



**KNIGHTS OF COLUMBUS FRATERNAL
ASSOCIATION OF THE PHILS., INC.
P. O. BOX 510. MANILA
TEL #527-22-23 loc.110-113 Telefax#527-22-41**

APPLICATION FOR NON-FORFEITURE OPTION

NAME _____
ADDRESS _____

Please effect the following non-forfeiture option of my Benefit Certificate
No. _____ effective _____.

- () **CASH SURRENDER** – surrender of certificate for its cash value less any outstanding loan.
- () **PAID-UP INSURANCE** – conversion of certificate into non-participating Paid-up Insurance for a reduce amount.
- () **EXTENDED TERM INSURANCE** – to have the insurance continued in-force as Paid-up Non-Participating limited term insurance for an amount equal to the sum insured less any outstanding loan.

My reason in exercising this option: (Please check appropriate reason below)

- () I am financially hard-up at present.
- () I am permanently residing abroad.
- () Nobody is servicing my certificate.
- () I am replacing this with new and higher coverage with KC Fraternal.
- () I want to reduce the number of my existing certificates with KC Fraternal.
- () I have several insurance from other commercial companies.
- () I am no longer interested.
- () I am no longer active with the KC Order.
- () I am not satisfied with the Home Office service of KC Fraternal.
- () I am not satisfied with the service of Fraternal Counselor.
- () I am replacing this certificate for another type/plan of insurance with other insurance companies (state reason) _____
- () Others (please specify) _____

Signature of Insured
(Sign over printed name)

Signature of Irrevocable Beneficiary
Use reverse side for signature of
Other irrevocable beneficiaries

Payor's Signature if Insured is Minor
(Sign over printed name)

Witness/FC's Signature
(Sign over printed name)

PLEASE RETURN THE POLICY CONTRACT