Filing at a Glance

Company: Catholic Knights

Product Name: Whole Life Insurance
SERFF Tr Num: CAKN-126706765
State: Arkansas

TOI: L07I Individual Life - Whole
SERFF Status: Closed-Approved-Closed
State Tr Num: 46125

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Co Tr Num: 18-710
State Status: Approved-Closed

Filing Type: Form
Reviewer(s): Linda Bird

Author: Donna Peterson
Disposition Date: 09/01/2010
Date Submitted: 07/02/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: CNO-18 (ss)
Status of Filing in Domicile: Pending

Project Number: 18-710
Date Approved in Domicile:

Requested Filing Mode:
Domicile Status Comments: Wisconsin,our state of domicile, is part of the Inter-state compact. This product was filed with the Compact.

Explanation for Combination/Other:
Market Type: Individual

Submission Type: New Submission
Group Market Size:

Overall Rate Impact:
Group Market Type:

Filing Status Changed: 09/01/2010
Explanation for Other Group Market Type:

State Status Changed: 07/08/2010

Deemer Date:
Created By: Donna Peterson

Submitted By: Donna Peterson
Corresponding Filing Tracking Number:

Filing Description:

We are a Fraternal Insurance Society filing a Whole Life Insurance product form number 2010 WL 2 AR. This is a Single Life, fixed premium product. It will be used with application 2010 LF APP approved in your state on June 16, 2010. (SERFF no: FRCS-126669812). It will be illustrated.

The wording of this contract is identical to the Whole Life product filed with AR on July 2, 2010 SERFF no. CAKN-126705325.

The differences are:

1) The premium structure is different. It has higher premiums and higher dividends; and

2) The member can choose a 20 year paid up option.

Forms included with this filing are:

1) WL contract form no.: 2010 WL 2 AR:

2) Right to Purchase Additional Insurance Rider form no: 2010 GIO RDR:

3) Primary Insured Convertible 20 Year Term Insurance Rider form no:
2010 20 YR1 TRM RDR: and

4) Juvenile Purchase Option Rider form no: 2010 JUV PO.

Three other additional term riders will be used with this product. The Waiver of Premium Rider (form 2010 WP WL) was filed in AR July 2, 2010 SERFF no. CAKN-126705328.

The Children's Term Rider form no.: 2010 CHLD TRM RDR and Additional Insured 20 Yr Level Term Rider form no.: 2010 20 YR2 TRM RDR were approved by AR on JuLY 2, 2010. (SERFF no: CAKN-126675997).

The forms are submitted in John Doe fashion. These are new forms and will not replace any previously approved forms.

Company and Contact

Filing Contact Information

Donna Peterson, donnap@cfli.org
1100 W Wells Street 414-278-6509 [Phone]
Milwaukee, WI 53233

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. 6468[Phone]	FEIN Number: 39-0201015	

Filing Fees

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Fee Required?	Yes
Fee Amount:	$200.00
Retaliatory?	No
Fee Explanation:	1 contract, 3 riders at $50 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Knights	$200.00	07/02/2010	37731144

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/01/2010	09/01/2010
Approved-Closed	Linda Bird	07/08/2010	07/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	07/07/2010	07/07/2010	Donna Peterson	07/07/2010	07/07/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Whole Life Insurance	Donna Peterson	08/30/2010	08/30/2010
Supporting Document	Life & Annuity - Acturial Memo	Donna Peterson	08/30/2010	08/30/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Amend filing	Note To Filer	Linda Bird	08/30/2010	08/30/2010
Amend filing	Note To Reviewer	Donna Peterson	08/27/2010	08/27/2010

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Disposition

Disposition Date: 09/01/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has amended the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Regulation 19 Certification		Yes
Form *(revised)*	Whole Life Insurance		Yes
Form	Whole Life Insurance	Replaced	Yes
Form	Juvenile Purchase Option		Yes
Form	Right to Purchase Additional Insurance Rider		Yes
Form	Primary Insured Convertible 20 Yr Term Insurance Rider		Yes

Disposition

Disposition Date: 07/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Regulation 19 Certification		Yes
Form *(revised)*	Whole Life Insurance		Yes
Form	Whole Life Insurance	Replaced	Yes
Form	Juvenile Purchase Option		Yes
Form	Right to Purchase Additional Insurance Rider		Yes
Form	Primary Insured Convertible 20 Yr Term Insurance Rider		Yes

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/07/2010
Submitted Date	07/07/2010
Respond By Date	08/09/2010

Dear Donna Peterson,

This will acknowledge receipt of the captioned filing.

Objection 1
No Objections
Comment: Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/07/2010
Submitted Date	07/07/2010

Dear Linda Bird,

Comments:

Response 1

Comments: Regulation 19 Certification added to supplementary document tab.

Related Objection 1

Comment:

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Regulation 19 Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your help with this filing. Donna

Sincerely,

Donna Peterson

Amendment Letter

Submitted Date: 08/30/2010

Comments:

Dear Ms. Bird:

Thank you for re-opening the file. We made the following change:

We changed the interest rate used in the determination of Nonforfeiture values from 5% to 4%. The change will help us demonstrate compliance with modified endowment rules at younger issue ages as well as prepare us for an extended lower interest rate environment. This is the only change we made.

The change impacted section 7.2 on page 9 first sentence and the Table of Guaranteed Values on page 10 of the contract. We have also included the changed Actuarial Memorandum. Both the contract and the memo have the changes highlighted in yellow for easy recognition. The final approved issued contract will not have yellow highlighting.

We appreciate your help with our filing. Thank you.
Donna

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
2010 WL 2 AR	Policy/Contract/Fraternal Certificate	Whole Life Insurance	Initial				53.000	Whole Life 2 AR amnd vrsn 8-10.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:
AA 2010 20 YR1 TRM RDR AR.pdf
AA 2010 GIO RDR.pdf
AA 2010 JUV PO (Act_Mem).pdf
AA AR WL 2 8-10.pdf

Note To Filer

Created By:

Linda Bird on 08/30/2010 10:18 AM

Last Edited By:

Linda Bird

Submitted On:

08/30/2010 10:18 AM

Subject:

Amend filing

Comments:

Filing has been re-opened.

SERFF Tracking Number:	*CAKN-126706765*	*State:*	*Arkansas*
Filing Company:	*Catholic Knights*	*State Tracking Number:*	*46125*
Company Tracking Number:	*18-710*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance*		
Project Name/Number:	*CNO-18 (ss)/18-710*		

Note To Reviewer

Created By:
Donna Peterson on 08/27/2010 11:04 AM
Last Edited By:
Donna Peterson
Submitted On:
08/27/2010 11:04 AM
Subject:
Amend filing
Comments:
Dear Reviewer:

We would like to reopen and amend this filing. It has not been released to our field force and no products were sold. Amending would allow us to keep the same form number.

We want to change the interest rate used in the determination of Nonforfeiture values from 5% to 4%. This is the only change we are making. It will help us demonstrate compliance with modified endowment rules at younger issue ages as well as prepare us for an extended lower interest rate environment. This is the only change we would like to make.

