

Royal Neighbors of America®

## Application for Simplified Issue Individual Whole Life Insurance



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES<sup>SM</sup>

230 16th St., Rock Island, IL 61201  
(800) 627-4762 • [www.royalneighbors.org](http://www.royalneighbors.org)



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Royal Neighbors of America  
230 16th Street  
Rock Island, IL 61201  
Toll-free (800) 627-4762  
A Fraternal Benefit Society

# Application for Simplified Issue Individual Whole Life Insurance

☐ Mail certificate to agent

## PART 1

### SECTION 1 – Proposed Insured

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
SSN/Tax ID \_\_\_\_\_ Sex ☐ M ☐ F  
Phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_ State/Country of birth \_\_\_\_\_  
☐ U.S. driver's license ☐ Green Card ☐ Passport ☐ Other \_\_\_\_\_  
ID number \_\_\_\_\_ ID issuer \_\_\_\_\_ ID expiration date \_\_\_\_\_  
Are you a U.S. citizen? ☐ Yes ☐ No If No, Permanent Resident ID # \_\_\_\_\_

### SECTION 2 – Other Insurance

#### 1. EXISTING or APPLIED FOR INSURANCE

Does the Proposed Insured have any existing or applied for life insurance or annuity contracts with this or any other company?

☐ Yes ☐ No **IF YES**, complete state replacement forms, if required, with this application. Provide details:

Company \_\_\_\_\_ ☐ Life Insurance ☐ Annuity Amount \_\_\_\_\_

#### 2. REPLACEMENT

In connection with this application, has there been, or will there be, with this or any other company any: replacement of coverage; surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance? ☐ Yes ☐ No

**IF YES**, complete state replacement forms, if required, with this application.

### SECTION 3 – Proposed Owner

#### OWNER other than PROPOSED INSURED

Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Street \_\_\_\_\_ Phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
☐ U.S. driver's license ☐ Green Card ☐ Passport  
☐ Other \_\_\_\_\_ Are you a U.S. citizen? ☐ Yes ☐ No  
ID number \_\_\_\_\_ ID issuer \_\_\_\_\_ If No, Permanent Resident ID # \_\_\_\_\_  
ID expiration date \_\_\_\_\_ ☐ Check if you wish ownership to revert to Insured upon Owner's death.\*  
\* There may be tax consequences. Please consult your tax advisor.\*

### SECTION 4 – Beneficiary(ies)

Multiple Beneficiaries will receive an equal percentage of proceeds unless otherwise instructed.

☐ **PRIMARY** (Percent of proceeds \_\_\_\_\_%)

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_

☐ **PRIMARY** (Percent of proceeds \_\_\_\_\_%) ☐ **CONTINGENT**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_

☐ **PRIMARY** (Percent of proceeds \_\_\_\_\_%) ☐ **CONTINGENT**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_

☐ **PRIMARY** (Percent of proceeds \_\_\_\_\_%) ☐ **CONTINGENT**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_



## SECTION 5 – Information Regarding Specific Insurance Plan

### 1. LIFE INSURANCE PLAN

- ☐ Simplified Issue Whole Life    ☐ Graded Death Benefit

### 2. RIDER

- ☐ Accelerated Living Benefit Rider (no additional premium; not available on face amounts below \$7,000)

### 3. FACE AMOUNT \$ \_\_\_\_\_

### 4. AUTOMATIC PREMIUM LOAN will be provided.

- ☐ No    Check if APL is NOT desired.

## SECTION 6 – Payment Information

If **Electronic Payment** is chosen, complete EFT form on page 4.

### 1. PAYMENT MODE (Check one)

- Direct bill: ☐ Annual    ☐ Semi-Annual    ☐ Quarterly  
Electronic payment: ☐ Annual    ☐ Semi-Annual  
☐ Quarterly    ☐ Monthly    ☐ Payment with app \$ \_\_\_\_\_  
☐ Draft first payment    Payment quoted \$ \_\_\_\_\_

### 2. BILLING ADDRESS INFORMATION

- ☐ Proposed Insured's address    ☐ Primary Owner's address  
☐ Other Premium Payor's/Alternate billing address (details below)  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## PART 2

## SECTION 1 – Physician Information

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

Physician name/Clinic \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

List all currently prescribed medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 2 – Medical Questions

