]
5	[39]	[10.28]
6	[40]	[10.28]
7	[41]	[10.28]
8	[42]	[10.28]
9	[43]	[10.28]
10	[44]	[10.28]
11	[45]	[10.28]
12	[46]	[10.28]
13	[47]	[10.28]
14	[48]	[10.28]
15	[49]	[10.28]
16	[50]	[10.28]
17	[51]	[10.28]
18	[52]	[10.28]
19	[53]	[10.28]
20	[54]	[10.28]
21	[55]	[30.27]
22	[56]	[31.82]
23	[57]	[33.48]
24	[58]	[35.21]
25	[59]	[37.05]
26	[60]	[38.99]
27	[61]	[41.02]
28	[62]	[43.16]
29	[63]	[45.40]
30	[64]	[47.74]
31	[65]	[50.17]
32	[66]	[53.54]
33	[67]	[57.15]
34	[68]	[61.03]
35	[69]	[65.20]

MAXIMUM ONE YEAR TERM INSURANCE RATES
PER \$1,000 OF ADDITIONAL PROTECTION BENEFIT TERM INSURANCE

<u>Contract Year</u>	<u>Insurance Age</u>	<u>Premium</u>	<u>Contract Year</u>	<u>Insurance Age</u>	<u>Premium</u>
1	[36]	[\$2.11]	44	[79]	[82.05]
2	[37]	[2.23]	45	[80]	[90.07]
3	[38]	[2.40]	46	[81]	[99.05]
4	[39]	[2.57]	47	[82]	[108.11]
5	[40]	[2.77]	48	[83]	[117.61]
6	[41]	[3.03]	49	[84]	[127.94]
7	[42]	[3.33]	50	[85]	[140.09]
8	[43]	[3.69]	51	[86]	[153.39]
9	[44]	[4.12]	52	[87]	[167.69]
10	[45]	[4.57]	53	[88]	[182.72]
11	[46]	[4.99]	54	[89]	[198.27]
12	[47]	[5.46]	55	[90]	[214.13]
13	[48]	[5.72]	56	[91]	[228.43]
14	[49]	[6.02]	57	[92]	[243.02]
15	[50]	[6.45]	58	[93]	[258.10]
16	[51]	[6.96]	59	[94]	[273.74]
17	[52]	[7.66]	60	[95]	[291.05]
18	[53]	[8.45]	61	[96]	[306.33]
19	[54]	[9.44]	62	[97]	[322.44]
20	[55]	[10.56]	63	[98]	[339.45]
21	[56]	[11.70]	64	[99]	[357.42]
22	[57]	[12.91]			
23	[58]	[13.86]			
24	[59]	[14.96]			
25	[60]	[16.29]			
26	[61]	[17.94]			
27	[62]	[19.93]			
28	[63]	[22.14]			
29	[64]	[24.40]			
30	[65]	[26.63]			
31	[66]	[28.78]			
32	[67]	[30.87]			
33	[68]	[33.07]			
34	[69]	[35.25]			
35	[70]	[37.89]			
36	[71]	[40.78]			
37	[72]	[44.71]			
38	[73]	[48.66]			
39	[74]	[52.65]			
40	[75]	[57.29]			
41	[76]	[62.23]			
42	[77]	[67.94]			
43	[78]	[74.54]			

DEATH BENEFIT

Payment of Proceeds

Upon receipt of proof of the Insured's death while this Contract is in force, the proceeds will be paid to the beneficiary. The proceeds will be paid in one sum or as agreed to by you and the Order. Proceeds payable to the beneficiary in one sum may, at the election of the beneficiary, be paid under any settlement option offered by the Order at the time of the Insured's death.

Proceeds

Unless the Contract is continued under a nonforfeiture option, the proceeds payable at the death of the Insured will be the sum of:

1. the benefit amount of the Base Contract shown on Page 3;
 2. the amount of Additional Protection Benefit then in force;
 3. any dividends and interest thereon deposited with us as of the date of the Insured's death;
 4. a fractional part of the dividends that would have been payable on the Annual Contract Date following the Insured's death. The fraction will be based on the number of days from the last Annual Contract Date to the Date of the Insured's death;
 5. any premium paid beyond the month in which the Insured dies;
 6. if the death proceeds are not paid within 30 days from the date the Order receives written due proof of death of the Insured, interest on the death proceeds at 8% per year;
- less:
1. any unpaid premium for the month in which the Insured dies; and
 2. the unpaid balance of any loan and loan interest.

Claims of Creditors

To the extent permitted by law, the proceeds will not be subject to claims of creditors.

Additional Protection Benefit

The Additional Protection Benefit (APB) consists of one year term insurance and Inside Additions. Inside Additions are paid-up dividend additions that are included in the APB. (See the Dividends provision.) The amount of one year term insurance will be reduced by the amount of Inside Additions. The initial amount of one year term insurance is the initial benefit amount of APB shown on Page 3. The maximum one year term insurance rates used in the Dividend Provision are shown on page 3C.

Guaranteed Period

The initial amount of APB shown on Page 3 is guaranteed until the 20th Annual Contract Date or the

Annual Contract Date nearest the Insured's 70th birthday, whichever comes first.

For any Contract Year after this initial period, or after the expiration of a Guaranteed Period as described below, the Order reserves the right to reduce any remaining term insurance that is part of APB. The Order may do this if, at the attained age of the Insured, the premium for Life Paid-Up At Age 100 with Additional Protection Benefit is insufficient to pay for the benefit amount of the Base Contract and the amount of term insurance that would be part of APB. The Order will send written notice in the event of any reduction.

You may prevent any reduction that would otherwise occur on or before the Annual Contract Date nearest to the Insured's 69th birthday. This may be done by a written request to establish a new Guaranteed Period and the payment of an increased premium. (The amount of the increased premium is described in the Premium Payments provision on Page 7.) The Owner's request and the premium must be received at the Home Office within 31 days of the date the reduction would take effect. The duration of the Guaranteed Period is shown in the schedule below:

Insured's Attained Age on Annual Contract Date When New Guaranteed Period Is Established		Guaranteed Period
20 to 50		20 years
51 to 69		to age 70

Reduction of APB if Dividend Option Changed

If you direct that dividends paid on the APB be used other than to buy Inside Additions, or if, after the Issue Date, you change the dividend option under the Base Contract from option 4, with paid-up additions used as Inside Additions, to another option, then the APB one year term insurance will terminate. The amount of APB will then be the amount of Inside Additions.

