



AGENT TRAINING GUIDE

SIMPLIFIED ISSUE WHOLE LIFE

(FORM SERIES 1311)

and

GRADED DEATH BENEFIT WHOLE LIFE

(FORM SERIES 1312)

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CONTACT US

Agent Web Portal Address: agent.royalneighbors.org Sales Support: (800) 770-4561 , Option 1, Option 5 Hours of Operation: <ul style="list-style-type: none"> • 8 a.m. – 5 p.m. Central Time, Monday – Friday • CLOSED on Saturday • CLOSED on Sunday 			
Department	Phone Menu Prompt	Email	Fax
Underwriting	Option 1	UW.mailbox@royalneighbors.org	(866) 787-1450
Commissions	Option 2	commissions@royalneighbors.org	(877) 443-7061
Agent Contracting	Option 3	agentcontract@royalneighbors.org	(877) 445-7579
CSC	Option 4	CertificateServices@royalneighbors.org	(866) 862-1070
Sales Support	Option 5	SalesSupport@royalneighbors.org	N/A
Member Savings	Option 7	MemberBenefits.Phone@royalneighbors.org	N/A
Mailing Address: Royal Neighbors of America 230 16th Street Rock Island, IL 61201-8645			



SIMPLIFIED ISSUE WHOLE LIFE (Form Series 211311)
and
GRADED DEATH BENEFIT WHOLE LIFE (Form Series 211312)

DESCRIPTION

Not available in all states. Contractual provisions vary by state.

- Excellent product for final expense planning
- Affordable
- Simple yes/no application
- Buyers may qualify for Graded Death Benefit even if they are not eligible for Simplified Issue Whole Life (Currently only available in Connecticut, Florida, and North Dakota)

Quoting

Run SIWL quotes using the Quick Quotes Calculator:

- **Web Based** – Located at www.rnaquickquote.org
- **Mobile** – Download the Royal Neighbors Agent Access Mobile App directly from the Apple iOS App Store or Google Play Store.

Issue Ages (age last birthday)

- 50–80 (SIWL and GDB)

Face Amounts

Simplified Issue Whole Life (SIWL):

- \$7,000–\$30,000
- Aggregate insurance issued by Royal Neighbors on a simplified issue basis cannot exceed \$10,000

Graded Death Benefit Whole Life (GDB):

- \$7,000–\$10,000
- Aggregate insurance issued by Royal Neighbors on a simplified issue basis cannot exceed \$10,000

Owner:

- Preferred Owner is the Proposed Insured. Please see chart on pages 13-14 for full details.

Beneficiary

- May be spouse/domestic partner or other immediate family member or insured's estate. Please see chart on pages 13-14 for full details.

Payor

- Preferred is the Proposed Insured but spouse/domestic partner or adult child may be acceptable. An agent may not pay the initial or future premiums for an Insured.

Owner/Membership

- As shown in the application
- Owner can be different than the Insured (must have an insurable interest in the insured)
- Ownership can be changed by assignment
- The insured is the member of Royal Neighbors

Premiums

- Premiums payable for the life of Insured (or until insured would reach 121 years of age – based on 2017 CSO tables)
- Premiums can be paid by monthly, quarterly, semi-annual, or annual Electronic Funds Transfer (EFT). Premiums can also be billed on a quarterly, semi-annual, or annual basis.

Underwriting Classes

- Male/Female (premiums quoted for Montana SIWL applications must use male rates for both male and female applicants)
- Tobacco/Non-Tobacco
- No Substandard
- No Preferred

Death Benefit (provisions may vary by state)

SIWL:

- Full face death benefit – face amount plus any premiums paid after the date of death; if certificate is in grace period, past due premiums through the month of death will be deducted from the face amount before death benefit is paid; any outstanding liens (with accrued interest) and loans (with accrued interest) will also be deducted

GDB:

- Graded Death Benefit – death benefit limited for first two years unless death is accidental^{#1}
 - 30% of face amount in first year
 - 70% of face amount in second year
- Death benefit is 100% if death is accidental – accidental death provision not available in Arkansas
- If certificate is in grace period, past due premiums through the month of death will be deducted; any outstanding liens (with accrued interest) and loans (with accrued interest) will also be deducted

^{#1} Accidental Death is defined in the Graded Death Benefit Contract.