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has the proposed Insured used tobacco in any form in the last 12 months?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If any answer to questions 2 through 7 is YES, the Proposed Insured is not eligible for ANY coverage.</b>   |                              |                             |
| 2. Is the Proposed Insured currently:  |                              |                             |
| a. Hospitalized, in a nursing facility, or receiving Hospice Care?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Confined to a wheelchair, bed, or using oxygen equipment to assist in breathing?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has a member of the medical profession ever diagnosed or treated the Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency disease; or has the Proposed Insured tested positive for the Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the Proposed Insured ever been diagnosed as having or been treated for:   |                              |                             |
| a. Congestive heart failure, or had or been recommended to have an organ transplant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Insulin shock, diabetic coma, amputation caused by disease, or taken insulin shots prior to age 30?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Dementia, Alzheimer's Disease, or mental incapacity?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. During the past 18 months has the Proposed Insured been diagnosed as having:  |                              |                             |
| a. Stroke, aneurysm, cardiomyopathy, or circulatory surgery?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Angina (chest pain), heart attack or failure, or heart surgery?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  |                              |                             |
| a. Internal Cancer, Melanoma, or Leukemia?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Cirrhosis, liver disease, kidney failure (including dialysis), chronic kidney disease, or systemic lupus?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. During the past 18 months, has the Proposed Insured been diagnosed as having:   |                              |                             |
| a. A condition expected to result in death within 12 months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Been advised by a medical professional to have any diagnostic testing which has not been completed or for which the results have not been received?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Been recommended by a physician to have treatment or counseling for alcohol or drug abuse?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If question 8 or 9 is YES, only Graded Death Benefit is available.**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 8. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  |                              |                             |
| a. Stroke, angina (chest pain), heart attack, or cardiomyopathy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Heart or circulatory surgery (including pacemaker, heart valve replacement, bypass, angioplasty, stent implant, or any procedure to improve circulation to the heart or brain)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:  |                              |                             |
| a. Emphysema, chronic obstructive pulmonary disease (COPD), or tuberculosis (TB)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Neuromuscular disease (including Multiple Sclerosis, Lou Gehrig's Disease, Epilepsy, or Parkinson's Disease)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



## Agreement/Acknowledgement

**Agreement/Disclosure:** To the best of my knowledge and belief, all statements in my application for life insurance including any amendments and supplements are true and complete. I also agree that:

- My statements in the application and any amendment(s), paramedical/medical exam, and supplement(s) are the basis of any certificate issued and will be attached to and, along with the articles of incorporation and bylaws of Royal Neighbors, become part of the new certificate.
- No information will be deemed to have been given to Royal Neighbors unless it is stated in the application and amendment(s), paramedical/medical exam, and any supplement(s).
- Only authorized officers of Royal Neighbors may: a) make or change any contract of insurance; b) make a binding promise about insurance; or c) change or waive any term of an application, receipt, or certificate.
- If not a current member, I, the Proposed Insured, hereby apply to become a member of Royal Neighbors as indicated by my signature on the application. As a member, I agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors was founded more than 100 years ago.

## Authorization

I, the Proposed Insured, hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or other medical facility, insurance or reinsurance company, MIB, Inc., consumer reporting agency, division of motor vehicles, the veterans administration, or other government agency or department having information as to the diagnosis, treatment, or prognosis with respect to any physical or mental condition, or having any non-medical information, concerning me to release and disclose the entire medical record and any other protected health or other information concerning me within the past 10 years, without restriction, to Royal Neighbors, its agents, employees, or representatives. I further authorize Royal Neighbors, or its reinsurers, to make a brief report of my personal health information to MIB. This includes information on the treatment of alcohol, drug, and tobacco abuse, and psychiatric diagnosis and treatment. **In order to facilitate the rapid transmission of such information, I authorize all the sources named above, except MIB, to give such information to any legal representative or agent employed by Royal Neighbors.**

I understand that the protected information is to be disclosed under this authorization so that Royal Neighbors may underwrite my application for life insurance, determine my eligibility for insurance, risk rating, or certificate issuance determinations, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage, and conduct other legally permissible activities that relate to any coverage I have applied for with Royal Neighbors. Any protected information obtained will not be released by Royal Neighbors to any person or organization EXCEPT to other divisions and/or departments of Royal Neighbors, MIB, other life/health insurance organizations or fraternal benefit societies with which I have insurance contracts or to whom I may apply for insurance or to whom a claim for benefits may be submitted, or other persons or organizations performing business or legal services in connection with my application, insurance certificate(s), or claim for benefits or as may be otherwise lawfully required or as I may further authorize.