Elimination of Additional Protection Benefit Premium

Notwithstanding anything to the contrary in the Premium Payments provision on Page 7, you may elect to eliminate the premium payment for the APB when the Inside Additions equal or exceed the amount of APB, or at any time prior thereto. This may be done by written request to the Home Office. A premium change will take effect on the first premium due date that follows the receipt at the Home Office of your written request. The Base Contract and any outstanding dividends shall remain in force.

Conversion

The APB one year term insurance may be converted without evidence of insurability, provided the entire amount of such term insurance is converted. You may convert the APB one year term insurance to a new contract while it is in force and before the Annual Contract Date nearest the Insured's 75th birthday. After the APB one year term insurance is converted, the amount of APB will then be the amount of Inside Additions. The premium for this Contract will be reduced to the amount required to apply for the Base Contract portion of the Contract. Conversion will be subject to the following conditions:

1. the Register Date of the new contract will be the Annual Contract Date following the request for conversion;
2. the conversion shall be on an attained age basis and will be for the same underwriting class as the original Contract;
3. conversion can be to any of our level premium, level amount life plans (other than term) made available by us at the time of conversion;
4. the premium rate will be based on the Insured's attained age at the birthday nearest the new contract's Register Date;
5. waiver of premium and accidental death benefit riders will be added to the new contract if requested; provided that they are attached to this Contract at time of conversion and, that such riders are issued at the Insured's attained age; and
6. conversion must be requested in writing. The first premium for the new contract must be sent with your request.

Dividends

This is a participating Contract. This means that dividends may be paid annually on this Contract from our surplus funds on an equitable basis as determined by our Board of Directors. No dividends should be expected before the second Annual Contract Date.

Dividends may be paid on the Base Contract and the Additional Protection Benefit.

Dividends paid on the Base Contract may be:

1. paid in cash;
2. applied toward premium payments;
3. deposited with us to accumulate at interest;
4. used to buy paid-up additions. These are paid-up additional amounts of insurance used as Inside Additions. Because they are used as Inside Additions, the amount of term insurance provided by the Additional Protection Benefit will be reduced by the amount of the paid-up additions.

If on the dividend date you have not chosen a dividend option, option 4 will apply, with the paid-up additions
807-AR 1-08

purchased by the dividends paid on the Base Contract being used as Inside Additions.

Dividends paid on the Additional Protection Benefit may be:

1. paid in cash;
2. applied toward premium payments;
3. deposited with us to accumulate at interest; or
4. used to buy paid-up additions. These paid-up additions will be Inside Additions. Thus, the term insurance provided by the Additional Protection Benefit will be reduced by the amount of such paid-up additions.

Unless specifically directed to apply APB dividends under another option, option 4 will apply.

The rate of interest applicable under dividend option 3 will be set by us from time to time, but will not be less than 1.5% per year.

Dividends deposited with us, plus interest thereon may be withdrawn and the cash value of paid-up additions may be surrendered at any time, unless required as security for any loan. If paid-up additions provided by dividends paid on the Base Contract and used as Inside Additions are surrendered, then the contract death benefit will be reduced by the amount of Inside Additions surrendered. If paid-up additions provided by dividends paid on APB are surrendered, then the APB one year term insurance will terminate, and the amount of APB will be the amount of Inside Additions.

GUARANTEED VALUES

Cash Value

The guaranteed cash values of the Base Contract are shown in the Table of Values on Page 3A. The guaranteed cash values shown are as of the end of the Contract Year when all premium payments due have been made and when there are no loans. Guaranteed cash values during the Contract Year are determined by allowing for time elapsed and premium payments made during such Contract Year.

The net cash value of the Base Contract and APB is determined by adding the guaranteed cash value of the Base Contract, any dividend deposits and the cash value of any dividend additions, and subtracting the unpaid amount of any loans and accrued interest.

Cash Surrender

You may discontinue premium payments and surrender the Base Contract and the Additional Protection Benefit for their net cash value. Either discontinuance of premium payments or surrender may be done upon your written request prior to the 60th day after the first unpaid premium. We may defer any payment of net cash value for up to six months.

Nonforfeiture Options

If the Base Contract and Additional Protection Benefit have net cash value, you may discontinue premium payments and elect one of the nonforfeiture options described below:

- 1. Paid-Up Insurance** – You may continue the Base Contract and APB in force as Paid-Up Insurance which takes effect as of the due date of the first unpaid premium. The amount of Paid-Up Insurance will depend on the net cash value. If the net cash value equals the guaranteed cash value, the amount of Paid-Up Insurance will be that shown in the Table of Values on Page 3A. Paid-Up Insurance is participating and has its own net cash value which may be obtained at anytime by surrendering this Contract. If the Contract is surrendered within 31 days after any Annual Contract Date, the cash value will not be less than that on such date. At the Insured's death, the Paid-Up Insurance will be adjusted for loans and dividends placed under options 3 and 4.
- 2. Extended Term Insurance** – You may continue the Base Contract and APB in force as nonparticipating Extended Term Insurance. The amount of Extended Term Insurance for the Base Contract and APB will be the sum of the benefit amount of the Base Contract and the amount of APB, less any unpaid loan applicable to the Base Contract and APB. The limited time during which the Base Contract and APB continue in force as Extended Term Insurance will begin at the date that the first unpaid premium was due. The duration of this Extended Term Insurance depends on the net cash value of the Base Contract and APB. (If the duration of the Extended Term Insurance would extend to or beyond age 120, paid-up insurance will be provided instead.) Extended Term Insurance has its own guaranteed cash value which may be obtained at anytime by surrendering the Contract. If the Contract is surrendered within 31 days after any Annual Contract Date, the cash value will not be less than that on such date.

Extended term insurance is not available if this Contract is issued at a rated premium class.

Your written election of a nonforfeiture option may be made anytime prior to the 60th day after the first unpaid premium. If you do not choose an option prior to this day, then the Extended Term Insurance option automatically takes effect as of the due date of the first unpaid premium.

Computation of Values

A detailed statement of the method of calculation has been filed with the state Insurance Department where this Contract is delivered. All values are not less than those required by law. The guaranteed cash value is based on 4% interest, the use of continuous functions and the 2001 Commissioners Standard Ordinary (CSO) Mortality Table, ultimate only, age nearest birthday.

