



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, 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?

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?

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, ID number, ID issuer, ID expiration date, Are you a U.S. citizen?, If No, Permanent Resident ID #, Check if you wish ownership to revert to Insured upon Owner's death.*

SECTION 4 – Beneficiary(ies)

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

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? Yes No

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? Yes No
 b. Confined to a wheelchair, bed, or using oxygen equipment to assist in breathing? Yes 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)? Yes 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? Yes No
 b. Insulin shock, diabetic coma, amputation caused by disease, or taken insulin shots prior to age 30? Yes No
 c. Dementia, Alzheimer's Disease, or mental incapacity? Yes No

5. During the past 18 months has the Proposed Insured been diagnosed as having:
 a. Stroke, aneurysm, cardiomyopathy, or circulatory surgery? Yes No
 b. Angina (chest pain), heart attack or failure, or heart surgery? Yes 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? Yes No
 b. Cirrhosis, liver disease, kidney failure (including dialysis), chronic kidney disease, or systemic lupus? Yes 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? Yes 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? Yes No
 c. Been recommended by a physician to have treatment or counseling for alcohol or drug abuse? Yes 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? Yes 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)? Yes 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)? Yes No
 b. Neuromuscular disease (including Multiple Sclerosis, Lou Gehrig's Disease, Epilepsy, or Parkinson's Disease)? Yes 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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Royal Neighbors of America
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.

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.*

Royal Neighbors of America
230 16th St., Rock Island, IL 61201
(800) 627-4762 • www.royalneighbors.org





Supplemental Questionnaire for Individual Life Insurance

SECTION 1 – PROPOSED INSURED

This is a supplement to the application for life insurance for:

Proposed Insured Name: _____

Simplified Issue Whole Life Single Premium Whole Life Jet Whole Life Jet Term Life

Date of Application for Life Insurance: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City, State, ZIP: _____

SECTION 2 – PROPOSED INSURED MEDICAL INFORMATION

- In the past 30 days, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for COVID-19 (the SARS Co-V-2 virus)? YES NO
- In the past 30 days, has a member of the medical profession administered a test on you for COVID-19, for which the results have not been received, or recommended that you be tested for COVID-19 (the SARS Co-V-2 virus)? YES NO
- In the past 30 days, have you been advised by a medical professional to self-quarantine? YES NO
- In the past 30 days, have you been treated, examined or advised by a member of the medical profession, whether in person, by phone or by other electronic means, for fatigue, fever, cough, or shortness of breath? YES NO

NOTICE

Only for products offering Graded Death Benefits, the following language is stricken from the application:
"If question 8 and 9 are answered YES, only Graded Death Benefit is available."

AGREEMENT / ACKNOWLEDGMENT

This Supplemental Questionnaire is made part of my application for life insurance. I have read this Supplemental Questionnaire, and to the best of my knowledge and belief, all answers are true and correct. I understand and agree that (1) any insurance shall be issued by Royal Neighbors of America is dependent on these answers being complete and correct; and (2) the answers given in the application, this Supplemental Questionnaire, and any other amendments to the application will be the basis of any insurance issued.

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

Signature of Proposed Insured: _____ Date: _____

Signature of Agent: _____ Date: _____

A Fraternal Benefit Society
Incorporated in 1895



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

Royal Neighbors of America
Home Office
230 Sixteenth St.
Rock Island, IL 61201
(800) 627-4762
(309) 788-4561
www.royalneighbors.org

Please check the box for each rider applied for.

**Accelerated Gross Death Benefit Rider – Terminal Illness
Rider Disclosure Statement**

The rider provides prepayment, to the Owner, a portion of the Death Benefit of the Certificate to which the rider is attached when Royal Neighbors receives written proof that the Insured has been certified by a Physician as having a Terminal Illness pursuant to the terms of the rider. There is no premium or cost of insurance charged for the rider.

IMPORTANT NOTICE

This is a life insurance rider providing for an accelerated gross death benefit payment of the certificate to which it is attached. Payment of an accelerated gross death benefit will result in a reduction of the gross death benefit and cash, loan or accumulation values of the certificate and either premiums or cost of insurance charges, as applicable.

Although the payments made under this rider are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code, as amended, receipt of accelerated gross death benefits may be taxable or may affect the owners' eligibility for benefits under state or federal law. The owner should consult with her or his personal tax advisor and social service agencies before requesting accelerated death benefits under this rider.