Thank you for your kind consideration. Donna

Form Schedule

Lead Form Number: 2010 WL 2 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2010 WL 2 AR	Policy/Contract/Fraternal Certificate	Whole Life Insurance	Initial		53.000	Whole Life 2 AR amnd vrsn 8-10.pdf
	2010 JUV PO	Certificate Amendment, Insert Page, Endorsement or Rider	Juvenile Purchase Option	Initial		53.200	Rider JUV PO (Form).pdf
	2010 GIO RDR	Certificate Amendment, Insert Page, Endorsement or Rider	Right to Purchase Additional Insurance Rider	Initial		54.900	Rider GIO RDR (Form).pdf
	2010 20 YR1 TRM RDR	Certificate Amendment, Insert Page, Endorsement or Rider	Primary Insured Convertible 20 Yr Term Insurance Rider	Initial		53.500	Rider 20 YR1 TRM RDR (Form).pdf

[CATHOLIC KNIGHTS]
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
[www.catholicknights.org]

Insured: [John Doe]
Certificate Number: [123456]

WHOLE LIFE INSURANCE
Insurance Payable at Death of Insured
Premiums Payable for Stated Period
Schedule of Benefits and Premiums in Section 1
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and [Catholic Knights]. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

[Catholic Knights] agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of 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 authorized agent through whom you purchased the insurance, or to any [Catholic Knights] authorized agent. 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.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

William R. O'Toole	Allan G. Joyce
President	Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]
ISSUE AGE: [35] **SEX:** [male]

FACE AMOUNT OF INSURANCE: [$100,000]
CERTIFICATE NUMBER: [1234567]

CERTIFICATE DATE: [7/1/2010]

PREMIUM CLASS: [NON-TOBACCO]
[RISK CLASS: TABLE 4]

OWNER: [John D. Doe]

DIVIDEND OPTION [Left on Deposit]

CONTRACT LOAN INTEREST [7%]

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT: 6%

SCHEDULE OF BENEFITS AND PREMIUMS

DESCRIPTION	BENEFIT AMOUNT	ANNUAL PREMIUM	No. Yrs PREMIUM PAYABLE	EXPIRES ON CONTRACT ANNIVERSARY DATE
Whole Life	[$100,000]	[$1,183.00]	[86]	[2096]
GIO Rider	[$25,000]	[$58.75]	[5]	[2015]
20 Yr. Term Rider Primary	[$100,000]	[$177.00]	[20]	[2030]
Juvenile Purchase Rider		No Charge		

TOTAL PREMIUMS

These premiums include the charge for any additional benefits

ANNUAL	SEMIANNUAL	EFT (MONTHLY)
[$1418.00]	[$737.75]	[$118.18]

PREMIUM PAYMENT METHOD: [ANNUAL]

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract until at least two (2) years from the certificate date.

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

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

The telephone number of the AR Department of Insurance is 501-371-2600

SECTION 2. DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this contract. The owner may be someone other than the insured.

WE, **US** and **OUR** means [Catholic Knights], a fraternal benefit society.

AGE means the age of the insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

CONTRACT YEARS, ANNIVERSARIES and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2010, the first year ends August 31, 2011. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

IN FORCE means the insured's life remains insured under the terms of this contract. This contract is in effect.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

A **RIDER** is an attachment to the contract. It provides additional benefits.

TERMINATE means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

WRITTEN A written request or statement signed by you and received in good order by us at our Home Office.

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.

SECTION 3 GENERAL PROVISIONS

3.1 Insurance Proceeds

When the insured dies, an amount of money, called the insurance proceeds, is 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 insurance bought with dividends
- 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
- Any indebtedness

3.2 Payment of Interest on the Insurance Proceeds

a. The insurance proceeds will be paid to the beneficiary within one month after we receive due proof of the insured's death and 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 10 are selected.

b. We will pay interest on the proceeds from the date of death to the date of settlement at the rate paid on the date of death for funds left on deposit with us.

c. Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

(i) The date that due proof of death is received by the society;

(ii) The date the society receives sufficient information to determine it liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

3.3 The Contract

This contract is issued in consideration of:

a. your application;
b. the payment of premiums; and
c. the contract and rider provisions.

The entire contract consists of:

a. this certificate;
b. any additional benefits provided by rider;
c. the attached application;
d. any required medical examination or declaration of insurability; and
e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the [Catholic Knights] is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the termination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

3.4 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 except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contract is delivered or issued for delivery.

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

3.5 Suicide
If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid without interest less any indebtedness.

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

3.7 Maintenance of Legal Reserves
The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to your contract shall either:

a. be paid in cash by you; or
b. be an indebtedness against your contract at a rate of interest of eight percent (8%) per annum; or
c. with owner consent be an equivalent reduction in benefits.

3.8 Termination
The contract will terminate:

a. when we receive written notice to terminate; or
b. when the insured dies; or
c. if any premium due is unpaid at the end of the grace period; or
d. on the expiry date shown in Section 1.

3.9 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 an authorized agent or the home office.

SECTION 4. OWNERSHIP

4.1 The Owner
The owner is named on page 3. The 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.

4.2 Transfer of Ownership
You may transfer the ownership of this contract during the lifetime of the insured. 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 subject to any payments made or actions taken by the society prior to receipt of the transfer.

4.3 Successor Owner
The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death or disability of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

4.4 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.

You must give us notice of an assignment. An assignment, unless otherwise specified by the owner, will be effective on the date signed, subject to any payments made or actions taken by us prior to receipt of such notice.

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 4.2.

SECTION 5. PREMIUMS AND REINSTATEMENT

5.1 Premium Amount

A. PAYMENT The first premium is due and must be paid as of the certificate date. 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 3). If you want a receipt for premium payment, we will provide one upon request.

B. 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.

C. GRACE PERIOD You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds

5.2 Premium Due Date

The due date for the first premium is the certificate date as listed 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.

5.3 Reinstatement

You may reinstate this contract within three years (3) 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 contract upon payment of the overdue premium.

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

a. Provide evidence of insurability satisfactory to us; and
b. Repayment or reinstatement of all indebtedness existing at the end of the Grace period.
c. Payment of all overdue premiums with interest from the due date of each premium. Interest is at a rate of six percent (6%) compounded annually, or any lower rate established by us.

SECTION 6. DIVIDENDS

6.1 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 until at least two years (2) from the certificate date.

6.2 Use of Dividends

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

a. CASH – Payment back to you by check.
b. PAID UP ADDITIONS – To buy more insurance on the insured's life.
c. DEPOSIT ACCOUNT – To be left with us to earn interest at the rate we set from time to time. The rate will not be less than one and one-half percent (1-1/2%)
d. 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 contract premiums must be paid on an annual or semi-annual basis.

Your choice may be made on the application for your contract, or in writing at a later date. If no choice is made, Option c. will be applied.

6.3 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 7 CASH VALUES, REDUCED PAID UP INSURANCE AND EXTENDED TERM INSURANCE

7.1 Guaranteed Values

Guaranteed options are available when values are shown in the Table of Values. The following options shall also be available if you do not pay your premiums by the due date or during the sixty days (60) after the due date.

1. **Cash Surrender -** If you surrender this contract, we will pay you the Net Cash Value. The Net Cash Value is:
   - The Cash Value defined in the Table of Values
     PLUS
   - The amount of any dividends held on deposit
     PLUS
   - The Cash Value of any Paid-Up Additions
     MINUS
   - The amount of any indebtedness

   If this contract has been in force for three full years, during the sixty (60) days after a due date this option is available even if option 2 or 3 below was automatically put in place.

