

# Bergen County Chapter Knights of Columbus Death Benefit Fund

**Please print or type all information**

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### Applicant Information

Name: \_\_\_\_\_ Council Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
If spouse of a Knight, please provide his name: \_\_\_\_\_

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### Primary Beneficiary Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Relationship to you (If any): \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Alternate Beneficiary Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Relationship to you (If any): \_\_\_\_\_  
Telephone: \_\_\_\_\_

I understand that the above designation of beneficiaries shall hold until and unless changed by me in writing.

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I agree that within **THIRTY (30) DAYS** after mailing date of notice of the death of a member(s), I shall pay my renewal membership fee of **FIVE DOLLARS (\$5.00) per deceased fund member** and failing same shall be dropped from the roll of the **FUND** without further notice. The renewal fee shall be paid by check to the order of the Bergen County Chapter Knights of Columbus Death Benefit Fund, and mailed or delivered to the **FUND** address, as stated below.

I further agree to notify the **FUND** of any change in mailing address, or while away on extended trips, in order that I may be properly informed of all deaths. Also, it shall be my responsibility to see to it that all necessary arrangements are made to guarantee the **FUND** is notified upon my demise.

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

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### GENERAL INFORMATION

Bergen County Chapter Knights of Columbus Death Benefit Fund is a fraternal, non-profit fund of the Knights of Columbus, without age limits or any physical restrictions. ALL KNIGHTS are eligible to join, as well as their wives and all members of Ladies Auxiliaries.

Your membership in the **FUND** commences with the issuance of a copy of this form confirming your membership and receipt of initial entrance fee of **FIVE DOLLARS (\$5.00)** paid to a delegate. The copy of this form will be your receipt.

**Address remittance to:** Bergen Chapter Death Benefit Fund  
James J. Dougher, FDD/Robert A. Schenck, PGK Co-Chairmen  
143 Uhland Street  
East Rutherford, New Jersey 07073  
201/460-8124 E-Mail: boschenck@hotmail.com

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Fund Use Only:  
Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_