

Royal Neighbors of America®

# Application for Individual Single Premium 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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# Application for Individual Single Premium Whole Life Insurance

## PART 1

### SECTION 1 – Proposed Insured

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_ Identification:  
DOB \_\_\_\_\_ ☐ U.S. driver's license ☐ Government issued ID ☐ Passport  
SSN/Tax ID \_\_\_\_\_ ☐ Green Card ID number \_\_\_\_\_  
Marital status ☐ S ☐ M ☐ W ☐ D Sex ☐ M ☐ F ID issuer \_\_\_\_\_ ID expiration date \_\_\_\_\_  
State/Country of birth \_\_\_\_\_ Email address \_\_\_\_\_  
Are you a U.S. citizen? ☐ Yes ☐ No Length of citizenship \_\_\_\_\_ If No, are you a legal U.S. resident? ☐ Yes ☐ No

### SECTION 2 – Other Insurance

#### 1. EXISTING or APPLIED FOR INSURANCE

Does the Proposed Insured have any existing life insurance (L) or annuity (A) contracts with this or any other company? ☐ Yes ☐ No  
**IF YES**, complete and submit state replacement forms, if required, with this application.

#### 2. REPLACEMENT

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? ☐ Yes ☐ No

**If Yes**, complete and submit a replacement questionnaire **AND** any other state required replacement forms with this application.

### SECTION 3 – Proposed Owner\*

#### \* Complete if Owner is other than Proposed Insured

##### 1. OWNER

Name \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
Street \_\_\_\_\_ Email address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Identification:  
SSN/Tax ID \_\_\_\_\_ ☐ U.S. driver's license ☐ Government issued ID ☐ Passport  
Phone number (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_ ☐ Green Card ID number \_\_\_\_\_  
Are you a U.S. citizen? ☐ Yes ☐ No Length of citizenship \_\_\_\_\_ ID issuer \_\_\_\_\_ ID expiration date \_\_\_\_\_  
If No, are you a legal U.S. resident? ☐ Yes ☐ No

### SECTION 4 – Beneficiary(ies)

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

#### ☐ PRIMARY

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_  
Percent of proceeds \_\_\_\_\_ %

#### ☐ PRIMARY ☐ CONTINGENT

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
Relationship to Proposed Insured \_\_\_\_\_  
Percent of proceeds \_\_\_\_\_ %

### SECTION 5 – Information Regarding Insurance Applied for

#### 1. PRODUCT NAME

☐ Single Premium Whole Life

#### 2. SINGLE PREMIUM –

☐ Cash with application .....\$ \_\_\_\_\_  
☐ Cash to be received before issue .....\$ \_\_\_\_\_  
☐ Funds from \$1035 Exchange .....\$ \_\_\_\_\_  
(from existing life contract only)

3. ESTIMATED FACE AMOUNT ..... \$ \_\_\_\_\_

#### 4. RIDERS

☒ Accelerated Death Benefit - Terminal Illness  
☐ Accelerated Death Benefit - Chronic Illness  
(Choosing this rider may affect eligibility for Gov't Programs)  
☐ Accelerated Death Benefit - Critical Illness  
(Choosing this rider may affect eligibility for HDP)

#### 5. DIVIDEND OPTION

☐ Paid in cash  
☐ Left on deposit to accumulate at interest



## SECTION 6 – Financial Questions

### Has the Proposed Insured or Owner:

1. Entered into any agreement or arrangement providing for the future sale of the insurance certificate applied for in this application? ☐ Yes ☐ No
2. Entered into any agreement or arrangement where someone else will pay some or all of the premium, or the Proposed Insured or Owner will receive financing or a loan, including forgivable loans, to pay some or all of the premium, costs or other expenses associated with this loan? ☐ Yes ☐ No
3. Entered into any agreement either orally or in writing by which you are to receive any form of consideration in exchange for procuring the insurance certificate applied for? ☐ Yes ☐ No