   If you surrender the contract within thirty (30) days of a contract anniversary date, the Net dash Value will not be less than the Net Cash Value as of that contract anniversary date.

   The Paid Up or Extended Term Insurance may be surrendered at any time for the Net single premium of the remaining benefit using the Basis of Values described in Section 7.2

   We may defer the payment of the Net Cash Value for a period not to exceed six months after the request for surrender of the contract, and we will comply with any applicable law concerning the timing of our payment or interest on it.

2. **Reduced Paid Up Insurance** – This Contract may be converted into a paid-up contract providing a reduced amount of insurance commencing on the due date of the premium in default. The amount of insurance will be the amount that the Net Cash Value will purchase when applied as a net single premium at the attained age of the Insured. The paid-up insurance will be payable at the same time and under the same conditions as this contract. Benefits provided by any riders will end. This paid up insurance will be eligible for dividends.

3. Extended Term Insurance – If no other guaranteed option is elected, this contract will automatically become a paid-up term contract. This contract will provide Extended Term Insurance commencing on the due date of the premium in default. The Extended Term Insurance will be for the Face Amount of this contract plus any dividend accumulations or paid up additions, and less any indebtedness. This term insurance will be extended for the number of years and days that the Net Cash Value will purchase when applied as a net single premium at the then attained age of the Insured. At the end of this term period, this contract will terminate.

This contract will no longer be eligible for dividends and the contract loan provisions will no longer apply. Benefits provided by any rider will end.

7.2 Basis of Values

Guaranteed values, present values, net single premiums, and Extended Term Insurance benefits in this contract are based on the Commissioner's 2001 Standard Ordinary Male and Female Ultimate Mortality Tables. Interest is at four percent (4%) per year.

All computations consider that the contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that death benefits are payable immediately upon death.

The commissioner's Reserve Valuation Method is used in the calculation of reserves.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this contract is delivered. The cash surrender values and the paid-up forfeiture benefits available under this contract are equal to or greater than those required by the law of any state in which this contract is delivered.

7.3 Table of Guaranteed Values

The guaranteed values applicable for the contract are shown in the Table of Values for the issue age, sex and premium class for the face amount shown on page 3.

Values shown apply at the end of the contract year. The values of any other time will be determined giving allowance for the part of the year for which the premiums are paid. Values at the end of the contract years not shown will be furnished upon request.

Any indebtedness on this contract will reduce the values shown.

[TABLE OF GUARANTEED VALUES
Male Non-Tobacco Age 35

END OF POLICY YEAR	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	$ 0.00	$ 0	0	0
2	0.00	0	0	0
3	745.00	3,300	5	115
4	1,804.00	7,600	10	149
5	2,899.00	11,700	14	91
6	4,029.00	15,800	16	302
7	5,193.00	19,600	18	276
8	6,390.00	23,300	20	61
9	7,620.00	26,800	21	72
10	8,881.00	30,200	21	361
11	10,174.00	33,500	22	225
12	11,502.00	36,600	23	43
13	12,869.00	39,600	23	179
14	14,281.00	42,600	23	272
15	15,738.00	45,400	23	328
16	17,237.00	48,100	23	356
17	18,774.00	50,700	23	358
18	20,347.00	53,200	23	339
19	21,953.00	55,600	23	300
20	23,585.00	57,900	23	242
Age				
65	41,294.00	75,800	20	122
85	77,160.00	93,800	11	61
100	90,399.00	97,700	6	189
121	100,000.00	100,000]		

SECTION 8 LOANS

8.1 Loan

You can get cash from us by taking a loan. If there is an existing loan, you can increase it. You may obtain a loan from us with this Contract as sole security if:

a. You give Written Notice; and
b. The loan does not increase indebtedness to more than the Cash Surrender Value plus the cash value of any paid up additions.

We have the right to defer making a cash loan for up to six months from the date the loan is requested, except when the request is made to pay premiums on any contract with us.

8.2 Automatic Premium Loan

A premium which remains unpaid at the end of a grace period will be paid with an automatic contract loan if:

a. You ask us to do so in the application for your contract, or in writing while no premium is due and unpaid; and,
b. Your contract has enough cash value to pay the premium.

You may elect or revoke the premium loan provision by written request.

8.3 Loan Interest

The loan interest rate charged will not exceed the greater of (1) and (2), where:

1. is the Interest Rate shown in the Contract Specifications plus 1% per annum; and

2. is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Contract Anniversary falls. If the maximum is at least one-half of one percent smaller than the rate we have set for the previous contract year, we will reduce the rate to a rate no more than that maximum. If the maximum is at least one-half one percent greater than the rate we have set for the previous contract year, we will increase the rate to a rate no more than that maximum. Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is pushed by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average established by applicable regulation.

Interest will accrue daily on loans. Accrued interest may be paid at any time at the equivalent effective rate. In the event you do not pay the loan interest charged in any contract year, it will be borrowed against the contract and added to the contract indebtedness and bear interest at the same rate.

When a loan is made, we will inform you of the rate and if any rate increase is to be made within 40 days. We will mail a notice to you and any assignee recorded at the Home Office at least 30 days before we make any rate increase which will apply to an existing loan.

8.4 Indebtedness
Indebtedness consists of all unpaid loans and accrued interest. Indebtedness may be repaid at any time. Any indebtedness will be deducted form the contract proceeds.

If indebtedness equals or exceeds the cash value, the contract will terminate. We will mail notice to you at least 31 days before termination. We will also mail notice to any assignee on our records. You can prevent termination by making sufficient repayment of the loan.

SECTION 9 BENEFICIARY

9.1 Designated Beneficiary
The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies.
The beneficiary:

a. will receive the proceeds when the insured dies;
b. is named in the application for this contract; and
c. may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

a. The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
b. If no beneficiary survives the insured, the proceeds will be paid in one sum to the owner, if living. If the owner is not living, the proceeds will be paid to the owner's estate.

9.2 Change of Beneficiary
The owner may change the beneficiary designation:

a. while the insured is alive; and
b. if the prior designation does not prohibit such a change; and
c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. 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 have the right to require that you send us this contract so we can record the change.

SECTION 10. PAYMENT OF INSURANCE PROCEEDS

10.1 Optional Payment Plans
At the time of their commencement, any benefits provided under this contract will not be less than those provided by the application of the Cash Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

If no optional payment plan is selected, any benefits provided by this contract will be paid in cash.
The optional payout plans available to the Beneficiary 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 one and one-half percent (1.5%) 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.

10.2 Minimum Payment Guarantee

1. The amount of the periodic payment in Section 11.1 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 one and one-half percent (1.5%). 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 11.5 show the minimum guaranteed payments for each plan in Section 10.1 under paragraphs B, C and D respectively under certain stated assumptions.

10.3 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.

10.4 Frequency of Payments

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

10.5 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 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) 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	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE

	No Certain Period				Certain Periods	
					10 Year	20 Year
Payee's Age	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

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

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

WHOLE LIFE INSURANCE
Insurance Payable at Death of Insured
Premiums Payable for Stated Period
Schedule of Benefits and Premiums in Section 1
Participating

[ ]
[ ]
[ ]
[ ]
[ ]

1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
[www.catholicknights.org]

[CATHOLIC KNIGHTS]
JUVENILE PURCHASE OPTION RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Insurability Benefit
We will allow an increase in insurance without evidence of insurability under the following conditions:

1. We receive a written application within the sixty (60) days prior to the option date;
2. We receive the full first premium for the increased insurance not later than the option date; and
3. The insured is alive on the option date.