LOANS

Cash Loans

Unless this Contract is being continued as Extended Term Insurance, you may obtain a cash loan upon written request. Sole security for such a cash loan will be this Contract. We have the right to defer cash loan requests for up to six months unless the loan is for the purpose of premium payment. The amount of the cash loan may not exceed the sum of:

1. the guaranteed cash value at the next premium due date or the next Annual Contract Date, whichever is earlier, and
 2. the cash value of any dividend additions as of such date;
- less:
1. any due and unpaid premium;
 2. any existing loan; and
 3. interest on the amount loaned to the next premium due date or the next Annual Contract Date, whichever is earlier.

Automatic Premium Loans

If this option has been requested in writing, and this Contract has net cash value, then any premium not paid after the Grace Period will be paid by automatic premium loan, if the net cash value is sufficient to pay it. You may revoke your written request at any time.

Loan Interest and Repayment of Loans

The Maximum Rate is the greater of the Published Monthly Average for the calendar month ending two months before the date on which we set our rate, or the rate used to compute the cash value during the applicable period plus 1% a year. The Published Monthly Average means Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Services, Inc., or its successor. If Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, the Published Monthly Average will mean the rate set by the insurance regulatory agency where this Contract is issued. Subject to the provisions of the next paragraph regarding changes in interest rate, our loan interest rate will not exceed the Maximum Rate.

Once each Contract Year, we will determine a new Maximum Rate. Our loan interest rate may be increased, by no less than ½%, to a rate equal to or less than the new Maximum Rate, if the new Maximum Rate is at least ½% higher than our loan interest rate for the preceding year. If the new Maximum Rate is ½% or more lower than our loan interest rate for the preceding year, our loan interest rate will be reduced to a rate equal to or less than the new Maximum Rate. We will give notice of the initial loan interest rate in effect when you make a loan. If you

have an outstanding cash or premium loan, we will send reasonable advance notice of any increase in rate. All notices will be mailed to your, and any assignee's, last known address.

Loan interest is due on each Annual Contract Date. If not paid, it will be added to the principal and bear interest at the prevailing rate. This Contract will not terminate during a Contract Year as the sole result of an increase in interest rate during that Contract Year. Subject to this, if the loan exceeds the guaranteed cash value, any dividend deposits and the cash value of any dividend additions, this Contract terminates 31 days after we mail notice of termination.

All loans made prior to the election of a nonforfeiture option taking effect may be repaid in whole or in part while the Contract is in force other than as Paid-Up Insurance or Extended Term Insurance. Any loan made after the election of the Paid-Up Insurance option takes effect may be repaid while the Contract remains in force.

PREMIUM PAYMENTS AND REINSTATEMENT

Premium Payments

The amount of the initial premium for the Base Contract and the Additional Protection Benefit, shown on Page 3, must be paid in advance at the Home Office. The first premium payment is due on the Register Date.

The initial premium cannot be increased until the 20th Annual Contract Date or the anniversary nearest to the Insured's 70th birthday, whichever comes first. At that time, the premium can be increased only if: (1) the premium for this Contract, at the attained age of the Insured, is insufficient to pay for the benefit amount of the Base Contract and the term insurance provided under the Additional Protection Benefit; and (2) a new Guaranteed Period is established. (See Guaranteed Period provision on Page 4.) The increased premium will be determined by adding the premium for the Base Contract to the premium for the amount of one year term insurance that is in force as part of APB as of the date the increased premium is determined. The maximum premium rates for term insurance are shown on Page 3B. The premium will not be changed after the Annual Contract Date nearest to the Insured's 69th birthday.

You may change the frequency of payment by notifying us in writing. Except as provided below, no premium payment will keep this Contract in force beyond the next premium due date.

Grace Period

There is a 31 day Grace Period to pay each premium, except the first. During this Grace Period, this Contract will remain in force.

Reinstatement

Should the Base Contract and APB terminate for failure to make any payment due, they may be reinstated within three years of lapse, if they have not been surrendered. To reinstate you must:

1. submit proof of insurability which meets our standards;
2. make all overdue premium payments with compound interest at 6% per year; and
3. pay or reinstate any loans existing at the time of lapse, with compound interest at 6% per year.

Adjustments in Premium Rates Shown on Page 3B

Adjustments in APB premiums will be by class and based upon changes in future expectations for such factors as investment earnings, mortality, persistency and expenses.

The need for an adjustment in APB premium rates will be reviewed annually, following the end of a Guaranteed Period.

OWNERSHIP AND BENEFICIARY

Owner

The Insured is the owner of this Contract unless:

1. another person is named as the owner in the application;
2. the Contract is assigned, in which case the assignee shall be deemed the owner; or
3. the Insured has not reached the age of 18 as of the date of application.

If the Insured has not reached the age of 18 as of the date of application, the applicant shall be deemed the owner of the Contract unless:

1. the applicant designates some other person as owner;
2. the Contract is assigned either to the Insured or to some other person; or
3. the applicant fails to make premium payments until the Insured reaches the age of 18. In such event, the Order shall designate as owner either the Insured's legal guardian or the person who agrees to make premium payments.

The owner may exercise all rights set forth in this Contract.

Death of Owner

If an owner other than the Insured dies while the Insured is living, all rights of the owner shall pass to the Insured, unless otherwise provided by a contingent ownership designation.

Assignment

This Contract may be assigned. No assignment will bind us until we receive a signed copy at the Home Office. The Order is not responsible for the validity of assignments.

Beneficiary

The beneficiary is named in the application. While the Insured lives, the owner may change the beneficiary, unless this right is restricted by operation of law or unless the owner gives up this right.

Change of Beneficiary

To be binding, a change of beneficiary must be in writing and received at the Home Office. It will then take effect as of the date it was signed, but it will not apply to actions taken by us before it was received.

GENERAL PROVISIONS

Entire Contract

The following constitute the entire contract between you and the Order:

1. this Contract and any attached riders or endorsements;
2. the application, a copy of which is attached to this Contract; and
3. the Order's Laws. Any change in our Laws after the Issue Date will apply to this Contract, but benefits granted by this Contract will not be reduced by future changes in these Laws.

The consideration for this Contract is the application and the payment of premium. The laws of the state or province where this Contract is issued for delivery control the rights and duties of the owner and any person rightfully making claim under the provisions of this Contract.

Change or Waiver of Provisions

No subordinate council, agent or member of the Order may change or waive the provisions of this Contract. No change in this Contract is valid unless it is made in writing and signed on behalf of the Order by the Supreme Knight or the Supreme Secretary.

Statements in the Application

Statements in the application are representations, not warranties. No statement will be used to void this Contract or to deny a claim, if it is not in the copy of the application attached to this Contract when issued.

Incontestability

We will not contest this Contract after it has been in force during the Insured's lifetime for two years from the Issue Date, except for nonpayment of premium.

