INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES℠

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

Reset

Application for Annuities

To be used for qualified and non-qualified Flexible Premium Deferred Annuity (FPDA) and Single Premium Deferred Annuity (SPDA)

SECTION 1 – Proposed Owner/Annuitant (Annuitant must be Owner if the Annuity is an IRA, Roth, or SEP)

Name _____ Street _____

City _____ State _____ ZIP _____

SSN/Tax ID _____ Marital status ❑ S ❑ M ❑ W ❑ D Sex ❑ M ❑ F

Phone number ( ) _____ DOB _____ State/Country of birth _____

❑ U.S. driver's license ❑ Green Card ❑ Passport ID number _____ ID issuer _____

❑ Other _____ ID issue date _____ ID expiration date _____

E-mail address _____

Are you a U.S. citizen? ❑ Yes ❑ No If No, are you a legal U.S. resident? ❑ Yes ❑ No Resident ID # _____

SECTION 2 – ❑ Proposed Annuitant or ❑ Payor other than Owner (If Applicable)

Name _____ SSN/Tax ID _____

❑ **Address same as Proposed Owner/Annuitant**

Street _____ Phone number ( ) _____ DOB _____

City _____ State _____ ZIP _____ Relationship to Proposed Owner _____

E-mail address _____ Sex ❑ M ❑ F

SECTION 3 – Proposed Owner's Other Insurance

1. **EXISTING INSURANCE**
   Does the Proposed Insured have any existing life insurance or annuity 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.
   Company _____ ❑ Life Insurance ❑ Annuity Year of issue _____

SECTION 4 – Beneficiary(ies)

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

❑ **PRIMARY** Percent of proceeds _____%

Name _____

Street _____

City _____ State _____ ZIP _____

DOB _____ SSN/Tax ID _____

Relationship to Proposed Owner _____

❑ **PRIMARY** ❑ **CONTINGENT** Percent of proceeds _____%

Name _____

Street _____

City _____ State _____ ZIP _____

DOB _____ SSN/Tax ID _____

Relationship to Proposed Owner _____

SECTION 5 – Type of Annuity

Name of Annuity: _____ ❑ Flexible Premium Deferred Annuity (FPDA) ❑ Single Premium Deferred Annuity (SPDA)

❑ Non-Qualified ❑ Qualified (Check one): ❑ IRA ❑ ROTH-IRA ❑ Simplified Employee Pension (SEP)

If Non-Qualified:

New money received with application $ _____

IRC §1035 Exchange $ _____

Organization transferring funds: _____

If Qualified:

New money received with application: $ _____ For Tax Year: _____

Rollover funds received with application $ _____

Trustee to Trustee (Direct Transfer) $ _____

Name of Trustee transferring funds: _____

FOR FLEXIBLE PREMIUM DEFFERED ANNUITIES ONLY

❑ Planned Premium Amount $ _____ Premium Payment Frequency: ❑ Annual ❑ Semi-Annual ❑ Quarterly ❑ Monthly PAC

Suitability Statement for Proposed Owner

FINANCIAL INFORMATION (Please initial box if you do not want to disclose information)

Annual Gross Income . . . . . $_____ ☐

Total net worth (excluding home, home furnishings, and auto) . . . . . $_____ ☐

Liquid assets (checking account, savings account, CDs, etc.) . . . . . $_____ ☐

FEDERAL INCOME TAX BRACKET: ❑ Less than 15% ❑ 15% to 28% ❑ Greater than 28%

FINANCIAL OBJECTIVES – Your financial objective in purchasing this annuity certificate (check all that apply)

❑ Tax deferred growth ❑ Accumulation for retirement income ❑ Transfer of funds to beneficiaries ❑ Guaranteed interest rate
❑ Protection of principal ❑ Provide monthly income of interest earnings ❑ Receive immediate income

DECISION TO PURCHASE ANNUITY – Other than your agent, who, if anyone, assisted you in your decision to purchase an annuity? (Check all that apply) – ❑ Accountant ❑ Attorney ❑ Family member ❑ Financial planner ❑ No one ❑ Other:_____

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 annuity? ❑ Yes ❑ No If you checked "No" this annuity may not be suitable for you.

SURRENDER CHARGES, WITHDRAWAL FEES OR PENALTIES – If you will incur surrender charges, withdrawal fees or penalties on any existing product used to fund the purchase of this annuity, do you feel comfortable incurring such charges, fees or penalties?
❑ Yes ❑ No ❑ Not applicable If No, please explain why you want to proceed with the purchase: _____

I understand that the proposed annuity certificate contains withdrawal and surrender charges. I have determined to the best of my knowledge and belief that the annuity, as applied for, is suitable for my investment time horizon, goals and objectives, and financial situation and needs.

Please check the statement that is applicable:

❑ **I elect not to provide some or all of the information requested.**

❑ **I acknowledge that I have read this annuity suitability statement and that the information I have provided is true and complete to the best of my knowledge and belief.**

Agreement/Acknowledgement

- I have read all of the foregoing answers and statements contained in this application, adopt them as my own, whether written by me or not, and to the best of my knowledge and belief, all answers and statements are true, complete, and correctly recorded.
- This application and any amendment(s) and supplement(s) to this application will be attached to, and along with the articles of incorporation and bylaws of Royal Neighbor of America (Royal Neighbors) become part of the new certificate.
- I understand and hereby agree that no certificate issued in reliance upon this application shall be effective and no liability of Royal Neighbors shall exist unless and until the certificate shall be issued and delivered to me and the required premium is paid.
- 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 and gender at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.
- If not a current member, I the Proposed Owner if an individual or beneficial holder of trust, hereby apply to become a member of Royal Neighbors as indicated by my signature below. 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.

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.

Corrections and Amendments (For Home Office Use Only)

SIGNATURES:

Signed at city, state_____ Date_____

Proposed Owner/Trustee _____

Beneficial Holder of Trust _____ Date_____

Agent's Report

REPLACEMENT:

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

If Yes, have you completed a replacement questionnaire and/or any other state required replacement forms? ❑ Yes ❑ No

Did you use only written sales material approved for use by Royal Neighbors of America? ❑ Yes ❑ No

I personally viewed documentation verifying the identity of the Proposed Owner and Payor, as applicable.

❑ Valid state issued driver's license ❑ Passport ❑ Other (specify) _____

I certify that I have made a reasonable effort to attain all relevant information necessary to recommend the purchase of the proposed annuity certificate, which I believe is suitable for the applicant based upon the information provided by the applicant regarding her or his needs and financial objectives.

Agent no._____ Agent license no._____ Agent chapter no. _____

Signature of Writing Agent_____ Date _____

Printed name of Writing Agent _____

Complete for agent split (if applicable): Agent no. _____ Percent _____

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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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230 Sixteenth Street
Rock Island, IL 61201

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Receipt

Received from _____ on (Date)_____ the sum of $_____ in connection with an application to Royal Neighbors of America (Royal Neighbors) for an Annuity.

Signature of Agent Receiving the Payment_____

Signature of Payor _____ Date_____

NOTE: This receipt is to be issued only if the required payment is submitted with the application.

Important Information for Applicant

Arizona: On written request, Royal Neighbors of America will provide the certificateowner with information regarding the provisions of the annuity certificate. If for any reason the certificateowner is not satisfied with the annuity certificate, she/he may return the certificate to Royal Neighbors of America within 20 days *(30 days if the certificateowner is 65 years of age or older)*, after receiving the certificate and receive a refund of all monies paid.
Arkansas and California: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
New Jersey: Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.
Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.