Any insured shall be entitled to one option regardless of the number of Riders held.

Increased Insurance
The increased insurance will be limited to:

1. Insurance on the same person insured under this Contract as shown on the Specifications Page.
2. Permanent life insurance.
3. An amount not greater than $50,000 and not less than the minimum required for a new contract.

The mortality classification will be the same as under this Contract.
The premium will be based upon the insured's age 23.
The increased insurance will become effective on the option date.

The period referred to in the "incontestability" paragraph of any new Contract will be measured from the issue date of this Rider.

Option Date
The option date shall be the Contract anniversary immediately following the insured's twenty-third (23rd) birthday. If you do not apply for a new contract the option will expire on the option date. If the Insured dies before the option date, any additional life insurance applied for will not take effect. Any premium paid or monthly deduction taken for such insurance will be refunded.

Premium
There is no premium for this Rider.

Cash Values
This Rider does not provide for any cash value or loan values.

Waiver of Premium
If the Contract to which this Rider is attached has a waiver-of-premium benefit, a waiver of premium rider may be purchased in respect to the increased insurance, to apply only to disabilities which occur on or after the option date.

Riders
Riders will be issued with the new contract only with our consent

Expiration of the Option
The option shall expire on the earliest of:

1. The expiry date shown the Specifications Page;
2. Nonpayment of a premium when due or within the grace period therefore;
3. Surrender or other termination of the Contract;
4. The date when either extended insurance or paid-up insurance becomes effective under the Contract;
5. The end of the option date if the conditions required herein for increased insurance have not been met.

If this Contract is reinstated prior to expiry date, this Rider will likewise be reinstated.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

William R. O'Toole
President

Allan G. Joyce

Secretary

[CATHOLIC KNIGHTS]
RIGHT TO PURCHASE ADDITIONAL INSURANCE RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Insurability Benefit
We will issue a new insurance contract without evidence of insurability under the following conditions:

1. We receive a written application within the 60 days prior to an option date;
2. Payment of the full first premium for the new contract is received not later than the option date;
3. The insured is alive on the option date; and
4. Evidence of marriage, birth, or adoption if an alternate option date is being used.

New Contract
The new contract will be limited to:
1. Insurance on the same person insured under the contract as shown on the Specifications Page.
2. Any plan of permanent life insurance being issued on the option date. 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. An amount not greater than the option amount shown on the Specifications Page, except that the amount of new insurance available on an alternate option date shall be the option amount multiplied by the number of births or adoptions.

The mortality classification will be the same as under this contract.
The premium will be based upon the insured's age on the option date.
The new contract will become effective on the option date.
The period referred to in the "Incontestability" paragraph of any new contract will be measured from the effective date of this Rider.
Any riders added to the new contract are subject to our approval and may require evidence of insurability.

Premium
The premium for this Rider is shown on the Specifications Page. If the contract to which this Rider is attached is a Universal Life contract, the Monthly Deduction will be the Monthly Death Benefit Guarantee Premium shown on the Specifications Page.

Standard Option Dates
The standard option dates shall be the insured's 25th, 28th, 31st, 34th, 37th, and 40th birthdays.

If you do not apply for a new contract the option will expire on the option date.

Alternate Option Dates
The next Standard Option date may be used as an alternate option date. The alternate option dates shall be dates 90 days after:

1. The legal marriage of the insured.
2. Each birth of a living child of the insured while the insured is alive.
3. Legal adoption of each child by the insured.

Future standard option dates will be reduced by one for each option amount used as a result of multiple births or adoptions.

Alternate option dates shall expire if not used.

Cash Values
This Rider does not provide for any cash value or loan values.

Interim Term Insurance
We will automatically provide term insurance on the life of the insured beginning on the day of marriage, birth or legal adoption. The term insurance shall expire on the day preceding such alternate option date.

The term insurance provided will be equal to the maximum amount that could be purchased on the alternate option date.

Disability
We will waive the payment of premiums on the new policies if the premiums are being waived for the policy to which this rider is attached. Premiums will be waived during the continuance of disability only.

Miscellaneous
An underwriting savings allowance will be made in connection with the purchase of each new policy under this rider. This allowance will be $1 for each $1,000 of face amount of the new policy. It will be applied as a credit against the premium or premiums for the first policy year for the new policy.

In no event will the total number of option dates or option amounts exceed six.

If the insured dies before an option date, any additional life insurance applied for will not take effect and any premium paid or monthly deduction taken for such insurance will be refunded.

Termination of Agreement
This Rider and all insurance provided herein shall terminate automatically:

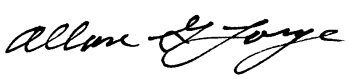
1. Upon the Expiry Date shown on the Specifications Page.
2. Upon the day following the insured's 40th birthday.
3. Upon nonpayment of a premium when due or within the grace period therefor.
4. Upon surrender or other termination of the policy, or
5. Upon the date when either extended insurance or paid-up insurance becomes effective under the policy.

Upon written request and return of the policy for proper endorsement, this rider may be terminated as of any policy anniversary, and in such event, subsequent premiums shall be reduced accordingly.

If the policy is reinstated prior to expiry date this rider will likewise be reinstated.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

President



Secretary

[CATHOLIC KNIGHTS]
PRIMARY INSURED
CONVERTIBLE 20 YEAR TERM INSURANCE RIDER

This Rider shall become a part of the Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

Definitions

"Contract" means the life Contract to which this Rider is attached.

"Insured" means the Insured under the Contract. This is the Primary Insured for this Rider in the Contract application.

"Beneficiary" of this Rider means the Beneficiary of the Contract.

We, Us, and **OUR** means [Catholic Knights], a fraternal benefit society.

You and **YOUR** means the owner of the Contract. The owner is shown in Section 1 unless otherwise changed as provided in the Contract.

Insurance Benefit Amount

If the Insured dies while this Rider is in force, we will pay the Beneficiary the Rider Benefit Amount shown on the Specifications Page.

Provisions

This Rider is subject to all the terms of the Contract except guaranteed values and Contract loans. For this Rider, the term Contract Date for the Incontestability and the Suicide provisions mean the date coverage begins under this Rider.

Cash Values

This Rider does not provide for any cash value or loan values. No Contract loan on the Contract will be deducted from any settlement under this rider.

Premium Amount

During the Term Period the annual premium amount will be as shown on the Specifications Page.

Term Period

The Term Period is 20 years. It expires on the Benefit Expiry Date shown on the Specifications Page.

CONVERSION OF THIS RIDER

Requirements

You may convert this Rider to a new Contract at any time prior to the 18th anniversary date of the Rider. We will not require evidence of insurability.

You must make written application for the conversion. The full first premium for the new Contract is required. The original Contract must be returned for proper endorsement. Coverage under this Rider will terminate on the date of conversion.

New Contract

The new Contract will be limited to:

1. Insurance on the same person as the Insured.
2. Any plan of permanent life insurance being issued by us at the time of conversion. 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 amount of insurance under this rider at the date of conversion.

For the new Contract the term “Contract Date” in the Incontestability and the Suicide provisions shall mean the date coverage began under this Rider.

The premium will be based upon the Insured’s age at the time of the conversion. The underwriting class will be the same as under this Rider.

