



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

Cert No: _____

Call Date: _____

POS Agent Worksheet

The purpose of this worksheet is to pre-gather the required information from your client for optimum interview time.

Please keep this form for your records. It does NOT have to be submitted to Royal Neighbors.

POS Line – (866) 281-9228

Please NOTE that if you have not provided your client a copy of the required Important Information form the interview cannot be conducted.

Agent # _____ % of commissions _____ Agent # _____ % of commissions <i>(Both agents must be active in order to split commissions.)</i>					
State you will be calling from: _____ Mail Contract to: Agent or Proposed Insured					
ID Verification: Did you personally review the ID of the Owner? <input type="checkbox"/> yes <input type="checkbox"/> no Type of ID seen: <input type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident ID # _____					
Proposed Insured (P.I. must be Owner and Payor) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">First name _____ Middle initial _____ Last name _____</td> </tr> <tr> <td style="padding: 2px;">DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td style="padding: 2px;">Address _____ City _____ State _____ ZIP _____</td> </tr> <tr> <td style="padding: 2px;">Phone _____ State/Country of birth _____</td> </tr> <tr> <td style="padding: 2px;">U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____</td> </tr> </table>	First name _____ Middle initial _____ Last name _____	DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F	Address _____ City _____ State _____ ZIP _____	Phone _____ State/Country of birth _____	U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____
First name _____ Middle initial _____ Last name _____					
DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F					
Address _____ City _____ State _____ ZIP _____					
Phone _____ State/Country of birth _____					
U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____					
For California or Florida only: Do you wish to designate another person to receive copies of any premium lapse notices? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Name _____ Address _____ City _____ State _____ ZIP _____					
Other Insurance: Does the Proposed Insured have any existing life insurance or annuity contracts with this or any other company? <input type="checkbox"/> yes <input type="checkbox"/> no Company _____ <input type="checkbox"/> Life <input type="checkbox"/> Annuity Amount _____ In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan, withdrawal, lapse, reduction or redirection of premium/consideration, or change transaction (except conversions) involving an annuity or other life insurance? <input type="checkbox"/> yes <input type="checkbox"/> no					
If Replacement: For NAIC States: You need to complete and provide your client with Form 1856-NAIC before the interview starts. Please note if you have not completed and provided your client with Replacement Form 1856-NAIC, Voice Signature of this form will not be available and you will need to submit Form 1856-NAIC to Royal Neighbors after the interview is completed. For Non-NAIC States: Voice signature is not available for replacement form, please submit the required signed state form to Royal Neighbors (Non-NAIC states: CA, DE, FL, GA, ID, IL, IN, KS, MI, MN, MO, NV, OK, PA, TN, WA, WY)					
Beneficiary*: Primary _____ DOB: _____ Relationship _____ % _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ DOB: _____ Relationship _____ % _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ DOB: _____ Relationship _____ % _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ DOB: _____ Relationship _____ % _____					
*Acceptable relationships: (Percentages must be whole numbers.) Spouse, Children, Parent, Sibling, Grandchildren, Aunt/Uncle, Domestic Partner, Estate, Fiancé, Funeral Home with address [not allowed in ID, IL, MA, MI, NY, or NV]					

Plan: Simplified Issue Whole Life Graded Death Benefit Face Amount: \$ _____
Rider: Accelerated Living Benefit Rider (not allowed in IN, MS, NJ, VT, WA, or if face is below \$7,000)
 Automatic Premium Loan NOT desired

Has the applicant used tobacco in any form in the last 12 months? yes no

Payment Quote: \$ _____

EFT Information: Type of Account: Checking Savings

Electronic payment only – Monthly Quarterly Semi-annual Annual

Payment withdrawal day ____ of month OR 2nd 3rd 4th Wednesday of the month

NOTE: The EFT withdrawal date can be up to 45 days out from interview date using the same withdrawal day selected. We cannot draft beyond 45 days.

Routing Number: _____ Account Number: _____

Physician Name/Clinic that has the most up-to-date information

_____ City _____ State _____

Rx Check: Pre-qualify client by checking medications prescribed. Refer to Form 200 Rev 7-2015 for list of prescription restrictions.

Following are the application medical questions that will be asked of your client during interview:

If any answer to questions 2 through 7 is YES, the Proposed Insured is not eligible for ANY coverage.