I understand that this authorization shall remain in force for 24 months from the date signed if used in connection with an application for life insurance certificate, an application for reinstatement of a life insurance certificate, or a request for change in certificate benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a certificate.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative is entitled to receive a copy. I understand that this authorization may be revoked by me at any time in writing, and if I refuse to sign or if I subsequently revoke this authorization, Royal Neighbors may not be able to process this application, and if coverage has been issued, may not be able to process any benefit payments. I agree that Royal Neighbors shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation at its Home Office or to the extent that Royal Neighbors has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be re-disclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

**NO IMMEDIATE LIFE INSURANCE COVERAGE:** Royal Neighbors will have no liability under this application unless and until: a) it has been received and approved by Royal Neighbors at its Home Office; b) the certificate has been issued and delivered to the owner; c) the first premium has been paid to and accepted by Royal Neighbors (If the first premium is to be electronically drafted, then the premium has not been "paid" until honored by the financial institution.); and d) at the time of delivery and payment, the facts concerning the insurability of the Insured are as stated in this application.

**SIGNATURES:**



Signed at city, state \_\_\_\_\_ Date \_\_\_\_\_

**Proposed Insured** \_\_\_\_\_



Signed at city, state \_\_\_\_\_ Date \_\_\_\_\_

**Proposed Owner** \_\_\_\_\_

(If other than Proposed Insured)



## Agent's Report

Does the Proposed Insured applied for or have any existing life insurance or annuity contracts with this or any other company?

☐ Yes ☐ No **IF YES**, complete state replacement forms, if required, with this application. Provide details:

Company \_\_\_\_\_ ☐ Life Insurance ☐ Annuity Amount \_\_\_\_\_

In connection with this application, has there been, or will there be, with this or any other company any: replacement of coverage; surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance? ☐ Yes ☐ No

**IF YES**, complete state replacement forms, if required, with this application.

Did you use only written sales material approved for use by Royal Neighbors? ☐ Yes ☐ No

Did you complete any required state disclosure statements? ☐ Yes **IF YES**, state(s): \_\_\_\_\_ ☐ No

Did you personally review the Owner's ID? ☐ Yes ☐ No Was the Proposed Insured with you at the time of the application? ☐ Yes ☐ No

Agent no. \_\_\_\_\_ Agent license no. \_\_\_\_\_

Certification: I certify that the information provided is true and complete.



Signature of Writing Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Writing Agent \_\_\_\_\_

If applicable, complete and sign the following statement(s):

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ ID Number \_\_\_\_\_ Percent \_\_\_\_\_  
Please print

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ ID Number \_\_\_\_\_ Percent \_\_\_\_\_  
Please print

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230 16th St., Rock Island, IL 61201  
(800) 627-4762

A Fraternal Benefit Society

### Authorization for Electronic Funds Transfer (EFT)

I authorize Royal Neighbors of America (Royal Neighbors) and my financial institution to initiate automatic withdrawals from my checking/savings account. This authority will remain in effect until I notify Royal Neighbors or the bank to cancel it in such time as to afford a reasonable opportunity to act on the request. I can stop payment of any withdrawal by notifying Royal Neighbors three days before my scheduled withdrawal day. Royal Neighbors reserves the option to change the method of payment to another qualifying mode after the occurrence of a transaction not honored.

☐ **Check box to use bank information from attached voided check. Form must still be signed and payment selected.**

Name of financial institution \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Street address/PO Box \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

I would like the payment withdrawn on the \_\_\_\_\_ day of the month

**OR** the \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th Wednesday of the month. (If nothing is selected it defaults to the 5th day of the month.)