### Financial Information: (Please initial box if you do not want to disclose information)

Annual Gross Income .....\$

Liquid assets (e.g. checking account, savings account, CDs) .....\$

### Source of Funds to Pay Single Premium (e.g. savings):

#### Available Funds:

Do you have sufficient cash or other liquid funds for living expenses and emergencies, such as unexpected medical expenses, in addition to the money you plan to use to purchase this life insurance. ☐ Yes ☐ No

## PART 2

### SECTION 1 – Proposed Insured Physician Information

Provide name and address of primary physician, 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 \_\_\_\_\_ Name of practice/clinic \_\_\_\_\_  
 Street \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
 Phone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

### SECTION 2 – Proposed Insured Medical Information

1. Height (ft. and in.) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_
2. In the past 12 months has the Proposed Insured used tobacco in any form? ☐ Yes ☐ No
3. In the past 12 months has the Proposed Insured:
  - a. been recommended or had any surgery or diagnostic testing by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☐ No
  - b. been confined to a wheelchair, used oxygen to assist breathing, or hospitalized or in a medical or a long term care facility? ☐ Yes ☐ No
4. Within the past 5-years has a member of the medical profession diagnosed the Proposed Insured as having, treated, or advised to seek treatment for, or prescribed medication for:
  - a. cancer, diabetes, stroke or any disease or disorder of the heart, circulatory, respiratory, kidney, liver, brain or nervous system? ☐ Yes ☐ No
  - b. Brain, mental or emotional nervous disorder; dementia, Alzheimer's, eye disorder; epilepsy, seizures, paralysis; depression; anxiety; or any other disease or disorder of the nervous system? ☐ Yes ☐ No
  - c. Arthritis; loss of limb, or deformity; disorder of bone, joint, muscle, back, or spine; lupus, connective tissue disorder; or any other disorder of the musculoskeletal system? ☐ Yes ☐ No
5. Within the past 5-years has the Proposed Insured:
  - a. used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or other habit forming drugs, except as prescribed by a physician? ☐ Yes ☐ No
  - b. received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs? ☐ Yes ☐ No
6. Has the Proposed Insured been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

**For questions 3 through 6, please circle the applicable item(s) in each question above and provide details to all YES answers below.**

| Ques. No. | Specify condition | Date | Treatment/Results | Physician/Hospital/Address |
|-----------|-------------------|------|-------------------|----------------------------|
|           |                   |      |                   |                            |



## Additional Information:

Corrections and Amendments (For Home Office Use Only)

## Agreement/Acknowledgement

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

- My statements in this 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 of America (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 this 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.
- Corrections, additions, or changes to this application may be made by Royal Neighbors. Any such changes will be shown under "Corrections and Amendments." Acceptance of a certificate issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.
- If not a current member, I, the Proposed Insured, hereby apply to become a member of Royal Neighbors as indicated by my signature on page 4. 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.
- **The type of insurance product I am purchasing has characteristics which generally require treatment as a Modified Endowment contract (MEC). I have received information regarding MEC's and understand that if the transaction now pending with respect to my life insurance certificate becomes a MEC, it may result in future tax liability for me.**

## 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 of America (Royal Neighbors), its agents, employees, or representatives. I further authorize RNA, 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 or as permitted by applicable law in the state where the certificate is delivered or issued for delivery 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.



## Taxpayer Identification Number Certification

Under penalties of perjury, I, the Proposed Owner, certify that:

The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:

- a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; **OR**  
b) the IRS has notified me that I am not subject to backup withholding. *(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)*

I am a U.S. citizen or a U.S. resident alien for tax purposes. **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**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.