If the Contract to which this rider is attached contains a Waiver of Premium Rider, then prior to disability, the new contract may include this benefit without providing evidence of insurability.

If the premiums for this rider are being waived on the 20th anniversary of the rider, this rider will automatically be converted to a Permanent plan selected by Us, with the Waiver of Premium benefit. Premiums will be waived during the continuance of disability only.

Additional riders will be issued with the new Contract only with our consent.

TERMINATION OF AGREEMENT

This rider and all the insurance provided herein shall terminate automatically:

1. Upon the expiry date shown on the Specifications Page;
2. Upon nonpayment of a premium when due or within the grace period for that premium;
3. Upon surrender or other termination of the Contract;
4. Upon the date when either extended insurance or paid-up insurance becomes effective under the Contract; or

5. Upon your written request.

Reinstatement
If the Contract is reinstated prior to the expiry date, this Rider will also be reinstated. However, after 29 days after the end of the grace period, reinstatement of this rider is subject to:

1. Evidence of insurability satisfactory to us and
2. Payment of all the overdue premiums with interest from the due date of each premium. The interest rate will be no more than six percent (6%) compounded annually.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

William R. O'Toole

President

Allan G. Joyce

Secretary

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch Cert AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Attachments:

2010 LF App.pdf

2010 LF App2.pdf

Item Status: **Status Date:**

Satisfied - Item: Regulation 19 Certification

Comments:

Attachment:

Reg 19 CERT AR signd.pdf

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Catholic Knights

This is to certify that the form 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.

Form Number	Score
2010 WL 2 AR	53.0
2010 JUV PO	53.2
2010 GIO RDR	54.9
2010 20 YR1 TRM RDR	53.5

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
June 28, 2010

Application for Membership and Insurance to:

[Catholic Knights]
1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547

☐ New Business ☐ New Member
☐ Conversion from Certificate No: _____ ☐ Changes to Certificate No: _____

A. MEMBERSHIP

Proposed Primary Insured

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____ State of Birth _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
Where can you be reached for additional information? _____
Best Days: M T W TH F Best times _____ ☐ a.m. ☐ p.m.
Are you a US Citizen, or do you have permanent residence status?
☐ Yes - Proof of Identity _____
☐ No - If not a U.S. citizen, provide 1-151 *(green card)* number _____ No. of years in US _____
Driver's License: _____ State _____
Previous Name/s: _____
Occupation: _____ Employer _____ Income _____
Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish _____
If no, do you otherwise qualify for membership? Explain _____

Owner (*Must complete section if Owner is not the Insured)*

☐Individual Relationship to proposed insured _____
☐ Male ☐ Female SS/ITIN No: _____ DOB _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
☐ Trust Contact person _____ Tax ID No. _____
Phone _____ Email _____

Successor Owner

☐ Male ☐ Female SS/ITIN No _____ DOB: _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

Payor *(complete if Payor is other than insured or Owner)*

Relationship to owner and insured _____
SS/ITIN No: _____ DOB _____
Name: _____
First Middle Initial Last
Address: _____ _____ _____ _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

POLICY DATE	POLICY NUMBER

Additional Proposed Insured

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____ State of Birth _____

Name: _____

First Middle Initial Last

Address: _____ _____ _____ _____

Street City State Zip

Home phone: _____ Work/cell phone: _____ Email: _____

Where can you be reached for additional information? _____

Best Days: M T W TH F Best times _____ ☐ a.m. ☐ p.m.

Are you a US Citizen, or do you have permanent residence status?

☐ Yes - Proof of Identity _____

☐ No - If not a U.S. citizen, provide 1-151 *(green card)* number _____ No. of years in US _____

Driver's License: _____ State _____

Previous Name/s: _____

Occupation: _____ Employer _____ Income _____

Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish _____

If no, do you otherwise qualify for membership? Explain _____

Children's Information *(List additional children in Remarks)*

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age ____

Name: _____ HT _____ WT _____

First Middle Initial Last

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

If yes; child's name _____ Reason _____

Beneficiary *(List additional beneficiaries in Remarks)*

☐ **INDIVIDUAL** ☐ **ESTATE** ☐ **TRUST** ☐ **GIFT to PARISH or OTHER CHARITY**

Primary: Full Name Relationship Social Security/Tax ID No

_____

_____

_____

Contingent: Full Name Relationship Social Security/Tax ID No

_____

_____

_____

Parish/Charity Name _____ Amount or Percent _____

☐ Custodian for minors: Name _____ DOB _____ SS/ITIN/TAX No _____

☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

B. COVERAGE

Plan Of Insurance; _____

Face Amount $_____ ☐ Single Premium _____

Amount remitted with this application in Exchange for the Society's receipt $_____

(See Receipt and Conditional Life Insurance Agreement)

Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT _____ *(day)*

Dividend Option: ☐ Cash ☐ Paid Up Life Additions ☐ Interest ☐ Reduced Premium

Automatic Loan ☐ Yes ☐ No

(UL only) Option ☐ #1 Level ☐ #2 Increasing

UL planned premium $ _____

☐ Layer/Additions to UL Amount _____ =

POLICY DATE	POLICY NUMBER

Riders

☐ Accidental Death Benefit ☐ Waiver of Premium
☐Guaranteed Insurability Option ☐ Paid Up Addition
☐ Term Rider (Primary Insured) $_____
☐ Term Rider (Additional Insured) $_____
☐ Children's Term Rider $_____

Premium Class

Primary	☐ Tobacco	☐ Select Tobacco	☐ Non-Tobacco	☐ Select	☐ Select Plus
Additional Insured Primary	☐ Tobacco	☐ Select Tobacco	☐ Non-Tobacco	☐ Select	☐ Select Plus

We will issue the policy in the Premium Class for which the Proposed Insured qualifies

C. REPLACEMENT/SUITABILITY

1. Does any proposed insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group) ☐ Yes ☐ No
2. Does any proposed insured intend to replace, discontinue or change any such coverage? ☐ Yes ☐ No

If YES to 1 or 2 provide the following information, and complete and return any required replacement forms

Insured Name	Policy No:	Amount	Company

D. PRELIMINARY DECLARATION OF INSURABILITY

Primary Height _____ Weight _____

1 Has the Proposed Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Proposed Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Proposed Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

Additional Proposed Insured: Height _____ Weight _____

1 Has the Additional Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Additional Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Additional Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

E. REMARKS

_____
_____
_____
_____
_____

F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION

I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the Proposed Insured; and a policy has been issued: and the full first premium has been received by the Society; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

I (we) have received the notification about the Federal Fair Credit Reporting act and the Medical Information Bureau.

I AUTHORIZE the following to release information about me to Catholic Knights or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, a consumer reporting agency, and/or employers.

POLICY DATE	POLICY NUMBER

F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION (Continued)

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by Catholic Knights. I authorize them to collect and transmit such information I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully required, or as I further authorize.

I KNOW that I, or my authorized representative, may request a copy of this Authorization. I AGREE that a photographic or faxed copy of this Authorization shall be as valid as the original. I ACKNOWLEDGE that I received the "Notice to Applicant" form. I AGREE this Authorization shall be valid for two years from the date shown below.

G. AGREEMENT (check one)

☐ Catholic Knights conditional coverage receipt was given for this life insurance plan. I acknowledge that I have read the receipt provided and understand its terms, conditions and limitations. I understand that I will not receive any insurance coverage for my money unless a policy is issued as applied for.