Routing No. \_\_\_\_\_ Checking account no. \_\_\_\_\_

**OR** Savings account no. \_\_\_\_\_

**Debit card numbers are not acceptable.**



Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS AUTHORIZATION WITH A VOIDED CHECK.**





**This page is to be detached, read, and retained by the Proposed Insured.**

**FRAUD NOTICE/WARNING:** 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.

### **MIB, Inc., Notice**

Information regarding your insurability will be treated as confidential. Royal Neighbors of America (Royal Neighbors) or its reinsurers may make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or if a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901, TTY (866) 346-3642. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Report Act. The address of MIB's information office is: MIB, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184.

Royal Neighbors or its reinsurers may also release information in its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

### **Fair Credit Report Act Notice**

This is to inform you that as part of our underwriting procedures in connection with this application, an investigative consumer report may be obtained on the Proposed Insured. This report will provide applicable information concerning character, general reputation, personal characteristics, and mode of living.\* This information will be obtained through personal interviews with neighbors, friends, and associates. You may request to be interviewed in connection with the preparation of the investigative consumer report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. No information collected concerning the sexual orientation of the Proposed Insured will be used to determine her or his eligibility for life insurance.

*\*Information obtained will not be used to determine sexual orientation.*

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## Disclosure Statement

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance. This disclosure statement shall not be considered as an offer to contract or as altering or modifying any policy or rider that may be issued.

Date \_\_\_\_\_ Proposed insured \_\_\_\_\_  
Name Age Sex

Agent preparing disclosure \_\_\_\_\_  
Name

Home or agency address Phone No.

Insurer: Royal Neighbors of America, 230 16th Street, Rock Island, IL 61201. Direct all correspondence to this address.

| Descriptive Title of Coverage | Face Amount of Coverage<br>(If not applicable,<br>description of coverage) | Annual Premium*<br>(If not known, pre-<br>mium for mode quoted) |
|-------------------------------|--|---|
| Policy (certificate)          |  | \$  |
| Rider (if applicable)         |  |   |
|                               |  |   |
|                               |  |   |
|                               |  |   |
|                               |  |   |
| Total Initial Annual Premium  |  | \$  |

\*Changes in the Annual Premium Amount: \_\_\_\_\_  
\_\_\_\_\_

### Guaranteed Cash Values

If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for the face amount. You may borrow against this cash value at an annual \_\_\_\_\_% loan interest charge.

|            | Cash Values for Face Amount |                   |                   |              |
|------------|-----------------------------|-------------------|-------------------|--------------|
|            | After<br>5 Years            | After<br>10 Years | After<br>20 Years | At<br>Age 65 |
| Basic Plan |                             |                   |                   |              |
| Rider(s)   |                             |                   |                   |              |

### Dividends

The following are dividend illustrations for your certificate based on the current interest, mortality, and expense experience of the Society as reflected in the dividends currently being paid. However, the illustration is not a guarantee of what future dividends will be. Payment of a dividend is contingent upon the payment of the next premium due.

Cash dividend for total face amount at the end of the 10th year \$\_\_\_\_\_ at the end of the 20th year \$\_\_\_\_\_.

A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has \_\_\_\_ has not \_\_\_\_ requested an earlier delivery of the Index.

Upon request, either the company or agent will furnish you with additional information about the insurance described.





## Disclosure Statement

This disclosure statement with all applicable blanks filled in is for your protection. It gives you basic information about the cost and coverage of the insurance being solicited. Read it carefully before signing any agreement to buy life insurance. This disclosure statement shall not be considered as an offer to contract or as altering or modifying any policy or rider that may be issued.

Date \_\_\_\_\_ Proposed insured \_\_\_\_\_  
Name Age Sex

Agent preparing disclosure \_\_\_\_\_  
Name

Home or agency address Phone No.

Insurer: Royal Neighbors of America, 230 16th Street, Rock Island, IL 61201. Direct all correspondence to this address.

| Descriptive Title of Coverage | Face Amount of Coverage<br>(If not applicable,<br>description of coverage) | Annual Premium*<br>(If not known, pre-<br>mium for mode quoted) |
|-------------------------------|--|---|
| Policy (certificate)          |  | \$  |
| Rider (if applicable)         |  |   |
|                               |  |   |
|                               |  |   |
|                               |  |   |
|                               |  |   |
| Total Initial Annual Premium  |  | \$  |