## Signatures

Except as may be provided under the Conditional Receipt on page 5 of this application, 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 certificateowner; c) the first premium has been paid to and accepted by Royal Neighbors; 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

### REPLACEMENT:

Do you have any knowledge or reason to believe the Proposed Insured has any existing or applied for life insurance or annuity contracts with this or any other company? ☐ Yes ☐ No

If Yes, and applicable, have you completed a replacement questionnaire and any other state required replacement forms? ☐ Yes ☐ No

Do you have any knowledge or reason to believe that the Proposed Insured has in-force life insurance or annuity contracts that may be replaced as a result of this transaction? ☐ Yes ☐ No

If Yes, and applicable, have you completed a replacement questionnaire and any other state required replacement forms? ☐ Yes ☐ No

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

Did you personally review a photo I.D. of the Proposed Insured and Owner? ☐ Yes ☐ No If Yes, form of I.D. \_\_\_\_\_

Was interview completed at point-of-sale? ☐ Yes ☐ No

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



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







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

A Fraternal Benefit Society

# Conditional Receipt

**Unless each and every condition specified below is fulfilled exactly, no insurance will become effective prior to delivery of the certificate of insurance. No agent of Royal Neighbors of America (*Royal Neighbors*) is authorized to alter or waive any of the conditions.**

Received from \_\_\_\_\_ on (Date) \_\_\_\_\_ the sum of ☐ \$ \_\_\_\_\_ (in the form of a check or cashier's check only) / ☐ no money received with application in connection with an application to Royal Neighbors for the following insurance certificate:

Proposed Insured: \_\_\_\_\_ Life Insurance Amount: \$ \_\_\_\_\_ Plan: \_\_\_\_\_

1. All of the following conditions must be met before insurance may become effective prior to delivery of the certificate:

- a) The payment indicated above must be at least equal to the greater of \$10,000 or the single premium necessary to pay the premium for the face amount applied for at the standard rate class. Assuming all the other conditions under this paragraph have been met, if Royal Neighbors, in accordance with its rules, would have issued the certificate for a lesser amount than applied for, and the premium paid was at least equal to the premium that would have been required for the issuance of a certificate at this new face amount, then the death benefit payable under the receipt shall be such as the premium paid would have purchased.
- b) All medical examinations, records, and tests required by Royal Neighbors must be completed and received at the Home Office of Royal Neighbors.
- c) As of the effective date, as defined below, the Proposed Insured must be a standard risk under rules and practices of Royal Neighbors for the plan and the amount of life insurance applied for, without change and at the rate of premium paid.
- d) As of the effective date, the state of health and all factors affecting the insurance of the Proposed Insured must be as stated in the application.

2. When each and every one of the conditions of paragraph 1 have been met, the insurance coverage, as provided by the terms and conditions of the certificate of life insurance applied for, but not greater than \$400,000, will begin as of the Effective Date. "Effective Date" as used herein, means the later of:

- a) the date of completion of the underwriting decision; or
- b) the receipt in the Home Office of all funds from the proposed owner or through an IRS Section 1035 Exchange sufficient to meet the requirements for insurance coverage under paragraph 1.

3. If the conditions have been met and coverage begins, coverage under this receipt will terminate 60 days from the date of this receipt unless prior to that date the insurance certificate is issued, delivered, and accepted.

**IMPORTANT INFORMATION: If no check or money order is received with this application or funds from an IRS Section 1035 Exchange have not been received at the Home Office, then this conditional insurance is not effective and there will be no insurance in effect unless and until a certificate for the insurance applied for has been issued and delivered and the full amount of the premium due has been received at the Home Office of Royal Neighbors.**



Signature of Agent Receiving the Payment \_\_\_\_\_



Signature of Proposed Insured \_\_\_\_\_

**I understand and agree to the terms, conditions, and limits of this receipt and the agreements in the application, all of which have been fully explained to me by the agent.**



Signature of Proposed Owner \_\_\_\_\_



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

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers may make a brief report thereon to 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 a 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 and the Proposed Owner. 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 or Proposed Owner will be used to determine her or his eligibility for life insurance.

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

### **Notice of Potential Modified Endowment Contract**

Section 7702A of the Internal Revenue Code places a limit on the amount and timing of premium payments for a life insurance contract. If the limit is exceeded, the contract becomes a Modified Endowment Contract (MEC).