2. Is the Proposed Insured currently:

a. Hospitalized, in a nursing facility, or receiving Hospice Care?

b. Confined to a wheelchair, bed, or using oxygen equipment to assist in breathing?

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)?

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?

b. Insulin shock, diabetic coma, amputation caused by disease, or taken insulin shots prior to age 30?

c. Dementia, Alzheimer's Disease, or mental incapacity?

5. During the past 18 months has the Proposed Insured been diagnosed as having:

a. Stroke, aneurysm, cardiomyopathy, or circulatory surgery?

b. Angina (chest pain), heart attack or failure, or heart surgery?

6. During the past 18 months, has the Proposed Insured been diagnosed as having:

a. A condition expected to result in death within 12 months?

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?

c. Been recommended by a physician to have treatment or counseling for alcohol or drug abuse?

7. During the past 24 months, has the Proposed Insured been diagnosed as having, or been treated for:

a. Internal Cancer, Melanoma, or Leukemia?

b. Cirrhosis, liver disease, kidney failure (including dialysis), chronic kidney disease, or systemic lupus?

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?

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)?

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)?

b. Neuromuscular disease (include Multiple Sclerosis, Lou Gehrig's Disease, Epilepsy, or Parkinson's Disease)?



Accelerated Living Benefit Rider Disclosure

For use with Rider Form Series 1766

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 BENEFIT MAY BE TAXABLE – The acceleration of life insurance benefits offered under this rider is intended to qualify for favorable tax treatment under the Internal Revenue Code. If the acceleration of life insurance 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 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 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 benefit, excludable from income under federal law.

Receipt of an acceleration of life insurance 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 Living Benefit Rider provides for a single lump sum payment of an accelerated life insurance 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 day Royal Neighbors receives the acceleration 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, or the insured is permanently confined to a qualified nursing home, 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; or, certification of permanent confinement in a qualified nursing home.

If the insured dies before the accelerated payment is made, the death benefit payable under the certificate will be paid to the beneficiary.

EFFECT OF ACCELERATION OF A 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 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 Benefit payment.

Interest on the amount of the Accelerated Benefit and the administrative fee will accrue from the date Royal Neighbors pays the Accelerated 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 Benefit and the administrative fee shall be as set by Royal Neighbors and in effect at the time of payment of the Accelerated 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 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 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 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 Benefit payments made under this rider.

FILING A CLAIM – Royal Neighbors will pay the Owner the benefits due under the Accelerated Living 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, or permanently confined to a qualified nursing home, 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, or is permanently confined to a qualified nursing home. 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 or confinement, 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 benefit

Certificate Death Benefit	\$100,000
Available Accelerated 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 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 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

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Proposed Owner Signature _____ Date _____

Agent Signature _____ Date _____

Prescription Indicator for Simplified Issue and Graded Benefit Whole Life* For Agent Use Only.

*Royal Neighbors reserves the right to ask additional questions and take action on any medication (or combination of medications) not listed here, which may suggest treatment for a condition relating to one or more of the impairments specified in the application questions. This includes HIV/AIDS, organ transplant, and cancer treatment prescriptions which are too numerous to include here.

Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	— Eligibility (Action)
Acidinium bromide		2 yrs - GDB
Aldactone or Aldactazide (in combination with Coreg or Carvedilol)	Ever - Decline	
Amyl Nitrite	18 mos - Decline	19–24 mos - GDB
Anoro Ellipta		2 yrs - GDB
Arformoterol Tartrate		2 yrs - GDB
Aricept or Aricept ODT	Ever - Decline	
Atamet		2 yrs - GDB
Azilect		2 yrs - GDB
Bidil		2 yrs - GDB
Boceprevir	2 yrs - Decline	
Bromocriptine Mesylate		2 yrs - GDB
Brovana		2 yrs - GDB
Bumetanide or Bumex	2 yrs - Decline	
Carbidopa		2 yrs - GDB
Cerebyx		2 yrs - GDB
Cognex	Ever - Decline	
Combivent or Combivent Respimat		2 yrs - GDB
Comtan		2 yrs - GDB
Daliresp		2 yrs - GDB
Demadex	2 yrs - Decline	
Dilantin, Dilantin Infatabs, Dilantin-125		2 yrs - GDB
Dilatrate or Dilatrate SR	18 mos - Decline	19–24 mos - GDB
Donepezil HCL	Ever - Decline	
Duoneb		2 yrs - GDB
Edecrin or Sodium Edecrin	2 yrs - Decline	
Eldepryl		2 yrs - GDB
Ergoloid Mesylates	Ever - Decline	

Prescription Indicator for Simplified Issue and Graded Benefit Whole Life*

For Agent Use Only.

Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	—	Eligibility (Action)
Ethacrynic Acid	2 yrs - Decline		
Ethotoin			2 yrs - GDB
Exelon	Ever - Decline		
Fosphenytoin sodium			2 yrs - GDB
Furosemide (in combination with Coreg or Carvedilol)	Ever – Decline		
Galantamine or Galantamine Hydrobromide	Ever - Decline		
Hydergine or Hydergine LC	Ever - Decline		
Imdur	18 mos - Decline		19–24 mos - GDB
Incivek	2 yrs - Decline		
Infergen or Interferon Alfacon	2 yrs - Decline		
Ipratropium Bromide or Ipratropium Bromide/Albut			2 yrs - GDB
Ismo	18 mos - Decline		19–24 mos - GDB
Isochron	18 mos - Decline		19–24 mos - GDB
IsoDitrage, Isoditrage ER	18 mos - Decline		19–24 mos - GDB
Isordil or Isordil Titrados	18 mos - Decline		19–24 mos - GDB
Isosorbide, Isosorbide Dinitrate, Isosorbide Mononitrate	18 mos - Decline		19–24 mos - GDB
Kemadrin			2 yrs - GDB
Keppra			2 yrs - GDB
Larodopa			2 yrs - GDB
Lasix (in combination with Coreg or Carvedilol)	Ever - Decline		
Levetiracetam			2 yrs - GDB
Levodopa			2 yrs - GDB
Lodosyn			2 yrs - GDB
Memantine	Ever - Decline		
Minitran	18 mos - Decline		19–24 mos - GDB
Monoket	18 mos - Decline		19–24 mos - GDB
Namenda, Namenda Titration Pak, Namenda XR	Ever - Decline		
Neupro			2 yrs - GDB
Nitro Patch, NitroQuick, Nitroglycerin Derivatives, Nitrek, Nitro-Bid, Nitro-Dur, Nitro-Time, Nitrogard	18 mos - Decline		19–24 mos - GDB

Prescription Indicator for Simplified Issue and Graded Benefit Whole Life*

For Agent Use Only.

Medication Name	Prescribed, Refilled, or Taken Within Timeframe Below	—	Eligibility (Action)
Olysio	2 yrs - Decline		
Parlodel			2 yrs - GDB
Peganone			2 yrs - GDB
Pegasys, Peginterferon, PEG-Intron Redipen, Pegasys Proclick	2 yrs - Decline		
Phenytoin or Phenytek			2 yrs - GDB
Procyclidine HCL			2 yrs - GDB
Ranexa or Ranolazine	18 mos - Decline		19–24 mos - GDB
Rasagiline			2 yrs - GDB
Razadyne or Razadyne ER	Ever - Decline		
Rebetron, Ribavirin, Ribasphere	2 yrs - Decline		
Reminyl	Ever - Decline		
Riluzole or Rilutek			2 yrs - GDB
Rivastigmine Tartrate	Ever - Decline		
Roflumilast			2 yrs - GDB
Rotigotine			2 yrs - GDB
Selegiline HCL			2 yrs - GDB
Simeprevir	2 yrs - Decline		
Sinemet or Sinemet CR			2 yrs - GDB
Sofosbuvir or Sovaldi	2 yrs - Decline		
Spiriva			2 yrs - GDB
Spironolactone (in combination with Coreg or Carvedilol)	Ever - Decline		
Tacrine	Ever - Decline		
Telaprevir	2 yrs - Decline		
Tiotropium Bromide			2 yrs - GDB
Torsemide	2 yrs - Decline		
Tudorza Pressair			2 yrs - GDB
Umeclidinium			2 yrs - GDB
Victrelis	2 yrs - Decline		
Vilanterol			2 yrs - GDB
Zelapar			2 yrs - GDB