\*Changes in the Annual Premium Amount: \_\_\_\_\_  
\_\_\_\_\_

### Guaranteed Cash Values

If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for the face amount. You may borrow against this cash value at an annual \_\_\_\_\_% loan interest charge.

|            | Cash Values for Face Amount |                   |                   |              |
|------------|-----------------------------|-------------------|-------------------|--------------|
|            | After<br>5 Years            | After<br>10 Years | After<br>20 Years | At<br>Age 65 |
| Basic Plan |                             |                   |                   |              |
| Rider(s)   |                             |                   |                   |              |

### Dividends

The following are dividend illustrations for your certificate based on the current interest, mortality, and expense experience of the Society as reflected in the dividends currently being paid. However, the illustration is not a guarantee of what future dividends will be. Payment of a dividend is contingent upon the payment of the next premium due.

Cash dividend for total face amount at the end of the 10th year \$\_\_\_\_\_ at the end of the 20th year \$\_\_\_\_\_.

A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has \_\_\_\_ has not \_\_\_\_ requested an earlier delivery of the Index.

Upon request, either the company or agent will furnish you with additional information about the insurance described.



**NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity certificate (policy). As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed certificate and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new certificate. If the policy coverages are basically similar, the premiums for a new certificate may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed certificate. Your existing policy may have options which are not available under the certificate being proposed to you or may not come into effect under the proposed certificate until a later time during your life. Also, your proposed certificate's cash values and dividends, if any, may grow slower initially because the Society will incur the cost of issuing your new certificate. On the other hand, the proposed certificate may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed certificate, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your certificate, you will have 20 days from the date the new certificate is received by you to notify us you are cancelling the certificate issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new certificate, examined it and have found it acceptable to you.

-----  
Applicant's Signature-----  
Date-----  
Agent's Signature-----  
Date**Information on policies which may be replaced:**                    Name of Existing Insurer  Contract Number  Name of Insured                    



## Replacement Questionnaire

### Existing Life Insurance or Annuity

Name of existing insurer: \_\_\_\_\_

Date issued: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Face amount (if life insurance): \$ \_\_\_\_\_

Premium amt: \$ \_\_\_\_\_ mode: A/S/Q/PAC/OTHER

Identify if premiums are increasing/decreasing/level/paid-up

Riders (type and premium paid) \_\_\_\_\_

Is the contract receiving dividends (participating)? yes/no

Has the contestable period expired? yes / no

Has the suicide period expired? yes / no

If universal life or annuity, list

the guaranteed interest rate of the contract \_\_\_\_\_ %

If universal life, will the planned premium carry the contract to

maturity at the guaranteed interest rate? yes / no

**State the total amount(s) of applicable surrender/withdrawal charges  
that the contract will be charged if replaced: \$ \_\_\_\_\_**

### Proposed Royal Neighbors of America Life Insurance or Annuity

Name of proposed insurer: Royal Neighbors of AmericaDate issued: not applicable

Type of plan: \_\_\_\_\_

Proposed face amount (if life insurance): \$ \_\_\_\_\_

Proposed premium amt: \$ \_\_\_\_\_ mode: A/S/Q/PAC

Identify if premiums will be increasing/decreasing/level/paid-up

Proposed riders (type and premium) \_\_\_\_\_

Will the proposed contract be participating in dividends? yes / no

Will the proposed contract have a contestable period? yes / no

Will the proposed contract have a suicide period? yes / no

If proposed contract is a universal life or annuity list

the guaranteed interest rate \_\_\_\_\_ %

If proposed contract is a universal life, will the planned premium

carry the contract to maturity at the non-guaranteed midpoint

rate? yes / no

**Will the proposed contract have new surrender or withdrawal  
charges on it? yes / no**

The reason(s) the existing life insurance or annuity is not suitable for the insured/annuitant's present needs is because: \_\_\_\_\_

If the proposed insurance is universal life, or term life that is or may be annual renewable, has the proposed insured been advised that the cost of insurance or premiums will increase with each attained age? yes / no / na

If the present life insurance is universal adjustable life, has the insured been advised that she/he should contact their present insurer to inquire whether the present coverage can be changed contractually to meet the insured's current needs? yes / no / na

Will the proposed replacement involve an Internal Revenue Section 1035 Exchange or Direct Rollover? yes / no / na

Has the proposed applicant/petitioner been advised that if a policy loan is extinguished by a cash surrender or in connection with a Section 1035 Exchange, any gain will be recognized to the extent of the cash or other non-like kind property received and may be subject to income tax liability at the time of the transaction? yes / no / na

I have read and understand the information stated above regarding some of the advantages and disadvantages of replacing my existing life insurance coverage or annuity contract with a new life insurance or annuity certificate issued by Royal Neighbors of America. I also understand that the new certificate may have suicide and contestable provisions, which may affect the payment of a claim made under the new certificate.