☐ No conditional coverage receipt was given for this insurance plan. I acknowledge that I have not paid nay premium for this insurance. I understand that this insurance is not in effect and that the first premium must be paid upon delivery of the policy.

I hereby apply for insurance in the amount on the plan and at the rate stated in this application. I agree that the entire contract consists of this application for life insurance and all supplemental application forms required for the contract or change applied for the policy, the statement of insurability, and medical examination statements, the Articles of Incorporation and By-Laws of the Society.

IT IS AGREED:

1) I have read the application and all statements in this application are to the best of my knowledge and belief true, complete and correctly recorded.
2) No Representative of the Society has the authority to waive any question contained in the application or to modify the application in any way.
3) No Representative is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.
4) No information acquired by any agent shall bind the Society unless set out in writing in this application.
5) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered, accepted by the owner and the first payment made. This must occur during the lifetime and insurability of the applicant under this contract and the health of all persons to be insured remains as stated in the application.
6) The contract applied for shall take effect on the later of the date requested by the applicant, or the approval date of the application from the Society at the Home Office.
7) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the Society. We do not make changes in the plan of insurance or payment without your written consent.
8) Except as provided in the Conditional Temporary Life Insurance Agreement Receipt, issued if the first premium for the contract applied for is paid, no insurance will take effect unless and until
   a. A contract of insurance is issued and delivered
   b. The first full premium is paid during the life time of the person to be covered; and
   c. The health of all persons to be insured remains as stated in this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated at _____ on _____
City State Month Day Year

_____ _____
Signature of Proposed Insured Signature of Proposed Additional Insured

_____ _____
Signature of Parent/Guardian for Minor Signature of Owner (if other than insured)

_____
Signature of Agent Agent No. Split Advisor No._____ Percentage _____

POLICY DATE	POLICY NUMBER

CATHOLIC KNIGHTS
Catholic values in action

PART II SUPPLEMENTARY
Application for Membership and Insurance to:
[Catholic Knights]
1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547

Full Legal Name _____ Date of Birth _____

Social Security Number _____ Policy Number _____

Interviewer _____ Date of Interview _____

PROPOSED INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE EXPLAINED AND REFERENCED IN REMARKS.

Has or does the person proposed for this insurance coverage:	Yes	No
1) Ever engaged in or expect to engage within the next two years any of the following:		
a. Aviation activities as a pilot or crew member?	☐	☐
b. Skin or Scuba Diving; organized motor vehicle or motor boat racing; mountain climbing; professional rodeo competition; skydiving; parachuting, hang-gliding?	☐	☐
2) Are you or do you intend to become a member of the Armed Forces (including Reserves or National Guard)?	☐	☐
3) a. Drink alcoholic beverages? If yes, how much per week? _____ (one drink = 12 oz. beer, 4 oz. wine, or 1 oz. hard liquor) Amount _____	☐	☐
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?	☐	☐
c. Ever had or been advised by a physician, practitioner, or court of law to have treatment for alcohol, drug, or substance abuse?	☐	☐
4) a. Had insurance or reinstatement refused, postponed, limited, offered, or quoted on a rated or substandard basis?	☐	☐
b. Will this insurance replace or change any existing life insurance or annuity contract?	☐	☐
c. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?	☐	☐
d. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home.	☐	☐
5) Ever been cited for driving while intoxicated (DWI), or driving under the influence (DUI)?	☐	☐
a. Ever been cited for any other driving violation in the past 3 years?	☐	☐
6) Ever been convicted in a court of law for any reason?	☐	☐
7) a. Have you traveled outside the United States within the past 2 years or intend to travel outside the United States within the next 2 years?	☐	☐
b. Have you lived outside of the United States within the past 2 years or intend to live outside the Untied States within the next 2 years?	☐	☐
8) 8) Do you now use or have you ever used tobacco or nicotine in any form? If yes, indicate the type of tobacco used: ☐cigarettes ☐ pipe ☐ cigar ☐ chewing tobacco ☐ other If applicable, the date you stopped._____	☐	☐
9) a. Have a history in parents, brothers or sisters of mental illness, diabetes, heart, kidney or liver disease, high blood pressure, stroke or cancer? If yes, name persons(s), relationship(s), ages(s), conditions (s), and age when disease began in remarks section.	☐	☐
b. Give name, cause and age at death of father, mother, brother(s), sister(s) if deceased: _____ _____		
10) Full name and complete address of personal physician; the date, reason last seen and diagnosis: _____ _____		
11) Have you declared bankruptcy in the last 7 years or had any suits, judgments or liens against you? If yes, discharged date: _____	☐	☐

COMPLETION OF QUESTIONS 12-19 IS REQUIRED IN ALL CASES. ANY "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Has or does the person proposed for insurance coverage:	Yes	No
12) Ever been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:		
a. Respiratory (lungs, bronchi, trachea, etc.) such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?	☐	☐
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?	☐	☐
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?	☐	☐
d. Nervous (brain, nerves, etc.) such as, but not limited to, paralysis, stroke, fainting, dizziness, epilepsy, convulsions, recurring headaches?	☐	☐
e. Musculo-skeletal (muscles, bones, joints, spine, etc.) such as, but not limited to, neck/back problems, fracture, arthritis?	☐	☐
f. Genito-urinary (kidney, bladder, reproductive organs, etc.) such as, but not limited to, kidney stones, infection, bleeding, male or female disorders?	☐	☐
g. Glandular (thyroid, pancreas, adrenal, lymph glands, etc.) such as, but not limited to, abnormal growth or function, including diabetes?	☐	☐
13) Been diagnosed or treated by a member of the medical profession for:		
a. impaired sight, or eye disorder	☐	☐
b. impaired hearing, or ear disorder	☐	☐
c. hernia	☐	☐
d. skin disease	☐	☐
e. any sexually transmitted disorders or diseases	☐	☐
14) Been diagnosed or treated by a member of the medical profession for any mental, nervous, psychological, or emotional condition or disorder, such as, but not limited to, anxiety, depression, or nervous breakdown?	☐	☐
15) Now have or ever been diagnosed or treated for cancer, tumor, cyst, or growth?	☐	☐
16) Gained or lost more than 10 pounds in the past year? Amount: _____ Cause: _____	☐	☐
17) Within the past 5 years: (Refer to disclaimer concerning AIDS test results at top of page)		
a. Had any other impairment, sickness, injury, surgery not described above or any diagnostic test such as x-ray, EKG, lab tests?	☐	☐
b. Had a physical examination? If yes, list the reason for and results below.	☐	☐
c. Been advised to have or do the following which was not completed 1) any diagnostic test; 2) surgery; 3) hospitalization?	☐	☐
d. Been on, or now on, prescribed diet or medication? List description of medication or diet, date prescribed and name and address of prescriber in remarks	☐	☐
e. Currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? List description of non-prescribed medications in remarks.	☐	☐
18) Been diagnosed or treated by a member of the medical profession the past 10 years for complications of pregnancy (such as C-section) or now pregnant?	☐	☐
19) a. Been treated or diagnosed by a member of the medical profession as having any disorder of the blood or immune system, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Or Human Immunodeficiency Virus (HIV)?	☐	☐
b. Ever been treated by a member of the medical profession as having the AIDS (TTLV-III) Virus or tested positive to FDA licensed blood tests?	☐	☐

