



U.S. Privacy Rights Request Form

Section I – Your Information

For verification purposes, provide the information below that we may have on file for you. Forms with the required fields left blank will be returned to the sender for resubmission.

1. Full Name (**Required**) _____
2. Date of Birth _____
3. Social Security Number (last 4 digits only) _____
4. Policy Number _____
5. Member Number _____
6. Council Number _____
7. Email Address _____
8. Street Address (**Required**) _____
9. Apt. Number _____
10. City (**Required**) _____
11. State (**Required**) _____
12. ZIP Code (**Required**) _____

Your Relationship to the Knights of Columbus (check all that apply - **Required)**

- ☐ Associate Member
- ☐ Insurance Member
- ☐ Affiliate Member
- ☐ Non-Member Policyholder
- ☐ Other (Please Specify) _____

Are you or have you been an owner, payor, or insured on a Knights of Columbus insurance policy or annuity contract within the past 10 years?

- ☐ Yes
- ☐ No

(Please continue to the next page)

Section II – Your Request

If you are a Texas or Nebraska Resident, what privacy right granted by your state's law are you requesting to exercise?

- ☐ Confirmation as to whether the Knights of Columbus processes your personal data
- ☐ Access to your personal data processed by the Knights of Columbus
- ☐ Correction of inaccuracies in your personal data processed by the Knights of Columbus
- ☐ Deletion of your personal data processed by the Knights of Columbus
- ☐ Provision of a digital copy of your personal data processed by the Knights of Columbus to you so that you can provide it to another data controller
- ☐ Opt-out of targeted advertising, the sale of your personal data, or profiling using your personal data in furtherance of a legal or similarly significant effect

Notice: In situations where Knights of Columbus must decline your request, we will provide you with a notice and explanation regarding why your request is being declined, along with an explanation of how to appeal the declination of the request. If, after your appeal is reviewed, your request is still declined and you are a resident of the state of Texas or Nebraska, you will be provided with an online mechanism through which you may contact your state's Attorney General's office to submit a complaint.

Section III – Certification and Submission

I certify that the information I have provided on this form is true, that I am authorized to submit this request, and that I agree to assist the Knights of Columbus in verifying my identity and my authority to submit this request. This assistance may include providing additional information at the request of the Knights of Columbus.

Signature _____ **Date** _____

- ☐ I am signing as a parent or legal guardian submitting this request on behalf of a known child

To submit the completed request to the Knights of Columbus, please send this form by either email or postal mail at the addresses listed below:

Email:

privacy.officer@kofc.org

Postal Mail:

Knights of Columbus
Compliance Department
1 Columbus Plaza
17th Floor
New Haven, CT 06510