This provision will apply anew from the date this Contract is reinstated with regard to statements made in an application for reinstatement.

Suicide Exclusion

If the Insured dies by suicide within two years after the Issue Date, we will pay only the total amount of premium payments, less any indebtedness.

Age and Sex

The Insured's Issue Age is stated on page 3. It is the age on the Insured's birthday nearest the Register Date. If the Insured's Issue Age or sex is misstated, the proceeds paid under this Contract will be those which the premium would have bought at the true Issue Age and sex.

Currency

Every payment by or to the Order shall be in United States currency.

Maintenance of Solvency

Except as provided in the Guaranteed Period provision on Page 4, the premium rates and benefits as specified in this Contract will not change. If the Order's surplus were to become impaired, the Board of Directors could require you to pay an equitable amount to eliminate the deficiency. Such amount shall either be charged as a loan against the Contract with interest compounded at 5% per year, or with your consent, deducted from the insurance benefit.

Membership

Even if the applicant ceases to be a member of the Order, you may keep this Contract in force by making the required premium payments.

Spouse's Right to Apply for Insurance

In addition to the other rights and benefits provided under this Contract, after the Insured's death the Insured's spouse shall have the right to request insurance coverage: (1) on his or her life; and (2) on the lives of the Insured's minor children. This right must be exercised within one year following the Order's receipt of proof of the Insured's death. The insurance coverage requested will be issued, provided that satisfactory evidence of insurability is submitted to the Order. The date the insurance coverage takes effect will depend upon: (1) the rules of the Order; and (2) the date the Order accepts the evidence of insurability.

For the purposes of this provision, the following definitions apply: "insurance coverage" includes all plans of life insurance, annuities and long term care insurance offered by the Order at the age and premium class of the proposed insured or annuitant at the time of the exercise of this right; "Insured's minor children" includes all children, stepchildren and legally adopted children of the Insured who have not yet reached their 18th birthday as of the date insurance coverage is requested; and "Insured's spouse" means the person to whom the Insured is married as of the date of the Insured's death.

Knights of Columbus

**A Fraternal Benefit Society
[New Haven, Connecticut]**

**LIFE PAID-UP AT AGE 100
WITH ADDITIONAL
PROTECTION BENEFIT**

CONVERTIBLE TO AGE 75



PARTICIPATING

Premium Payable to Age 100

Insurance Payable At Death

SERFF Tracking Number: FRCS-125641488

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 39163

Company Tracking Number: 4970

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single
Life

Product Name: 807 1-08 WL w/ Term

Project Name/Number: KOFC/99/99

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125641488

State: Arkansas

Filing Company: Knights of Columbus

State Tracking Number: 39163

Company Tracking Number: 4970

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 807 1-08 WL w/ Term

Project Name/Number: KOFC/99/99

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/09/2008

Comments:

Attachments:

AR CoC.pdf

Auth_5-08_dist.pdf

RDB_dist.pdf

Review Status:

Satisfied -Name: Application

05/09/2008

Comments:

Attachment:

600D-AR 1-09.pdf

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo

05/09/2008

Comments:

Attachment:

AR 807 1-08-8AP Act. Mem. Rev. 4-3-08 - 4.0_dist.pdf

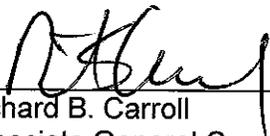
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Knights of Columbus

Form Title(s): 807-AR 1-08

Form Number(s): Life Paid-Up at Age 100 with Additional Protection Benefit

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

May 9, 2008

Date



KNIGHTS OF COLUMBUS

May 1, 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

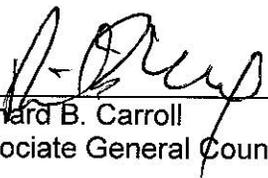
By: 
Title: Associate General Counsel

READABILITY CERTIFICATION

Company Name: Knights of Columbus

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
807 1-08	55.26


Richard B. Carroll
Associate General Counsel

May 9, 2008
Date

Home Office Use

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
1 Columbus Plaza
New Haven, CT 06510-3326
INSURANCE APPLICATION

Use space below for plate or Agent's name and code.
(This is for General Agent's use only.)

GPO YPO Contract Number _____

Is the applicant a member of Knights of Columbus? Yes
No (If yes, indicate associate member or insurance
member. If no, application for membership must be made
and approved by council.)

PRINT ANSWERS TO ALL QUESTIONS.

1. Name of Applicant: (last-first-middle initial) _____

2. (a) Council No. (b) Membership No. (c) Social Security
No. _____
of Applicant: _____

3. (a) Date of birth: (mo. day yr.) _____

INFORMATION CONCERNING PROPOSED INSURED

4. (a) Legal Name: (last-first-middle initial) _____ (b) Sex _____

5. (a) Maiden Name: _____ (b) Relationship to Applicant: _____

6. Address _____ Street _____

City _____ State _____ Zip Code _____

7. (a) Date of Birth: (b) Issue Age: (c) Place of Birth:
(mo. day yr.) _____

8. Single Married Widowed Divorced

9. Social Security No. of Insured: _____

(a) Telephone No. (Day): (____) _____

(b) Telephone No. (Evening): (____) _____

(c) Email Address: _____

Owner:

Unless otherwise designated below, the owner of adult insurance is the proposed insured and the owner of juvenile insurance is the applicant. In the event of the death of the owner prior to the termination of the Contract, ownership shall pass to the contingent owner designated below:

Owner _____

Relationship to Insured _____

Address of Owner _____

City _____ State _____ Zip Code _____

Social Security Number or E.I.N. of Owner
(Please complete W-9 Form.) _____

Contingent Owner: _____

Payor:

Premium Payor's name and Address, if different from Owner: (For EFT/MAC, please use name on voided check.)

10. Premium Payable: \$ _____
\$ _____ Amount Paid If even dollar premium,
Herewith: check here and indicate
no amount in section 12.

Ann. M.A.C./E.F.T. **Withdrawal Day:** _____
Existing MAC Policy (ies) _____

S.A. Military Allotment (branch of service) _____

Q.A. Combined Billing Salary Deduction

11. (a) **Plan Description:** _____ (b) **Plan Code:** _____

12. **Face Amount:** \$ _____
If even dollar premium, leave blank.

