

Bergen County Chapter Knights of Columbus Death Benefit Fund

Please print or type all information

Applicant Information

Name: _____ Council Number: _____

Address: _____

City: _____ Telephone Number: _____

If spouse of a Knight, please provide his name: _____

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.

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 **TWO DOLLARS (\$2.00) 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: _____

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 **TWO DOLLARS (\$2.00)** paid to a delegate. The copy of this form will be your receipt.

Address remittance to: Bergen Chapter Death Benefit Fund
John Wolf, Jr., Chairman
77 Pavonia Avenue
Kearny, New Jersey 07032
201/998-4530 E-Mail: johnwolf2001@comcast.net

Fund Use Only:

Date Received: _____

Received By: _____