DESCRIPTION (CONTINUED)

Free-Look Period

- 20 days (or longer if required by state)

Dividends

- Certificate is participating but no dividends are expected

Certificate Fee

- \$30 per year (commissionable)

Nonforfeiture Options

- Participating reduced paid-up insurance
- Non-participating extended term insurance (default)
- Cash surrender

Premiums in Default

- Insurance expires at end of grace period unless there is a cash value
- If there is a cash value, the following will happen:
 - Automatic premium loan followed by nonforfeiture option elected, or;
 - If automatic premium loan is not in effect, nonforfeiture option chosen by Owner

Termination

Certificate will terminate/mature the earliest of:

- A nonforfeiture option (CS, RPU, ETI) goes into effect (*whether chosen or default because of non-payment of premium*)
- Cash value is transferred (1035) to another product
- Certificate expires without value when the outstanding loan (including accrued interest) exceeds the cash value or the outstanding lien (including accrued interest) plus the outstanding loan (including accrued interest) exceed the face amount
- Insured dies
- Insured reaches age 121
- Lapse due to non-payment of premium

Reinstatement

- Can be reinstated within 3 years from date of non-payment of premium with evidence of insurability. It can only be reinstated if it has lapsed for non-payment.
- 6% interest on all past due premiums
- Certificate cannot be reinstated if certificate is surrendered for its cash surrender value

Loans

- Loans are available up to the cash value
- 8% interest rate in arrears (Montana interest rate is 6%)
- Automatic premium loan option is available

Rider Available

Accelerated Living Benefit (ALB) – Terminal Condition and Permanent Confinement – Form Series 1766 (not available in all states – contractual provisions may vary by state)

- Rider available age 50–80
- Must be elected at time of application
- No additional premium for rider (in states where rider is approved)
- Qualifying Events:
 - When the Insured has been continuously confined to a nursing home for 90 days and the physician-certified confinement is expected to be permanent;
 - When the insured is diagnosed by a physician as having a terminal condition and has a life expectancy of 12 months or less
- Up to 75% of eligible death benefit can be accelerated (minimum accelerated amount of \$5,000, maximum in aggregate of all certificates of \$250,000) as a single payment; minimum face amount must be \$7,000
- An accelerated benefit payment is subject to an administrative fee and interest; review the rider, Form 1766 (with state variations), for complete information and provisions



UNDERWRITING PROCESS AND GUIDELINES

The application process is conducted by MRS, our underwriting business partner, for our SIWL and GDB products. Three SIWL and GDB writing options are available to meet the needs of your clients:

1. **Phone Application – *Point-of-Sale*** Phone Application process with Voice Signature.
2. **Face-to Face eApplication – *Point-of-Sale*** Electronic Application with Voice and eSignature options
3. **Paper Application** – Submit a completed paper application for Traditional Underwriting

Choose the application that best suits your scenario, and proceed with the steps on the following pages.



	Phone Application	E-Application	Paper Application
Hours Available	MRS hours ^{#2}	24/7	24/7
State Limitations	Not available in CT	Not available in CT	No Limitations
Immediate Decision	Yes	Yes	No
Applicant requires Interpreter	Not available	Agent cannot act as interpreter	OK – note this on the application
Face-to-Face required?	No	Yes	Preferred, but can be done by mail
Allows Remote Signature?	Yes	No	Yes – via mail
Type of Signature	Voice only	Voice or electronic	Ink Pen signature only
Replacements Included	NAIC states only	All states ^{#4}	All states ^{#4}
Owner	Must be Insured	Must be Insured	Allows other Owner ^{#3}
Payor	Must be Insured	Allows other Payor	Allows other Payor
Initial Payment Method	EFT	EFT	EFT, check or other type of payment
Payment Modes	Monthly, quarterly, annual or semi-annual	Monthly, quarterly, annual or semi-annual	Monthly, quarterly, annual or semi-annual
Electronic Disclosures Delivered?	Yes	No	No

To submit an application in Connecticut: Unfortunately, we cannot offer our electronic or phone application processes in the state of Connecticut. You can still submit a paper application.