13. Indicate riders to be included:

- Waiver of Premium
- Accidental Death \$ _____ Amount
- Guaranteed Purchase Option \$ _____ Amount
- Payor Benefit (juvenile contract only) – See Declaration of Insurability below.
- _____ Year Decreasing Term \$ _____ Initial Amount
- Ten Year Level Term \$ _____ Amount (Insured)
- Ten Year Level Term \$ _____ Amount (Spouse)
- IPR _____ Yrs. _____ Units (Insured)
- IPR _____ Yrs. _____ Units (Spouse)
- Child Rider \$ _____ Amount
- SDPUA Rider \$ _____ Amount
- 20 Year Term Rider \$ _____ Amount (Insured)
- 20 Year Term Rider \$ _____ Amount (Spouse)
- Additional Protection Benefit \$ _____ Amount
- BGPO \$ _____ Amount
- Spouse's Contract's Waiver of Premium Rider
- Youth Purchase Option Rider \$ _____ Amount
- Other Rider _____
- Other Rider _____
- Other Rider _____

14. Any dividends payable under the insurance contract hereby applied for are to be:

- paid in cash
- applied to purchase paid-up additions
- applied to reduce premium
- held at interest
- paid-up additions used as Inside Additions

15. In event of a default in payment of any premium due on the insurance contract issued, shall the automatic premium loan provision, if applicable, be effective in lieu of any nonforfeiture option? Yes No

16. Beneficiary -- May Complete Form 113A.

Primary	Relationship to Insured
Contingent	Relationship to Insured

Unless otherwise directed, beneficiaries for insurance provided by Child Rider are stated in rider.

17. **Remarks:**

DECLARATION OF INSURABILITY

1. List proposed insured and, if applicable, payor (for Payor Benefit Rider only) spouse, children and stepchildren under 18 years of age. Attach a separate sheet, if needed. All questions must be answered for each person listed.

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Proposed Insured					
Payor					
(If Payor Benefit is applied for)					
Spouse					

First Name	Sex	Date of Birth	Height	Weight	Total Insurance in Force
Child					
Child					
Child					

2. Has any person named in Question 1 ever used tobacco or tobacco substitutes? Yes No

If yes, give dates of last use below. Proposed insured(s) initial here _____.

Cigarettes	Cigars	Pipe	Snuff	Chewing tobacco	Patch, gum or any nicotine substitute
mo. ____ yr. ____					

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
3. a. Are there any existing life insurance or annuity contracts on the life of the applicant?			
b. Is the insurance applied for intended to replace any existing insurance or annuities with the Knights of Columbus or another insurer?			
If the answer to either question is yes, please complete Section 14.			
4. a. Are negotiations now pending for life or health insurance on any of the proposed insureds?			
b. Has any proposed insured been declined, postponed or rated for life or health insurance or reinstatement thereof?			
c. Has any proposed insured ever made claim for sickness, accident or pension benefits?			
d. Has any life, accident or health insurance policy issued on any proposed insured been cancelled by the issuer or the renewal thereof been refused?			
5. a. Is any proposed insured contemplating making or in the past three years has any proposed insured made flights as a pilot, student pilot, crew member, or flights in other than commercial planes? If yes, complete Aviation Questionnaire.			
b. Is any proposed insured contemplating engaging in or in the past three years has any proposed insured engaged in any type of scuba diving or sky diving, racing, rodeo activities or hang gliding? (If yes, complete questionnaire.)			
c. Has any proposed insured recently traveled overseas, or is foreign travel planned or contemplated?			
6. Has any person named in Question 1 ever received treatment, attention or advice from any physician or other practitioner for, or been told by any physician or other practitioner that such person has or had:			
a. Tuberculosis, asthma, emphysema, COPD, pneumonia or other lung disease or disorder?			
b. Stroke, fainting spells, epilepsy, paralysis, depression or mental disorder, dementia, Alzheimer's, autism, nervous system or other brain disorder?			

All Questions must be answered for each individual listed in Question 1.	Yes	No	Give details below for "yes" answers, including question number and person. If needed, use the space provided in number 12 or an attached separate sheet.
c. Ulcers, colitis, rectal disorder, indigestion or other disorder of the esophagus, stomach, intestines, liver or gallbladder?			
d. Cancer, tumors, disorder of the blood or lymph glands, or endocrine disorder?			
e. Diabetes, sugar, albumin, pus or blood in the urine or other kidney or bladder disorder?			
f. Disease of the heart or blood vessels, chest pains, shortness of breath, heart enlargement, high or low blood pressure, abnormal heart rhythm or palpitations?			
g. Arthritis, gout, multiple sclerosis, or disorder of the muscles or bones?			
h. Disease or disorder of the ears, eyes, nose or throat?			
i. Disorder of the prostate, reproductive organs or breasts?			
7. Has any person named in Question 1 received treatment from any physician, or other practitioner for, or been told by any physician, other practitioner or counselor that such person has or had, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any Disorder of the immune system?			
8. Has any person named in Question 1 been hospitalized or consulted a physician or suffered from any illness, disease or syndrome not listed above, or is any such person taking any medication not previously listed?			
9. Has any person named in Question 1 ever been advised by a health professional to seek treatment for, been treated for the excessive use of alcohol, narcotics or other habit forming drugs or been convicted of or plead guilty to a drug or alcohol related offense?			
10. Within the past three years, has any person named in Question 1 had a license suspended or had a moving traffic violation? (a) Driver's License: _____ (b) State of License: _____			

11. Primary Care Physicians or Health Facilities:

Name of Primary Care Physician or Facility	Name of Specialist
Street Address	Street Address
City State Zip Code	City State Zip Code
Telephone Number	Telephone Number
Date last seen: _____ Reason last seen: _____	Date last seen: _____ Reason last seen: _____

12. Additional remarks in answer to Questions 3 – 11: _____

13. **All Present Occupations:** _____ **Exact Duties in Each:** _____

14. List all life insurance, annuities and long term care policies on **any** proposed insured (including pending applications and reinstatements).

Company/Person Insured	Face Amount	Accidental Death Amount	Year Issued	List Contract Number if K. of C.

15. Family history: (any history of diabetes, cancer, high blood pressure, heart, kidney disorder, mental illness or suicide),

	Age	If Living State of Health (if poor, give reason)	If Deceased Age at Death	If Deceased Cause of Death
Father				
Mother				
Brothers and Sisters				

16. Citizenship: United States Canada (provide SIN) Other (provide country and tax I.D. number)

- (1) I agree that the statements and answers contained in this application are representations and not warranties and are complete and true to the best of my knowledge and belief. **The Knights of Columbus shall not be bound by any information that is not set out in writing in this application.**
- (2) I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me and the beneficiary.
- (3) I agree that, except for coverage which may be provided in the Temporary Insurance Agreement, no insurance will be in force because of this application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.
- (4) I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of Temporary Insurance.

