



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
 SSN/Tax ID _____ ID number _____
 Marital status S M W D Sex M F ID issuer _____
 State/Country of birth _____ Email address _____
 Are you a U.S. citizen? Yes No If No, are you a legal U.S. resident (Green Card)? 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 Proposed Owner is other than Proposed Insured**

Sex M F Relationship to Proposed Insured _____
 Name _____ Email address _____
 Street _____ Identification:
 City _____ State _____ ZIP _____ U.S. driver's license Government issued ID
 SSN/Tax ID _____ ID number _____
 Phone number (____) _____ DOB _____ ID issuer _____
 Are you a U.S. citizen? Yes No If No, are you a legal U.S. resident (Green Card)? Yes No

SECTION 4 – Beneficiary(ies)

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

PRIMARY **PRIMARY** **CONTINGENT**

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

SECTION 5 – Information Regarding Insurance Applied for

<p>1. <input checked="" type="checkbox"/> SINGLE PREMIUM WHOLE LIFE</p> <p>2. SINGLE PREMIUM –</p> <p><input type="checkbox"/> Cash with application\$ _____</p> <p><input type="checkbox"/> Cash to be received before issue\$ _____</p> <p><input type="checkbox"/> Funds from \$1035 Exchange\$ _____ (from existing life contract only)</p> <p>3. ESTIMATED FACE AMOUNT \$ _____</p>	<p>4. RIDERS</p> <p><input checked="" type="checkbox"/> Accelerated Death Benefit - Terminal Illness <i>(to remove, strike through and Proposed Owner initial here _____.)</i></p> <p><input type="checkbox"/> Accelerated Death Benefit - Chronic Illness <i>(Choosing this rider may affect eligibility for Gov't Programs)</i></p> <p><input type="checkbox"/> Accelerated Death Benefit - Critical Illness <i>(Choosing this rider may affect eligibility for HDP)</i></p> <p>5. DIVIDEND OPTION</p> <p><input type="checkbox"/> Paid in cash</p> <p><input type="checkbox"/> Left on deposit to accumulate at interest</p>
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SECTION 6 – Financial Questions

Has the Proposed Insured or Proposed 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 Proposed 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 any product containing tobacco and/or nicotine? 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.

Question #	Name of Physician/Address	Illness Date/Duration	Diagnosis/Medications/Treatments



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 120 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 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 this authorization complies with the HIPAA Privacy Rule.**

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 and or reported 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 a 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 Proposed Insured are as stated in this application.

I acknowledge receiving and signing the Rider Disclosure Statement, Form 9745-A, from my agent, if applicable.

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? Yes No If Yes, form of I.D. _____

Did you personally review a photo I.D. of the Proposed Owner? Yes No If Yes, form of I.D. _____

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

Was Rider Disclosure Statement, Form 9745-A, delivered and signed by you and the Proposed Insured and Proposed Owner, if applicable? Yes No

Note: Refer to language at top of Conditional Receipt for circumstances when Conditional Receipt should not be used.



Agent no. _____ Agent license no. _____

Signature of Writing Agent _____ Date _____

Printed name of Writing Agent _____

If applicable, complete the following:

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

IMPORTANT: If face amount is over \$400,000 or if within the past 12 months the Proposed Insured has been treated by a member of the medical profession for heart trouble, stroke, or cancer, payment (including authorization to draft the first premium) cannot be received with application and no conditional receipt may be given and there will be no coverage under any conditional receipt. 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.

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 application; or
 - b) the date of completion of all medical examinations, electrocardiograms, blood/urine tests, and other tests required by Royal Neighbors; or
 - c) 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.

NO AGENT OR OTHER PERSON IS AUTHORIZED BY ROYAL NEIGHBORS TO WAIVE OR MODIFY ANY OF THE PROVISIONS OF THE CONDITIONAL RECEIPT.



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. 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 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.



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Royal Neighbors of America

www.royalneighbors.org

Rock Island, Home Office

230 16th St., Rock Island, IL 61201

(800) 627-4762





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Rock Island, IL 61201
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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™

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Home Office
230 Sixteenth St.
Rock Island, IL 61201
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(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 _____



INFORMATION STATEMENT

**THE LIFE INSURANCE I INTEND TO PURCHASE FROM
ROYAL NEIGHBORS OF AMERICA MAY
REPLACE OR ALTER EXISTING LIFE INSURANCE**

The following certificate(s) or policies may be replaced as a result of this transaction:

<u>Insurer as it appears on the certificate/policy</u>	<u>Insured as it appears on the certificate/policy</u>	<u>Certificate/Policy Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The proposed life insurance certificate/policy is:

_____ \$ _____
Type of certificate/policy - generic name Face Amount

Signature of Applicant Date

Address of Applicant City State

I certify that this form and the "Notice to Applicants Regarding Replacement of Life Insurance" were given to and signed by

(Applicant - Please print or type)
prior to taking an application and that I am leaving a signed copy for the applicant.

Date

Agent's Signature

Address

City State

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





NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE

**THIS NOTICE IS FOR YOUR PROTECTION AND IS REQUIRED
BY REGULATION OF THE MICHIGAN COMMISSIONER OF INSURANCE
PLEASE READ IT CAREFULLY**

Dropping or changing your existing life insurance to replace it with a new life insurance certificate may be disadvantageous because:

An insurer can deny a claim during the first two years if it can be shown that you withheld information from your application which was important to the decision of whether to insure you. This is called the "CONTESTABLE PERIOD." If you drop or change certificates, you may have to go through the two year period again.