Remarks:

For all yes answers list question number and give full details, including name; address, and telephone number of the medical professional or facility providing treatment; diagnosis, dates of diagnoses, consultations, tests and treatments:

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be attached to and made a part of the insurance issued upon it, and will be used to determine if coverage will be issued.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured

Date

Signature of Owner/Applicant, if other than Proposed Insured

Signed at (City, State)

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

Company Name: Catholic Knights

Form Titles:	**Form Numbers:**
WHOLE LIFE INSURANCE	2010 WL 2

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

Daniel H. Strasburg, FSA, MAAA
Vice President and Chief Actuary
July 7, 2010

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/02/2010	Form	Whole Life Insurance	08/30/2010	Whole Life 2 AR fld vrsn 6-28.pdf (Superceded)

[CATHOLIC KNIGHTS]
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
[www.catholicknights.org]

Insured: [John Doe]
Certificate Number: [123456]

WHOLE LIFE INSURANCE
Insurance Payable at Death of Insured
Premiums Payable for Stated Period
Schedule of Benefits and Premiums in Section 1
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and [Catholic Knights]. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

[Catholic Knights] agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of 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 authorized agent through whom you purchased the insurance, or to any [Catholic Knights] authorized agent. 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.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

William R. O'Toole	Allan G. Joyce
President	Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]
ISSUE AGE: [35] **SEX:** [male]

FACE AMOUNT OF INSURANCE: [$100,000]
CERTIFICATE NUMBER: [1234567]

CERTIFICATE DATE: [7/1/2010]

PREMIUM CLASS: [NON-TOBACCO]
[RISK CLASS: TABLE 4]

OWNER: [John D. Doe]

DIVIDEND OPTION [Left on Deposit]

CONTRACT LOAN INTEREST [7%]

EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT: 6%

SCHEDULE OF BENEFITS AND PREMIUMS

DESCRIPTION	BENEFIT AMOUNT	ANNUAL PREMIUM	No. Yrs PREMIUM PAYABLE	EXPIRES ON CONTRACT ANNIVERSARY DATE
Whole Life	[$100,000]	[$1,183.00]	[86]	[2096]
GIO Rider	[$25,000]	[$58.75]	[5]	[2015]
20 Yr. Term Rider Primary	[$100,000]	[$177.00]	[20]	[2030]
Juvenile Purchase Rider		No Charge		

TOTAL PREMIUMS

These premiums include the charge for any additional benefits

ANNUAL	SEMIANNUAL	EFT (MONTHLY)
[$1418.00]	[$737.75]	[$118.18]

PREMIUM PAYMENT METHOD: [ANNUAL]

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract until at least two (2) years from the certificate date.

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

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

The telephone number of the AR Department of Insurance is 501-371-2600

SECTION 2. DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this contract. The owner may be someone other than the insured.

WE, **US** and **OUR** means [Catholic Knights], a fraternal benefit society.

AGE means the age of the insured on his or her last birthday.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

CONTRACT YEARS, ANNIVERSARIES and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2010, the first year ends August 31, 2011. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

IN FORCE means the insured's life remains insured under the terms of this contract. This contract is in effect.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

A **RIDER** is an attachment to the contract. It provides additional benefits.

TERMINATE means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

WRITTEN A written request or statement signed by you and received in good order by us at our Home Office.

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.

SECTION 3 GENERAL PROVISIONS

3.1 Insurance Proceeds

When the insured dies, an amount of money, called the insurance proceeds, is 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 insurance bought with dividends
- 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
- Any indebtedness

3.2 Payment of Interest on the Insurance Proceeds

a. The insurance proceeds will be paid to the beneficiary within one month after we receive due proof of the insured's death and 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 10 are selected.

b. We will pay interest on the proceeds from the date of death to the date of settlement at the rate paid on the date of death for funds left on deposit with us.

c. Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

(i) The date that due proof of death is received by the society;

(ii) The date the society receives sufficient information to determine it liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

3.3 The Contract

This contract is issued in consideration of:

a. your application;
b. the payment of premiums; and
c. the contract and rider provisions.

The entire contract consists of:

a. this certificate;
b. any additional benefits provided by rider;
c. the attached application;
d. any required medical examination or declaration of insurability; and
e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the [Catholic Knights] is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the termination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

3.4 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 except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contract is delivered or issued for delivery.

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

3.5 Suicide
If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid without interest less any indebtedness.

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

3.7 Maintenance of Legal Reserves
The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding policies. The amount thus apportioned to your contract shall either:

a. be paid in cash by you; or
b. be an indebtedness against your contract at a rate of interest of eight percent (8%) per annum; or
c. with owner consent be an equivalent reduction in benefits.

3.8 Termination
The contract will terminate:

a. when we receive written notice to terminate; or
b. when the insured dies; or
c. if any premium due is unpaid at the end of the grace period; or
d. on the expiry date shown in Section 1.

3.9 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 an authorized agent or the home office.

SECTION 4. OWNERSHIP

4.1 The Owner
The owner is named on page 3. The 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.

4.2 Transfer of Ownership
You may transfer the ownership of this contract during the lifetime of the insured. 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 subject to any payments made or actions taken by the society prior to receipt of the transfer.

4.3 Successor Owner
The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death or disability of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

4.4 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.

You must give us notice of an assignment. An assignment, unless otherwise specified by the owner, will be effective on the date signed, subject to any payments made or actions taken by us prior to receipt of such notice.

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 4.2.

SECTION 5. PREMIUMS AND REINSTATEMENT

5.1 Premium Amount

A. PAYMENT The first premium is due and must be paid as of the certificate date. 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 3). If you want a receipt for premium payment, we will provide one upon request.

B. 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.

C. GRACE PERIOD You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds

5.2 Premium Due Date

The due date for the first premium is the certificate date as listed 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.

5.3 Reinstatement

You may reinstate this contract within three years (3) 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 contract upon payment of the overdue premium.

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

a. Provide evidence of insurability satisfactory to us; and
b. Repayment or reinstatement of all indebtedness existing at the end of the Grace period.
c. Payment of all overdue premiums with interest from the due date of each premium. Interest is at a rate of six percent (6%) compounded annually, or any lower rate established by us.

SECTION 6. DIVIDENDS

6.1 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 until at least two years (2) from the certificate date.

6.2 Use of Dividends

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

a. CASH – Payment back to you by check.
b. PAID UP ADDITIONS – To buy more insurance on the insured's life.
c. DEPOSIT ACCOUNT – To be left with us to earn interest at the rate we set from time to time. The rate will not be less than one and one-half percent (1-1/2%)
d. 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 contract premiums must be paid on an annual or semi-annual basis.

Your choice may be made on the application for your contract, or in writing at a later date. If no choice is made, Option c. will be applied.

6.3 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 7 CASH VALUES, REDUCED PAID UP INSURANCE AND EXTENDED TERM INSURANCE

7.1 Guaranteed Values

Guaranteed options are available when values are shown in the Table of Values. The following options shall also be available if you do not pay your premiums by the due date or during the sixty days (60) after the due date.