Signed at _____ this _____ day of _____, _____
 City State Zip Code Year

Applicant's
Signature _____

Proposed Insured's
Signature _____
 (If other than applicant)

Spouse's Signature
If covered under rider _____

Owner's
Signature _____
 (If other than applicant or proposed insured)

Witness _____
 Signature and I.D. Number of Writing Agent

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

A) To assist the Knights of Columbus in underwriting an application for insurance, I hereby authorize those persons or organizations listed in section B of this Authorization who possess medical or non-medical information concerning me or my children and stepchildren to permit the Knights of Columbus or its representatives, including, but not limited to: physicians, paramedics, teleunderwriters and consumer reporting agencies; to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" consists of information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

B) Those persons or organizations authorized to disclose medical or non-medical information concerning me or my children and stepchildren are: licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies regulating motor vehicles, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau.

C) Notwithstanding the provisions of sections A and B of this Authorization, the Medical Information Bureau may release information only to the Knights of Columbus.

D) I also authorize the Knights of Columbus to release any information regarding me, my children and stepchildren or our health to: the Medical Information Bureau; any company to which my application is submitted for reinsurance purposes; my Knights of Columbus agents; and to other life insurance companies with whom I have policies or to whom I may apply for insurance, or to whom a claim for benefits may be submitted.

E) I authorize the Knights of Columbus to obtain an investigative consumer report on me. I understand that I may request to be interviewed in connection with the preparation of such a report.

F) I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, the Medical Information Bureau, Description of Information Practices and Fraud Warning.

G) This Authorization expires two years from the date shown below unless sooner revoked by writing to us at P. O. Box 1670, New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

Signature _____
(Parent if proposed insured is under 18)

(Spouse if coverage applied for)

In presence of:

Witness

Date _____

I request that I be interviewed in the event an investigative consumer report is prepared in connection with the application. (Please initial here _____.)

WRITING AGENT'S REPORT

1. Does the proposed insured have any existing life insurance or annuity contracts? ____ Yes ____ No.

Has any life insurance or annuity contract either in force or applied for on the life of the proposed insured terminated or is termination of such insurance or annuity contemplated as a result of the issuance of the life insurance contract applied for? Yes No.

If the answer to either question is yes, have you complied with the requirements of the Order and your state with regard to this replacement? Yes No (Give full details under Remarks.)

2. Has any application been previously submitted to the Knights of Columbus on the life of any member of this family? Yes No
Contract No. (s) _____

6. Are all children, stepchildren or legally adopted children under attained age 18 years listed in answer to question 1 of page 2 of this application?
Yes No (If not, explain fully under remarks.)

3. Have you any information not fully set forth in this application regarding habits, character and reputation, or state of health of any member of this family which might affect the decision of the Knights of Columbus regarding the issuing of insurance? Yes No

7. If proposed insured is a juvenile, indicate number of brothers ____, sisters ____. Are they insured: Yes No
If yes, indicate amount of insurance on each.

If no, explain below.

4. Did you personally observe every proposed insured member of this family? Yes No

8. If proposed insured is the applicant's spouse, indicate amount of insurance on applicant. _____

5. How well do you know the proposed insured or family?
 Met very recently.
 Known slightly for _____ years.
 Known well for _____ years.
 Are you a relative? Yes No
Relationship _____

9. Applicant's yearly income \$ _____ Net Worth _____
Spouse's yearly income \$ _____ Net Worth _____

10. What is the purpose of the applied for insurance?

Have you issued a receipt with this application? Yes No

I certify that a copy of the notice pursuant to the Fair Credit Reporting Act, the Notice Regarding the Medical Information Bureau, the Description of Information Practices and Fraud Warning were delivered to the applicant by the undersigned on _____.

I further certify that on the date shown below: (a) I have personally seen the proposed insured; (b) I have separately and fully asked each question on pages 1 through 5 of the application and I have truly and accurately recorded the information supplied by the proposed insured, and the applicant if other than the proposed insured; and (c) the application was completed in the presence of the proposed insured, and the applicant if other than the proposed insured, who signed it in my presence.

I recommend that the Knights of Columbus consider the risk for acceptance subject to remarks below.

Date _____

Signature and I.D. Number of Writing Agent

(_____) _____
Writing Agent's Telephone Number

WRITING AGENT'S REMARKS

RECEIPT

The Knights of Columbus received \$_____ from _____ on the date shown below. This amount was paid when a life insurance application which bears the same date as this receipt was signed in which _____ is named as the proposed insured. This receipt and the Temporary Insurance Agreement set forth below are issued on the condition that any check, draft or other order or authorization for payment of money is good and can be collected.

Date: _____ Agent _____

(The above receipt must not be completed unless payment for the initial premium has been made at the time of application or unless use of existing Knights of Columbus values has been authorized. The premium check, if any, must be made payable to the Knights of Columbus. Do not make the check payable to the agent or leave the payee blank.)

TEMPORARY INSURANCE AGREEMENT

The Knights of Columbus agrees to provide Temporary Insurance as follows:

Payment of Temporary Insurance

The Temporary Insurance will be paid to the beneficiary named in the application if any person who is to be covered by the insurance contract applied for dies while the Temporary Insurance is in force.

Amount of Temporary Insurance

This Agreement provides Temporary Insurance for any person who is to be covered by the insurance contract applied for in the amount applied for on that person or \$300,000, whichever is less. (See Special Limitation 1 below.)

Commencement of Temporary Insurance

The Temporary Insurance will start when all medical exams, paramedical exams, telemedical exams, laboratory tests and reports required at time of application are completed. If no exams, tests or reports are required, the Temporary Insurance will start on the date of the above Receipt.

Duration of Temporary Insurance

Unless this Temporary Insurance ends sooner for one of the three reasons listed in the Termination of Temporary Insurance section below, it will end 90 days after it starts.

Termination of Temporary Insurance

1. The Temporary Insurance will end when the Knights of Columbus issues the insurance contract as applied for.
2. The Temporary Insurance will end when the Knights of Columbus issues an insurance contract other than as applied for, and the contract is accepted by the contract owner.
3. The Temporary Insurance will end when the Knights of Columbus refunds the initial premium or restores the existing values used to pay the initial premium.