Death benefits under a MEC are income tax free to the beneficiary. Any other value received from a MEC is referred to as a "distribution" and may result in an income tax liability. Distributions include cash withdrawals; cash surrender of the contract, loans, and assignment of the contract to another person or institution.

Distributions are first considered to be any gain under the contract and the gain is taxable in the year that it is received. In addition, a taxable distribution is subject to a 10% tax penalty if the taxpayer has not attained age 59 ½, subject to certain exceptions contained in the tax code. Also, distributions received in the two year period prior to the date the contract becomes a MEC may be taxable.

Distributions that exceed the gain under the contract are not taxable.

Tax laws are subject to change.



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

**Royal Neighbors of America**

[www.royalneighbors.org](http://www.royalneighbors.org)

Rock Island, Home Office

230 16th St., Rock Island, IL 61201

(800) 627-4762







INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

230 16<sup>th</sup> Street • Rock Island, IL 61201  
(309) 788-4561 • (800) 627-4762  
contact@royalneighbors.org • www.royalneighbors.org

## Modified Endowment Contract Disclosure Statement

Section 7702A of the Internal Revenue Code places a limit on the amount and timing of premium payments for a life insurance contract. If the limit is exceeded, the contract becomes a Modified Endowment Contract (MEC).

Death benefits under a MEC are income tax free to the beneficiary. Any other value received from a MEC is referred to as a “distribution” and may result in an income tax liability. Distributions include cash withdrawals, cash surrender of the contract, loans, and assignment of the contract to another person or institution.

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Distributions that exceed the gain under the contract are not taxable.

Tax laws are subject to change.

## Acceptance of a Modified Endowment Contract

I have received and read the Modified Endowment Contract Disclosure Statement furnished to me by Royal Neighbors of America regarding Modified Endowment Contracts. I understand that the life insurance certificate I have applied for is a Modified Endowment Contract that may be subject to future tax liability as outlined above.

I request that the pending transaction be completed.

---

Signature of Owner

---

Signature of Agent

---

Date



## 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

**Request for Policy/Account/Certificate Transfer or Exchange**

|   |   |
|---|---|
| <b>Current Trustee/Insurance Company/Financial Institution ("FI")</b> | <b>Policy/Account Owner Name(s)</b>                     |
| Street Address of Current Trustee/Ins. Co./FI                         | Policy/Account Number(s) at Current Trustee/Ins. Co./FI |
| City, State, ZIP of Current Trustee/ Ins. Co./FI                      | Owner Social Security Number(s) or Tax I.D. Number(s)   |
| Telephone Number of Current Ins. Co./FI                               | Annuitant/Insured Name(s) (if other than owner)         |