Royal Neighbors will pay the accelerated benefit, at the Owner's request, subject to the provisions of the rider, if the Insured is diagnosed as having a Terminal Illness. A Terminal Illness is an illness or physical injury, certified by a Physician, which is reasonably expected to result in a drastically limited life span for the Insured. The Terminal Illness cannot be the result of an intentional self-inflicted injury.

Upon written request by the Owner of the certificate, Royal Neighbors will pay an accelerated death benefit described below, subject to the limitation and requirements outlined in the Accelerated Gross Death Benefit Rider. Any assignee or irrevocable beneficiary must consent before Royal Neighbors pays an accelerated death benefit.

The Owner may request an acceleration of a portion of the death benefit in an amount not to exceed the lesser of 90% of the eligible coverage or \$450,000. Amounts accelerated under this rider and other accelerated benefit rider issued by Royal Neighbors covering the Insured will count toward that maximum.

Any accidental death coverage provided in the Certificate or by a rider, if any, will not be affected by the payment of the accelerated benefit under the rider.

A \$250 Administrative Fee will be charged at time of acceleration

The following charts show the effect of an accelerated benefit payment for both a Universal and Whole Life Insurance Certificate. The examples shown are illustrative only and are not intended to show actual values.

Universal Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$100,000.00	Acceleration Percentage 90%	\$90,000.00	Death Benefit	\$10,000.00
Cash Value	\$7,704.24			Cash Value	\$770.42
Loan Balance	\$1,200.00			Loan Balance	\$120.00
Monthly Deduction	\$27.99			Monthly Deduction	\$13.32
		Less Acceleration Discount	\$2,860.00		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$1,080.00		
		Net Payment to Owner	\$85,810.00		

Whole Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$100,000.00	Acceleration Percentage 90%	\$90,000.00	Death Benefit	\$10,000.00
Cash Value	\$13,887.00			Cash Value	\$1,388.70
Loan Balance	\$12,000.00			Loan Balance	\$1,200.00
Annualized Premium	\$2,272.00			Annualized Premium	\$272.20
		Less Acceleration Discount	\$2,860.00		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$10,800.00		
		Net Payment to Owner	\$76,090.00		

**☐ Accelerated Gross Death Benefit Rider – Chronic Illness
Rider Disclosure Statement**

The rider provides prepayment, to the Owner, a portion of the Death Benefit of the Certificate to which the rider is attached when Royal Neighbors receives written proof that the Insured has been certified by a Licensed Health Care Practitioner as having a Chronic Illness pursuant to the terms of the rider. There is no premium or cost of insurance charged for the rider.

IMPORTANT NOTICE

This is a life insurance rider providing for an accelerated gross death benefit payment of the Certificate to which it is attached. Payment of an accelerated gross death benefit will result in a reduction of the gross death benefit and cash, loan, or accumulation values of the certificate and either premiums or cost of insurance charges, as applicable.

Although the payments made under this rider are intended to qualify for favorable tax treatment under Section 101(g) and 7702B of the Internal Revenue Code, as amended, receipt of accelerated gross death benefits may be taxable or may affect the owners' eligibility for benefits under state or federal law. The Owner should consult with her or his personal tax advisor and social service agencies before requesting accelerated death benefits under this rider.

Royal Neighbors will pay the accelerated benefit, at the Owner's request, subject to the provisions of the rider, if the Insured is diagnosed as having a Chronic Illness. A Chronic Illness is a disease, injury or condition causing an individual to be reasonably determined to be permanently:

- 1) Unable to perform 2 or more Activities of daily living (without substantial assistance of another individual) for a period of at least 90 days due to loss of functional capacity, or
- 2) Requiring an individual to need Substantial Supervision to protect the individual from threats to health or safety due to Severe Cognitive Impairment.

Upon written request by the Owner of the certificate, Royal Neighbors will pay an accelerated death benefit described below, subject to the limitation and requirements outlined in the Accelerated Gross Death Benefit Rider. Any assignee or irrevocable beneficiary must consent before Royal Neighbors pays an accelerated death benefit.

The Owner may request an acceleration of a portion of the death benefit in an amount not to exceed the lesser of 80% of the eligible coverage or \$400,000. Amounts accelerated under this rider and any other accelerated benefit rider issued by Royal Neighbors covering the Insured will count toward that maximum.

Any accidental death coverage provided in the Certificate or by a rider, if any, will not be affected by the payment of the accelerated benefit under the rider.

A \$250 Administrative Fee will be charged at time of acceleration.

The following charts show the effect of an accelerated benefit payment for both a Universal and a Whole Life Insurance Certificate. The examples shown are illustrative only and are not intended to show actual values.