Special Limitations Applicable to Temporary Insurance Agreement

1. In the event that more than one Temporary Insurance Agreement is in force at the time of a proposed insured's death, the maximum total amount payable under all such Agreements will be \$300,000.
2. If any proposed insured dies by suicide, the liability of the Knights of Columbus under this Agreement is limited to a refund of the payment made.
3. No Temporary Insurance will be provided with respect to a child to be insured under the insurance contract applied for or under a Family Insurance Rider or Children's Insurance Rider, if death occurs while such child is less than 15 days old.
4. No Temporary Insurance will be provided with respect to any proposed insured who is to be insured under an insurance contract applied for under the provisions of a Guaranteed Purchase Option Rider or a Youth Purchase Option Rider.
5. No Temporary Insurance will be provided for any insurance coverage paid for by funds transferred from another insurer as part of a Section 1035 exchange.
6. Fraud or material misrepresentation in the application invalidates this Agreement. In the event of fraud or material misrepresentation, the liability of the Knights of Columbus is limited to a refund of any payment made.
7. No change may be made in the terms and conditions of this Agreement. No statement which claims to make such a change will bind the Knights of Columbus.

NOTICE TO PROPOSED INSURED

Fair Credit Reporting Act

Federal and state laws require us to notify you that, in connection with our consideration of this application, we may request and obtain an investigative consumer report. In addition, such a report may be requested subsequently to update our records. We may also request one, if you apply for more coverage.

The report may contain information as to character, general reputation, personal characteristics and mode of living and driving record. It may be obtained through an interview with: you, an adult member of your family, friends, neighbors, business associates, other persons with whom you are acquainted, or government agencies regulating motor vehicles. The report will also consist, when applicable, of a confirmation of your age, residence, marital status, employment and the like.

You have the right, upon written request, to be informed whether or not an investigative consumer report was obtained by us. Send your request to: Medical Director, Knights of Columbus, P. O. Box 1670, New Haven, Connecticut 06510-3326. If it was obtained, we are required to furnish the name and address of the consumer reporting agency and to furnish detailed information concerning the nature and scope of the report. Where the name and address of the consumer reporting agency are furnished, the report may be inspected and a copy may be obtained by contacting the agency.

NOTICE REGARDING THE MEDICAL INFORMATION BUREAU (MIB)

This MIB is a non-profit organization which operates as an information exchange for its members. The Knights of Columbus is a member of the MIB.

We make reports to the MIB on factors affecting your insurability. We will not inform them of our decision on your applications. If you subsequently apply to another MIB member company for life or health insurance or submit a claim for benefits, the MIB will, upon request, supply that company with information in its files. The Knights of Columbus 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.

Upon written request, the MIB will arrange disclosure of any information it may have on you in its file. If you feel the information in the MIB file is not correct, you may contact the MIB and seek a correction in accordance with procedures outlined in the Federal Fair Credit Reporting Act.

The MIB's address is: MIB, Inc., P. O. Box 105, Essex Station, Boston, Massachusetts 02112. The MIB's telephone number is: (866) 692-6901 (TTY 866-346-3642 for hearing impaired). The MIB's web address is: www.mib.com.

DESCRIPTION OF INFORMATION PRACTICES

Collection of Information

In order to properly underwrite your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for. In general, we may seek information about: your age, occupation, physical condition, health history, mode of living, avocations and other personal characteristics.

You are our most important source of information, but we may also collect or verify information by contacting: medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone, or by personal contact.

In some cases, we may ask an insurance support organization to collect information and submit an investigative consumer report to us. That organization may retain a copy of the report and may disclose its contents to others for whom it performs such services.

Disclosure of Information

In some circumstances, the Knights of Columbus will make disclosures of personal information to third parties. Following is a brief description of some of the persons or organizations to whom certain items of information might be disclosed: the Medical Information Bureau, our reinsurers, our agents, and other insurance companies to which you have applied for coverage or benefits.

The above describes some of the disclosures which may be made, not disclosures which are always or even often made. In any event, the information disclosed will be only as much as is reasonably necessary to accomplish the intended purpose.

Access and Correction

There are procedures by which you can obtain access to personal information about you appearing in our files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request.

Obtaining Additional Information

We hope that you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. If you have any further questions about the items just discussed please write to: Knights of Columbus, at P. O. Box 1670, New Haven, Connecticut 06510-3326.

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.

Knights of Columbus
New Haven, Connecticut

Plan Description for Policy Form 807-AR 1-08,
Life Paid-Up at Age 100 with Additional Benefit Protection Plan
(Marketing name: Discoverer)

Benefits & Premiums:

Life Paid-Up at age 100 - Provides a guaranteed level death benefit to age 120 with guaranteed level premiums payable to age 100

Additional Benefit Protection – a series of one year term insurance, guaranteed for 20 years or to attained age 70, if earlier.

BASIC ASSUMPTIONS:

A. Mortality

The mortality table used in the calculation of cash values, reduced paid-up, extended term, and reserves is the 2001 Commissioners Standard Ordinary (CSO), ultimate only, age nearest birthday, Mortality Table for Males and Females, Smoker and Non Smoker and Composite

B. Interest

Cash Values: 4.0%

Reserves: 4.0%

CASH VALUES

Modified Standard Nonforfeiture Value formula.

RESERVES

Greater of Commissioners Reserve Valuation Method and cash value.

FORMULAS:

x = Issue Age

t = Duration

A. Cash Values

Life Paid-Up at age 100

Present Value of Future Guaranteed Benefits, at duration t, $PVFB_{x+t}$

$$PVFB_{x+t} = 1000 \times \left(\frac{\bar{M}_{x+t}}{D_{x+t}} \right) = 1000 \times \bar{A}_{x+t}$$

Modified Continuous Premium, at issue age x, ${}_{100-x}\bar{P}_x^A$

$${}_{100-x}\bar{P}_x^A = \left(\frac{1000 \times \bar{A}_x}{\bar{a}_{x:100-x}} \right) + \frac{E_x}{\bar{a}_{x:100-x}}$$

where

$$E_x = 7 + 1.25 \times \left(\text{Min} \left({}_{100-x}P_x^{NF}, 40 \right) \right)$$

$${}_{100-x}P_x^{NF} = \frac{1000 \times A_x}{\bar{a}_{x:100-x}}$$

Cash Value, at duration t, ${}_tCV_x$

$${}_tCV_x = PVFB_{x+t} - {}_{100-x}\bar{P}_x^A \times \bar{a}_{x+t:100-x-t}$$

A. Cash Values

Additional Protection Benefit (APB)

Under this benefit, this contract provides no guaranteed cash values.