|   |  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
|---|--|--------------|------------|-----------------------------------|-----------------------------------|---|------------------------------------|--|---|-----------------------------------|--|--------------------------------------|--------------------------------------|
| <b>TRANSFER INSTRUCTIONS:</b><br><b>Please transfer the policy/account values indicated below:</b><br><input type="checkbox"/> <b>Partial:</b> Transfer policy/acct/cert value totaling \$ _____ or %<br><input type="checkbox"/> <b>Complete:</b> Transfer all policy/acct/cert values. Surrender if an annuity policy.<br><b>FULL 1035 EXCHANGES:</b> I, the owner, assign and transfer to Royal Neighbors all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.<br><b>Approximate Transfer Amount:</b> \$ _____<br><input type="checkbox"/> <b>NON-QUALIFIED TYPE OF TRANSFER:</b><br><input type="checkbox"/> <b>Non-Qualified Policy/Account Values, 1035 Exchange</b><br><input type="checkbox"/> <b>Non-Qualified Funds, Non-1035 Exchange from:</b><br><input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bank CD <input type="checkbox"/> Other Non-Qualified Asset | <input type="checkbox"/> <b>QUALIFIED TYPE OF TRANSFER:</b><br><table><tr><td><b>From:</b></td><td><b>To:</b></td></tr><tr><td><input type="checkbox"/> IRA, SEP</td><td><input type="checkbox"/> IRA, SEP</td></tr><tr><td><input type="checkbox"/> Tax-Sheltered Annuity {403(b)}</td><td><input type="checkbox"/> Roth IRA*</td></tr><tr><td><input type="checkbox"/> 401(k) Qualified Savings Plan</td><td>* <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010</td></tr><tr><td><input type="checkbox"/> Roth IRA</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td><input type="checkbox"/> Other _____</td></tr></table> <b>Type of Qualified Transfer or Rollover::</b><br><input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover<br><input type="checkbox"/> Non-Direct Rollover<br><input type="checkbox"/> <b>Retirement Plan to an IRA:</b> | <b>From:</b> | <b>To:</b> | <input type="checkbox"/> IRA, SEP | <input type="checkbox"/> IRA, SEP | <input type="checkbox"/> Tax-Sheltered Annuity {403(b)} | <input type="checkbox"/> Roth IRA* | <input type="checkbox"/> 401(k) Qualified Savings Plan | * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010 | <input type="checkbox"/> Roth IRA |  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <b>From:</b>  | <b>To:</b>   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> IRA, SEP   | <input type="checkbox"/> IRA, SEP  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Tax-Sheltered Annuity {403(b)}   | <input type="checkbox"/> Roth IRA*   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> 401(k) Qualified Savings Plan  | * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Roth IRA   |  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**

- A) Have you reached age 70½ or older in this calendar year? ☐ YES ☐ NO (If the Answer to A, is YES, you are certifying that B is true.)  
B) I certify that my RMD has been made or will be made prior to transfer.

**FOR ALL TRANSFERS:** As the owner of the policy/account/certificate indicated above, I request the above transfer to Royal Neighbors of America. I represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account/certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to Royal Neighbors. I further agree that Royal Neighbors is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

|   |  |  |
|---|--|--|
| <b>My Annuity/Life policy is:</b>   | <input type="checkbox"/> <b>ENCLOSED</b> | <input type="checkbox"/> <b>NOT APPLICABLE</b> |
| <input type="checkbox"/> <b>LOST/DESTROYED:</b> I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it. |  |  |

**Taxpayer Identification Number Certification**

Under penalty of perjury, I, the Proposed Owner, certify the following:

- The Social Security number given on page 1 is my correct Social Security number; and
- That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

**You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.**

X \_\_\_\_\_  
Signature of Policy/Account Owner Date Signature of Agent Date

**ACCEPTANCE BY ROYAL NEIGHBORS OF AMERICA (FOR OFFICE USE ONLY)**

Royal Neighbors of America acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Royal Neighbors will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.

**Make check payable to: Royal Neighbors of America • FBO the owner(s) noted above.**

\_\_\_\_\_  
Royal Neighbors Certificate Number\_\_\_\_\_  
Authorized Signature/Title\_\_\_\_\_  
Date

**Request for Policy/Account/Certificate Transfer or Exchange**

|   |   |
|---|---|
| <b>Current Trustee/Insurance Company/Financial Institution ("FI")</b> | <b>Policy/Account Owner Name(s)</b>                     |
| Street Address of Current Trustee/Ins. Co./FI                         | Policy/Account Number(s) at Current Trustee/Ins. Co./FI |
| City, State, ZIP of Current Trustee/ Ins. Co./FI                      | Owner Social Security Number(s) or Tax I.D. Number(s)   |
| Telephone Number of Current Ins. Co./FI                               | Annuitant/Insured Name(s) (if other than owner)         |