\_\_\_\_\_  
Signature of the applicant or petitioner\_\_\_\_\_  
Signature of Agent\_\_\_\_\_  
Date\_\_\_\_\_  
Date\_\_\_\_\_  
Date of application for Royal Neighbors of America  
life insurance or annuity\_\_\_\_\_  
Agent ID#

white copy-Home Office    yellow copy-agent. file    pink copy-applicant or petitioner

**NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity certificate (policy). As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed certificate and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new certificate. If the policy coverages are basically similar, the premiums for a new certificate may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed certificate. Your existing policy may have options which are not available under the certificate being proposed to you or may not come into effect under the proposed certificate until a later time during your life. Also, your proposed certificate's cash values and dividends, if any, may grow slower initially because the Society will incur the cost of issuing your new certificate. On the other hand, the proposed certificate may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed certificate, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your certificate, you will have 20 days from the date the new certificate is received by you to notify us you are cancelling the certificate issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new certificate, examined it and have found it acceptable to you.

-----  
Applicant's Signature-----  
Date-----  
Agent's Signature-----  
Date**Information on policies which may be replaced:**                    Name of Existing Insurer  Contract Number  Name of Insured                    



## Replacement Questionnaire

### Existing Life Insurance or Annuity

Name of existing insurer: \_\_\_\_\_

Date issued: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Face amount (if life insurance): \$ \_\_\_\_\_

Premium amt: \$ \_\_\_\_\_ mode: A/S/Q/PAC/OTHER

Identify if premiums are increasing/decreasing/level/paid-up

Riders (type and premium paid) \_\_\_\_\_

Is the contract receiving dividends (participating)? yes/no

Has the contestable period expired? yes / no

Has the suicide period expired? yes / no

If universal life or annuity, list

the guaranteed interest rate of the contract \_\_\_\_\_ %

If universal life, will the planned premium carry the contract to

maturity at the guaranteed interest rate? yes / no

**State the total amount(s) of applicable surrender/withdrawal charges  
that the contract will be charged if replaced: \$ \_\_\_\_\_**

### Proposed Royal Neighbors of America Life Insurance or Annuity

Name of proposed insurer: Royal Neighbors of AmericaDate issued: not applicable

Type of plan: \_\_\_\_\_

Proposed face amount (if life insurance): \$ \_\_\_\_\_

Proposed premium amt: \$ \_\_\_\_\_ mode: A/S/Q/PAC

Identify if premiums will be increasing/decreasing/level/paid-up

Proposed riders (type and premium) \_\_\_\_\_

Will the proposed contract be participating in dividends? yes / no

Will the proposed contract have a contestable period? yes / no

Will the proposed contract have a suicide period? yes / no

If proposed contract is a universal life or annuity list

the guaranteed interest rate \_\_\_\_\_ %

If proposed contract is a universal life, will the planned premium

carry the contract to maturity at the non-guaranteed midpoint

rate? yes / no

**Will the proposed contract have new surrender or withdrawal  
charges on it? yes / no**

The reason(s) the existing life insurance or annuity is not suitable for the insured/annuitant's present needs is because: \_\_\_\_\_

If the proposed insurance is universal life, or term life that is or may be annual renewable, has the proposed insured been advised that the cost of insurance or premiums will increase with each attained age? yes / no / na

If the present life insurance is universal adjustable life, has the insured been advised that she/he should contact their present insurer to inquire whether the present coverage can be changed contractually to meet the insured's current needs? yes / no / na

Will the proposed replacement involve an Internal Revenue Section 1035 Exchange or Direct Rollover? yes / no / na

Has the proposed applicant/petitioner been advised that if a policy loan is extinguished by a cash surrender or in connection with a Section 1035 Exchange, any gain will be recognized to the extent of the cash or other non-like kind property received and may be subject to income tax liability at the time of the transaction? yes / no / na

I have read and understand the information stated above regarding some of the advantages and disadvantages of replacing my existing life insurance coverage or annuity contract with a new life insurance or annuity certificate issued by Royal Neighbors of America. I also understand that the new certificate may have suicide and contestable provisions, which may affect the payment of a claim made under the new certificate.