Universal Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$125,000.00	Acceleration Percentage 80%	\$100,000.00	Death Benefit	\$25,000.00
Cash Value	\$17,083.34			Cash Value	\$3,416.67
Loan Balance	\$12,000.00			Loan Balance	\$2,400.00
Monthly Deduction	\$71.95			Monthly Deduction	\$65.32
		Less Acceleration Discount	\$15,042.16		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$9,600.00		
		Net Payment to Owner	\$75,107.84		

Whole Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$125,000.00	Acceleration Percentage 80%	\$100,000.00	Death Benefit	\$25,000.00
Cash Value	\$19,005.00			Cash Value	\$3,801.00
Loan Balance	\$12,000.00			Loan Balance	\$2,400.00
Annualized Premium	\$2,951.88			Annualized Premium	\$632.16
		Less Acceleration Discount	\$15,042.16		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$9,600.00		
		Net Payment to Owner	\$75,107.84		

**Accelerated Gross Death Benefit Rider – Critical Illness
Rider Disclosure Statement**

The rider provides prepayment, to the Owner, a portion of the Death Benefit of the Certificate to which the rider is attached when Royal Neighbors receives written proof that the Insured had been certified by a Physician as having a Critical Illness pursuant to the terms of the rider. There is no premium or cost of insurance charged for the rider.

IMPORTANT NOTICE

This is a life insurance rider providing for an accelerated gross death benefit payment of the Certificate to which it is attached. Payment of an accelerated gross death benefit will result in a reduction of the gross death benefit and cash, loan or accumulation values of the certificate and either premiums or cost of insurance charges, as applicable.

Choosing this rider may affect the Owner's eligibility for high deductible health insurance plans. The Owner should consult with her or his personal tax advisor and social service agencies before requesting accelerated death benefits under this rider.

Royal Neighbors will pay the accelerated benefit, at the Owner's request, subject to the provisions of the rider, if the Insured is diagnosed as having a Critical Illness. A Critical Illness is defined in the rider as one or more of the following:

1. Cancer
2. Heart Attack
3. Stroke
4. Paralysis
5. End Stage Renal Failure
6. Major Organ Transplant

Upon written request by the Owner of the Certificate, Royal Neighbors will pay an accelerated death benefit described below, subject to the limitation and requirements outlined in the Accelerated Gross Death Benefit Rider. Any assignee or irrevocable beneficiary must consent before Royal Neighbors pays an accelerated death benefit.

The Owner may request an acceleration of a portion of the death benefit in an amount not to exceed the lesser of 25% of the eligible coverage or \$100,000. Amounts accelerated under this rider and any other accelerated benefit rider issued by Royal Neighbors covering the Insured will count toward that maximum.

Any accidental death coverage provided in the Certificate or by a rider, if any, will not be affected by the payment of the accelerated benefit under the rider.

A \$250 Administrative Fee will be charged at time of acceleration.

The following charts show the effect of an accelerated benefit payment for a both a Universal Insurance and a Whole Certificate. The examples shown are illustrative only and are not intended to show actual values.

Universal Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$100,000.00	Acceleration Percentage 25%	\$25,000.00	Death Benefit	\$75,000.00
Cash Value	\$13,431.17			Cash Value	\$10,073.38
Loan Balance	\$12,000.00			Loan Balance	\$9,000.00
Monthly Deduction	\$59.15			Monthly Deduction	\$50.93
		Less Acceleration Discount	\$15,799.27		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$3,000.00		
		Net Payment to Owner	\$5,950.73		

Whole Life					
Before Acceleration		Requested Acceleration		After Acceleration	
Death Benefit	\$100,000.00	Acceleration Percentage 25%	\$25,000.00	Death Benefit	\$75,000.00
Cash Value	\$15,204.00			Cash Value	\$11,403.00
Loan Balance	\$12,000.00			Loan Balance	\$9,000.00
Annualized Premium	\$2,371.92			Annualized Premium	\$1,792.08
		Less Acceleration Discount	\$15,799.27		
		Less Administrative Fee	\$250.00		
		Less Accelerated Loan Balance	\$3,000.00		
		Net Payment to Owner	\$5,950.73		

I acknowledge that I have received and read this disclosure statement which has been furnished to me on this date.

Proposed Insured Signature _____ Date _____

Proposed Owner Signature _____ Date _____

Agent Signature _____ Date _____



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

Submit completed form with the application – Provide a copy of completed form to the applicant.





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 <i>(If not applicable, description of coverage)</i>	Annual Premium* <i>(If not known, premium for mode quoted)</i>
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 5 Years	After 10 Years	After 20 Years	At 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.