|   |  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
|---|--|--------------|------------|-----------------------------------|-----------------------------------|---|------------------------------------|--|---|-----------------------------------|--|--------------------------------------|--------------------------------------|
| <b>TRANSFER INSTRUCTIONS:</b><br><b>Please transfer the policy/account values indicated below:</b><br><input type="checkbox"/> <b>Partial:</b> Transfer policy/acct/cert value totaling \$ _____ or %<br><input type="checkbox"/> <b>Complete:</b> Transfer all policy/acct/cert values. Surrender if an annuity policy.<br><b>FULL 1035 EXCHANGES:</b> I, the owner, assign and transfer to Royal Neighbors all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.<br><b>Approximate Transfer Amount:</b> \$ _____<br><input type="checkbox"/> <b>NON-QUALIFIED TYPE OF TRANSFER:</b><br><input type="checkbox"/> <b>Non-Qualified Policy/Account Values, 1035 Exchange</b><br><input type="checkbox"/> <b>Non-Qualified Funds, Non-1035 Exchange from:</b><br><input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bank CD <input type="checkbox"/> Other Non-Qualified Asset | <input type="checkbox"/> <b>QUALIFIED TYPE OF TRANSFER:</b><br><table><tr><td><b>From:</b></td><td><b>To:</b></td></tr><tr><td><input type="checkbox"/> IRA, SEP</td><td><input type="checkbox"/> IRA, SEP</td></tr><tr><td><input type="checkbox"/> Tax-Sheltered Annuity {403(b)}</td><td><input type="checkbox"/> Roth IRA*</td></tr><tr><td><input type="checkbox"/> 401(k) Qualified Savings Plan</td><td>* <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010</td></tr><tr><td><input type="checkbox"/> Roth IRA</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td><input type="checkbox"/> Other _____</td></tr></table> <b>Type of Qualified Transfer or Rollover::</b><br><input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover<br><input type="checkbox"/> Non-Direct Rollover<br><input type="checkbox"/> <b>Retirement Plan to an IRA:</b> | <b>From:</b> | <b>To:</b> | <input type="checkbox"/> IRA, SEP | <input type="checkbox"/> IRA, SEP | <input type="checkbox"/> Tax-Sheltered Annuity {403(b)} | <input type="checkbox"/> Roth IRA* | <input type="checkbox"/> 401(k) Qualified Savings Plan | * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010 | <input type="checkbox"/> Roth IRA |  | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <b>From:</b>  | <b>To:</b>   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> IRA, SEP   | <input type="checkbox"/> IRA, SEP  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Tax-Sheltered Annuity {403(b)}   | <input type="checkbox"/> Roth IRA*   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> 401(k) Qualified Savings Plan  | * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 2010  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Roth IRA   |  |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____   |              |            |                                   |                                   |   |                                    |  |   |                                   |  |                                      |                                      |

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**

- A) Have you reached age 70½ or older in this calendar year? ☐ YES ☐ NO (If the Answer to A, is YES, you are certifying that B is true.)  
B) I certify that my RMD has been made or will be made prior to transfer.

**FOR ALL TRANSFERS:** As the owner of the policy/account/certificate indicated above, I request the above transfer to Royal Neighbors of America. I represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account/certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to Royal Neighbors. I further agree that Royal Neighbors is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

|   |  |  |
|---|--|--|
| <b>My Annuity/Life policy is:</b>   | <input type="checkbox"/> <b>ENCLOSED</b> | <input type="checkbox"/> <b>NOT APPLICABLE</b> |
| <input type="checkbox"/> <b>LOST/DESTROYED:</b> I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it. |  |  |

**Taxpayer Identification Number Certification**

Under penalty of perjury, I, the Proposed Owner, certify the following:

- The Social Security number given on page 1 is my correct Social Security number; and
- That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

**You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.**

X \_\_\_\_\_  
Signature of Policy/Account Owner Date Signature of Agent Date

**ACCEPTANCE BY ROYAL NEIGHBORS OF AMERICA (FOR OFFICE USE ONLY)**

Royal Neighbors of America acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Royal Neighbors will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.

**Make check payable to: Royal Neighbors of America • FBO the owner(s) noted above.**

\_\_\_\_\_  
Royal Neighbors Certificate Number\_\_\_\_\_  
Authorized Signature/Title\_\_\_\_\_  
Date