\_\_\_\_\_  
Signature of the applicant or petitioner\_\_\_\_\_  
Signature of Agent\_\_\_\_\_  
Date\_\_\_\_\_  
Date\_\_\_\_\_  
Date of application for Royal Neighbors of America  
life insurance or annuity\_\_\_\_\_  
Agent ID#

white copy-Home Office    yellow copy-agent. file    pink copy-applicant or petitioner



A Fraternal Benefit Society

## **Accelerated Death Benefit Rider For Terminal Condition Disclosure** **For use with Rider Form Series 1766-PA**

Death benefits, cash, and loan values will be reduced if accelerated benefits are paid under this rider.

**PREMIUMS** – There are no premiums charged for this rider. If the certificate to which the rider is attached requires regularly scheduled premiums, scheduled premium payments must be made to keep the certificate in force. If the premiums due are not paid and the certificate enters a grace period, the rider will be subject to all provisions of the certificate.

**AN ACCELERATED LIFE INSURANCE DEATH BENEFIT MAY BE TAXABLE** – The acceleration of life insurance death benefits offered under this rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. If the acceleration of life insurance death benefits qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Whether such benefits qualify depends on factors such as the Insured's life expectancy at the time the benefits are accelerated and whether the accelerated death benefits are used to pay for necessary long-term care expenses, such as nursing home care. Tax laws relating to the acceleration of life insurance death benefits are complex. You are advised to consult with a qualified tax professional regarding the circumstances under which you might be able to receive an acceleration of a life insurance death benefit, excludable from income under federal law.

Receipt of an acceleration of life insurance death benefits may also affect your, your spouse, or family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax professional and with social service agencies regarding how receipt of such accelerated benefits may affect your, your spouse, and your family's eligibility for public assistance.

**BENEFIT** – The Accelerated Death Benefit Rider provides for a single lump sum payment of an accelerated life insurance death benefit using a portion of your life insurance certificate's death benefit. Eligible proceeds are equal to 75% of the certificate's death benefit in force on the date of the Owner's request, up to a maximum of \$250,000. A minimum amount of at least \$5,000 must be requested. Only one acceleration for an insured will be allowed.

This benefit is paid to the Owner of the life insurance certificate while the insured is living, provided the insured is diagnosed with a qualified terminal condition with a life expectancy of twelve (12) months or less, as provided under the terms of the rider. Royal Neighbors of America will require satisfactory evidence and a physician's statement certifying the insured's life expectancy in the event of a terminal condition.

If the insured dies before the accelerated payment is made, the death benefit payable under the certificate will be paid in accordance with the terms of the certificate to which this rider is attached.

**EFFECT OF ACCELERATION OF A DEATH BENEFIT** – The accelerated benefit payment, administrative fee, and accrued interest constitute a lien on the life insurance certificate. Benefits payable at the death of the insured, and any cash or loan values available under the certificate will be reduced by any outstanding lien balance. At the time the accelerated benefit is paid, Royal Neighbors will provide the owner of the certificate with a statement specifying:

1. the amount of the accelerated benefit paid;
2. the effect of the accelerated benefit payment on the certificate's face amount, cash value, future premiums, loans and liens.



**LIEN OF ACCELERATED DEATH BENEFIT** – Royal Neighbors reserves the right to charge an administrative fee of \$150, if allowed by law. The amount of the administrative fee will be deducted from the Accelerated Death Benefit payment.

Interest on the amount of the Accelerated Death Benefit and the administrative fee will accrue from the date Royal Neighbors pays the Accelerated Death Benefit to the date of the Insured's death, and shall constitute a lien on the certificate. At the time of the Insured's death, the Death Benefit will be reduced by the amount of the Accelerated Benefit plus the accrued interest, the amount of any outstanding loans, and past due premiums, if any.