1. **Cash Surrender -** If you surrender this contract, we will pay you the Net Cash Value. The Net Cash Value is:
   - The Cash Value defined in the Table of Values
     PLUS
   - The amount of any dividends held on deposit
     PLUS
   - The Cash Value of any Paid-Up Additions
     MINUS
   - The amount of any indebtedness

   If this contract has been in force for three full years, during the sixty (60) days after a due date this option is available even if option 2 or 3 below was automatically put in place.

   If you surrender the contract within thirty (30) days of a contract anniversary date, the Net dash Value will not be less than the Net Cash Value as of that contract anniversary date.

   The Paid Up or Extended Term Insurance may be surrendered at any time for the Net single premium of the remaining benefit using the Basis of Values described in Section 7.2

   We may defer the payment of the Net Cash Value for a period not to exceed six months after the request for surrender of the contract, and we will comply with any applicable law concerning the timing of our payment or interest on it.

2. **Reduced Paid Up Insurance** – This Contract may be converted into a paid-up contract providing a reduced amount of insurance commencing on the due date of the premium in default. The amount of insurance will be the amount that the Net Cash Value will purchase when applied as a net single premium at the attained age of the Insured. The paid-up insurance will be payable at the same time and under the same conditions as this contract. Benefits provided by any riders will end. This paid up insurance will be eligible for dividends.

3. Extended Term Insurance – If no other guaranteed option is elected, this contract will automatically become a paid-up term contract. This contract will provide Extended Term Insurance commencing on the due date of the premium in default. The Extended Term Insurance will be for the Face Amount of this contract plus any dividend accumulations or paid up additions, and less any indebtedness. This term insurance will be extended for the number of years and days that the Net Cash Value will purchase when applied as a net single premium at the then attained age of the Insured. At the end of this term period, this contract will terminate.

This contract will no longer be eligible for dividends and the contract loan provisions will no longer apply. Benefits provided by any rider will end.

7.2 Basis of Values

Guaranteed values, present values, net single premiums, and Extended Term Insurance benefits in this contract are based on the Commissioner's 2001 Standard Ordinary Male and Female Ultimate Mortality Tables. Interest is at five percent (5%) per year.

All computations consider that the contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that death benefits are payable immediately upon death.

The commissioner's Reserve Valuation Method is used in the calculation of reserves.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this contract is delivered. The cash surrender values and the paid-up forfeiture benefits available under this contract are equal to or greater than those required by the law of any state in which this contract is delivered.

7.3 Table of Guaranteed Values

The guaranteed values applicable for the contract are shown in the Table of Values for the issue age, sex and premium class for the face amount shown on page 3.

Values shown apply at the end of the contract year. The values of any other time will be determined giving allowance for the part of the year for which the premiums are paid. Values at the end of the contract years not shown will be furnished upon request.

Any indebtedness on this contract will reduce the values shown.

[TABLE OF GUARANTEED VALUES
Male Non-Tobacco Age 35

END OF POLICY YEAR	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	$ 0.00	$ 0	0	0
2	0.00	0	0	0
3	410.00	2,500	3	40
4	1,283.00	7,400	8	43
5	2,194.00	12,000	12	21
6	3,140.00	16,500	14	360
7	4,122.00	20,700	17	41
8	5,139.00	24,800	18	279
9	6,191.00	28,600	19	362
10	7,277.00	32,300	20	334
11	8,399.00	35,800	21	239
12	9,557.00	39,100	22	95
13	10,760.00	42,300	22	270
14	12,012.00	45,300	23	36
15	13,314.00	48,300	23	122
16	14,663.00	51,100	23	177
17	16,057.00	53,700	23	205
18	17,493.00	56,300	23	209
19	18,968.00	58,700	23	191
20	20,478.00	61,000	23	153
Age				
65	37,420.00	78,400	20	145
85	74,538.00	94,700	11	138
100	89,098.00	98,100	6	244
121	100,000.00	100,000**]**		

SECTION 8 LOANS

8.1 Loan
You can get cash from us by taking a loan. If there is an existing loan, you can increase it. You may obtain a loan from us with this Contract as sole security if:

a. You give Written Notice; and
b. The loan does not increase indebtedness to more than the Cash Surrender Value plus the cash value of any paid up additions.

We have the right to defer making a cash loan for up to six months from the date the loan is requested, except when the request is made to pay premiums on any contract with us.

8.2 Automatic Premium Loan
A premium which remains unpaid at the end of a grace period will be paid with an automatic contract loan if:

a. You ask us to do so in the application for your contract, or in writing while no premium is due and unpaid; and,
b. Your contract has enough cash value to pay the premium.

You may elect or revoke the premium loan provision by written request.

8.3 Loan Interest
The loan interest rate charged will not exceed the greater of (1) and (2), where:

1. is the Interest Rate shown in the Contract Specifications plus 1% per annum; and
2. is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Contract Anniversary falls. If the maximum is at least one-half of one percent smaller than the rate we have set for the previous contract year, we will reduce the rate to a rate

no more than that maximum. If the maximum is at least one-half one percent greater than the rate we have set for the previous contract year, we will increase the rate to a rate no more than that maximum. Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is pushed by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average established by applicable regulation.

Interest will accrue daily on loans. Accrued interest may be paid at any time at the equivalent effective rate. In the event you do not pay the loan interest charged in any contract year, it will be borrowed against the contract and added to the contract indebtedness and bear interest at the same rate.

When a loan is made, we will inform you of the rate and if any rate increase is to be made within 40 days. We will mail a notice to you and any assignee recorded at the Home Office at least 30 days before we make any rate increase which will apply to an existing loan.

8.4 Indebtedness
Indebtedness consists of all unpaid loans and accrued interest. Indebtedness may be repaid at any time. Any indebtedness will be deducted form the contract proceeds.

If indebtedness equals or exceeds the cash value, the contract will terminate. We will mail notice to you at least 31 days before termination. We will also mail notice to any assignee on our records. You can prevent termination by making sufficient repayment of the loan.

SECTION 9 BENEFICIARY

9.1 Designated Beneficiary
The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies.
The beneficiary:

a. will receive the proceeds when the insured dies;
b. is named in the application for this contract; and
c. may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

a. The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
b. If no beneficiary survives the insured, the proceeds will be paid in one sum to the owner, if living. If the owner is not living, the proceeds will be paid to the owner's estate.

9.2 Change of Beneficiary
The owner may change the beneficiary designation:

a. while the insured is alive; and
b. if the prior designation does not prohibit such a change; and
c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. 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 have the right to require that you send us this contract so we can record the change.

SECTION 10. PAYMENT OF INSURANCE PROCEEDS

10.1 Optional Payment Plans
At the time of their commencement, any benefits provided under this contract will not be less than those provided by the application of the Cash Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

If no optional payment plan is selected, any benefits provided by this contract will be paid in cash.
The optional payout plans available to the Beneficiary 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 one and one-half percent (1.5%) 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.

10.2 Minimum Payment Guarantee

1. The amount of the periodic payment in Section 11.1 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 one and one-half percent (1.5%). 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 11.5 show the minimum guaranteed payments for each plan in Section 10.1 under paragraphs B, C and D respectively under certain stated assumptions.

10.3 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.

10.4 Frequency of Payments

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

10.5 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 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) 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	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE

	No Certain Period				Certain Periods	
					10 Year	20 Year
Payee's Age	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

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

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

WHOLE LIFE INSURANCE
Insurance Payable at Death of Insured
Premiums Payable for Stated Period
Schedule of Benefits and Premiums in Section 1
Participating

[ ]
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