You may pay **HIGHER RATES** for identical coverage because of your age. Life insurance rates go up as you get older.

BEFORE YOU DROP, CHANGE OR CASH IN YOUR PRESENT INSURANCE and apply for new insurance, you should:

1. Compare the certificate **BENEFITS** and **OPTIONS**. The agent is required by law to provide you with all pertinent facts of the change and the insurance company you are considering must notify the company that issued your existing policy or certificate.
2. Be aware that you may be required to provide **EVIDENCE OF INSURABILITY**. If your health condition has changed since the application was taken on your present certificate/policy, you may be required to pay additional premiums under the new certificate, or be denied coverage.
3. Compare the **LOAN INTEREST RATE**. The interest rate for new certificate is probably higher than for the existing certificate/policy. Therefore, you will pay more when you want to borrow the cash value. If you are considering borrowing against your existing certificate/policy, 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 policy/certificate.
4. Find out if the existing certificate/policy and/or the proposed certificate offers **DIVIDENDS OR EXCESS INTEREST**. Dividends or excess interest can have a significant impact on net certificate cost. Remember that no company can guarantee the amount of dividends it will pay in the future, nor can excess interest projections be presented as to imply a guarantee.
5. **CONTACT THE AGENT OF YOUR PRESENT INSURER**. Your present insurer may make changes in your existing insurance on terms which are more favorable to you than can another company.
6. Find out if there are income or estate tax consequences if you drop or change your present policy/certificate.

You should not drop or change your existing life insurance coverage until after you have been issued the new certificate, examined it and found it to be acceptable to you. **REMEMBER YOU HAVE TWENTY DAYS AFTER RECEIPT OF THE CERTIFICATE TO CANCEL AND OBTAIN A FULL REFUND.**

Applicant's Signature _____

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





Request for Policy/Account/Certificate Transfer or Exchange

Current Trustee/Insurance Company/Financial Institution ("FI")	Policy/Account Owner Name(s)
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)

TRANSFER INSTRUCTIONS:
Please transfer the policy/account values indicated below:
 Except as noted below, transfers may not include funds from variable products.
 Partial: Transfer policy/acct/cert value totaling \$ _____ or %
 Complete: Transfer all policy/acct/cert values. Surrender if an annuity policy.
FULL 1035 EXCHANGES: 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.
Approximate Transfer Amount: \$ _____

NON-QUALIFIED TYPE OF TRANSFER:
 Non-Qualified Policy/Account Values, 1035 Exchange
 Non-Qualified Funds, Non-1035 Exchange from:
 Mutual Fund Bank CD Other Non-Qualified Asset

QUALIFIED TYPE OF TRANSFER:

From:	To:
<input type="checkbox"/> IRA, SEP	<input type="checkbox"/> IRA, SEP
<input type="checkbox"/> Tax-Sheltered Annuity {403(b)} (variable funds allowed)	<input type="checkbox"/> Roth IRA*
<input type="checkbox"/> 401(k) Qualified Savings Plan (variable funds allowed)	* <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year 20__
<input type="checkbox"/> Roth IRA	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Type of Qualified Transfer or Rollover:
 Direct Transfer Direct Rollover
 Non-Direct Rollover

Retirement Plan to an IRA:

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.

My Annuity/Life policy is: ENCLOSED NOT APPLICABLE
 LOST/DESTROYED: 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:
 1. The Social Security number given on page 1 is my correct Social Security number; and
 2. 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
 3. 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





**INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM**

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

**SINGLE PREMIUM WHOLE LIFE (SPWL)
DECLARATION OF SOURCE OF FUNDS**
(Premium Amounts \$25,000 to \$49,000)

In order to complete your application, you are required to provide the following information:

The source(s) of the funds that I will be using to pay for this SPWL product is/are (check all that apply):

- 1035 Exchange CD* Existing Fixed Annuity*
- Existing Variable Annuity* Inheritance Checking/Savings
- IRA /Qualified Funds* Other (please specify) _____

Name of bank or financial institution where funds are currently held? _____

Name of Account Holder? _____

*If a surrender charge or penalty is involved, what is the amount of the charge? \$ _____

- I certify that the funds to purchase this certificate originated from accounts owned by me and that no part of the funds to pay for this certificate have been loaned or advanced to me.
- I understand that once my premium is paid into the certificate, I will have limited access to my cash value and I do not expect to need these funds for my current or future living expenses.
- I have other sources of income to provide for my daily living needs and enough additional savings for emergency cash needs.
- I have reviewed the details of this Single Premium Whole Life Policy and understand that it fits my needs and overall financial planning goals.

Applicant Signature

Date

I hereby acknowledge that:

- Based on the information disclosed to me by the applicant, my recommendation of Single Premium Whole Life insurance certificate is reasonably suited to fulfill the applicant's needs.
- I have recorded the applicant's needs analysis information, which formed the basis for my recommendation, and I will make this information available to Royal Neighbors of America in the event it is needed.

Agent's Signature

Date