The interest rate applied to the Accelerated Death Benefit and the administrative fee shall be as set by Royal Neighbors and in effect at the time of payment of the Accelerated Death Benefit, but will not exceed the certificate loan interest rate stated in the certificate.

The Owner may only withdraw any portion of the certificate's cash value or obtain a loan on any portion of the certificate's loan value which exceeds the amount of the lien of the Accelerated Death Benefit, and any outstanding certificate loans, or reserve impairments, if any.

**ELIGIBILITY** – The Owner of the certificate to which this rider is attached is not eligible for payment of the accelerated death benefit under this rider if:

- the Owner is required, by law, to use any payment to meet the claims of creditors, whether due to bankruptcy or otherwise; or
- the Owner is required by a government agency to use the payment in order to apply for, obtain, or keep a government benefit or entitlement; or
- the certificate to which this rider is attached is subject to any restriction imposed by any court order or rule of law; or
- the certificate to which this rider is attached has been continued as Extended Term Insurance (ETI) or as a Reduced Paid Up certificate (RPU).

**COLLATERAL ASSIGNEES AND IRREVOCABLE BENEFICIARIES** – Collateral assignees and irrevocable beneficiaries must sign a written consent to the payment of an accelerated death benefit before such payment may be made to the Owner of the certificate. The written consent must be received at the Home Office in a form acceptable to Royal Neighbors of America before the date the accelerated death benefit is paid.

**TERMINATION** – This rider will terminate and cease to be in force at the earliest of the following:

1. when the certificate to which it is attached terminates.
2. when a non-forfeiture option is elected.
3. on any date by prior written request of the Owner in proper form. Return of the certificate to the Home Office for proper endorsement may be required.

The certificate, to which this rider is attached, will terminate at any time the indebtedness, including any lien balance and certificate loans and reserve impairments, if any, plus accrued interest, exceeds the certificate's Death Benefit.

**ASSIGNMENT** – The Owner may not assign this rider or the Accelerated Death Benefit payments made under this rider.

**FILING A CLAIM** – Royal Neighbors will pay the Owner the benefits due under the Accelerated Death Benefit Rider upon receipt of a written request from the Owner, and due proof at the Owner's expense that the Insured has been diagnosed with a qualified terminal condition, pursuant to the terms of the rider. Due Proof includes, but is not limited to, a statement signed by a licensed physician that the Insured has been diagnosed with a qualified terminal condition. Royal Neighbors of America reserves the right to require, at Royal Neighbors' expense, an exam by a physician of Royal Neighbors' choice in order to confirm that the Insured has a qualified condition, and to request documents that support the qualified condition diagnosis from the Insured's attending physician.

**SAMPLE ILLUSTRATION** – The sample illustration below assumes: (1) a \$100,000 death benefit; (2) that there are no outstanding loans on the certificate; (3) the entire available accelerated benefit is paid; (4) the interest rate on the lien is 8% per annum; and (5) the administrative fee is \$150.

**Before Payment of the Accelerated Death Benefit**

|   |           |
|---|-----------|
| Certificate Death Benefit .....   | \$100,000 |
| Available Accelerated Death Benefit (lesser of 75% of certificate face or \$250,000)..... | \$ 75,000 |
| Accelerated Benefit Payment .....   | \$ 75,000 |
| Initial Lien Amount on Certificate .....  | \$ 75,000 |
| LESS – Administrative Fee .....   | \$ 150    |
| Net Payment to the Owner .....  | \$ 74,850 |

**If Death Occurs Immediately After Accelerated Death Benefit Is Paid**

|  |           |
|--|-----------|
| Certificate Death Benefit .....                          | \$100,000 |
| LESS – Initial Lien Amount.....                          | \$ 75,000 |
| Net Death Proceeds Payable At Death Of The Insured ..... | \$ 25,000 |

**If Death Occurs Six (6) Months After Accelerated Death Benefit Is Paid**

|  |           |
|--|-----------|
| Certificate Death Benefit .....                          | \$100,000 |
| LESS – Initial Lien Amount.....                          | \$ 75,000 |
| LESS – Accrued Interest on the Lien Amount .....         | \$ 2,943  |
| Net Death Proceeds Payable At Death Of The Insured ..... | \$ 22,057 |