Under this Standard Nonforfeiture Law, no nonforfeiture values are required for “...term policy of uniform amount which provides no guaranteed nonforfeiture or endowment benefits, or renewal thereof, of twenty years or less expiring before age seventy-one, for which uniform premiums are payable during the entire term of the policy...”.

B. Reserves

Life Paid-Up at age 100

Expense Allowance = (a-b)

Where **a** is the curtate net level premium for an age one year older and **b** is the curtate cost of insurance for the first policy year.

$$a = \frac{1000 \times A_{x+1}}{a_{x+1:100-x-1|}}$$

$$b = 1000 \times c_x$$

Renewal Reserve Premium, $\bar{\beta}_x$, Years 2 to (100-x)

$$\bar{\beta}_{x=100-x} \bar{P}_x + \frac{(a-b)}{a_{x:100-x|}}, \quad \text{where } {}_{100-x} \bar{P}_x = \frac{1000 \times \bar{A}_x}{a_{x:100-x|}}$$

First Year Reserve Premium, $\bar{\alpha}_x$

$$\bar{\alpha}_x = \bar{\beta}_x - (a-b) \frac{D_x}{D_x}$$

Terminal Reserve, ${}_t \bar{V}_x$

$${}_t \bar{V}_x = 1000 \times \bar{A}_{x+t} - \bar{\beta}_x \times a_{x+t:100-x-t|}$$

B. Reserves

Additional Protection Benefit (APB)

Net Level Reserve Valuation Method

Given the relationship between the increasing guaranteed costs of insurance and the increasing valuation mortality rates, this benefit is a series of one year segments and the reserve calculation reflects that.

C. Reduced Paid-Up

Reduced Paid-up value, at duration t , RPU_t , is determined by applying ${}_tCV_x$ as a net Single Premium at the insured's attained age, with the results rounded up to the closest dollar.

Mortality table used is the 2001 Commissioners Standard Ordinary (CSO), ultimate only, age nearest birthday, Mortality Table for Males and Females, Smoker and Non Smoker, assuming 4.0%.

$$RPU_t = \frac{{}_tCV_x}{A_{x+t}} \text{ rounded up to the closest dollar}$$

D. Extended Term Insurance Period

Extended Term Insurance Period n is determined by applying ${}_tCV_x$ as a net Single Premium at the insured's attained age, the period being taken to the last integer day.

Mortality table used is the 2001 Commissioners Standard Ordinary (CSO), ultimate only, age nearest birthday, Mortality Table for Males and Females, Smoker and Non Smoker, assuming 4.0%.

$${}_tCV_x = 1000 \times \frac{(\overline{M}_{x+t} - \overline{M}_{x+t+n})}{D_{x+t}} - \text{where } n \text{ is taken to the last integer day.}$$

Numerical Example:

Male Standard Tobacco
age $x = 35$
duration $t = 5$
Face Amount: \$1,000

A. Cash Values

Present Value of Future Guaranteed benefits, at duration 5, $PVFB_{40}$

$$PVFB_{40} = 1000 \times \bar{A}_{40} = 293.792062$$

Modified Continuous Premium, at issue age 35, ${}_{65}\bar{P}_{35}^A$

$${}_{65}\bar{P}_{35}^A = \left(\frac{1000 \times \bar{A}_{35}}{a_{35:\overline{65}|}} \right) + \frac{E_{35}}{a_{35:\overline{65}|}}$$

where

$${}_{65}P_{35}^{NF} = \frac{1000 \times A_{35}}{a_{35:\overline{65}|}} = \frac{244.08218}{19.65333} = 12.41938 \quad \text{and}$$

$$E_{35} = 7 + 1.25 \times (\text{Min}(12.41938, 40)) = 22.52423$$

$$\begin{aligned} {}_{65}\bar{P}_{35}^A &= \left(\frac{1000 \times 0.24893192}{19.14936} \right) + \frac{22.52423}{19.14936} \\ &= 12.99949 + 1.17624 = 14.17573 \end{aligned}$$

$${}_5CV_{35} = PVFB_{40} - {}_{65}\bar{P}_{35}^A \times \bar{a}_{40:\overline{60}|}$$

$$= 293.792062 - 14.17573 \times 18.00548 = 38.55, \text{ rounded to the nearest hundredth}$$

B. Reserves

$$a = \frac{1000 \times A_{36}}{\overline{d}_{36:\overline{64}|}} = \frac{252.35017}{19.43834} = 12.982084$$

$$b = 1000 \times c_{35} = 1.923077$$

$$a - b = 12.982084 - 1.923077 = 11.059007$$

Renewal Reserve Premium, $\overline{\beta}_{35}$, Years 2 to 65

$$\overline{\beta}_{35} = 12.999489 + \frac{11.059007}{19.14936} = 13.577002$$

First Year Reserve Premium, $\overline{\alpha}_{35}$

$$\overline{\alpha}_{35} = 2.288491$$

Terminal Reserve, ${}_5\overline{V}_{35}$

$$\begin{aligned} {}_5\overline{V}_{35} &= 1000 \times \overline{A}_{40} - \overline{\beta}_{35} \times \overline{a}_{40:\overline{60}|} \\ &= 293.79206 - 13.577002 \times 18.00548 = 49.3316501 \end{aligned}$$

C. Reduced Paid-Up

$$RPU_{40} = \frac{{}_5CV_{35}}{A_{40}} = \frac{38.55}{.29379206} = 131.21970, \text{ rounded up to } 132$$

D. Extended Term Insurance Period, n

$${}_5CV_{35} = 1000 \times \frac{\bar{M}_{40} - \bar{M}_{40+n}}{D_{40}}$$

$$\bar{M}_{40+n} = \bar{M}_{40} - \left(\frac{{}_5CV_{35}}{1000} \times D_{40} \right) = 58428.63542 - \left(\frac{38.55}{1000} \times 198877.51578 \right) = 50761.90719$$

$$\bar{M}_{50} = 51568.06044$$

$$\bar{M}_{51} = 50754.66775$$

ETI Period = 10 integer years. To determine the number of additional days,

$$Days = 365 \times \left(\frac{\bar{M}_{50} - \bar{M}_{40+n}}{\bar{M}_{50} - \bar{M}_{51}} \right) = 365 \times \left(\frac{51568.06044 - 50761.90719}{51568.06044 - 50754.66775} \right) = 361.75,$$

taken to the last integer day.

n = 10 years and 361 days

Date: April 21, 2008



Marc-André Brunet, FSA, MAAA
Actuary