^{#2} See MRS hours on page 8.

^{#3} See page 13 for acceptable owner relationships.

^{#4} All states where Royal Neighbors is licensed to sell this product.





VOICE SIGNATURE APPLICATION

VOICE Step 1 – Pre-qualify the applicant, the Proposed Insured

All applications must be pre-qualified.

1. Verify identity by viewing a photo ID such as a current driver's license, state ID card, or passport. If you are unable to verify the applicant's identity, this will be noted in the Agent's Report during the application interview.
2. Individuals **not eligible** to apply for Simplified Issue Whole Life (SIWL) and Graded Death Benefit Whole Life (GDB) products:
 - Anyone without a Social Security number
 - Anyone who is not a U.S. citizen or Permanent Resident (Green Card holder)
 - Anyone mentally incompetent or otherwise unable to make a valid contract
 - Anyone who refuses or is unable to complete a telephone interview
 - Anyone who is currently being prescribed a "Knock Out" medication as indicated on the Final Expense Rx Lookup list on the Agent Web Portal
 - Anyone who already has \$30,000 SIWL or \$10,000 GDB with Royal Neighbors
 - Anyone who has three or more lapsed certificates with Royal Neighbors
3. Use our **POS Agent Worksheet (Form 2416-A)** to ensure your phone interview is completed as efficiently as possible.
4. Look up all medications using the Final Expense Rx Lookup on the Agent Web Portal (<https://agent.royalneighbors.org/secure/rx-lookup>) for any automatic declines.
 - If the Proposed Insured has been prescribed any of the automatic decline medications, she/he is not eligible for the product, regardless of how the health questions were answered
5. If in person, provide the applicant a copy of the **Important Information Form 141720-N** (ICC and State-specific versions for California, Washington DC, Florida, Illinois, and Ohio), and other required documents and disclosures (Replacement and ALBR Forms)

If you have any questions regarding medications, or any of the items in the pre-qualification checklist above, please call Underwriting at (800) 627-4762, option 1, option 1.





VOICE SIGNATURE APPLICATION (CONTINUED)

VOICE Step 2 – Conduct the interview

Call (866) 281-9228 for the interview. Interviewers are available:

- 8 a.m.–9 p.m. Central Time, Monday–Friday
- 8 a.m.–3 p.m. Central Time, Saturday
- CLOSED on Sunday

What the agent can expect during the interview

The interviewer will:

1. Ask your name and Royal Neighbors of America® agent number (always required).
2. Ask if you and the client are together in the same location.
3. Verify you have provided the applicant the Important Information Form, or will ask your client how they would like to receive it (if the form has not been provided).
 - a. If the phone interview is being conducted remotely, you don't need to worry about the delivery of the Important Information Form 141720-N (ICC and State-specific versions for California, Washington DC, Florida, Illinois, and Ohio) and other required documents and disclosures (Replacement and ALBR Forms) to your client. During the call, your client will be asked to choose how they want to receive these forms through a link sent by email or text message, or read aloud. If read aloud, cases that include a replacement and/or ALBR will require you to submit the appropriate signed disclosures to the home office after the interview.
 - b. If the phone interview is being conducted in person, you should provide the applicant a copy of the Important Information Form 141720-N (ICC and State-specific versions for California, Washington DC, Florida, Illinois, and Ohio) and other required documents and disclosures (Replacement and ALBR Forms). However, if they are not available, these forms can be delivered to the client during the call using the same process stated above.
4. Ask you to provide the information you gathered on the POS Agent Worksheet (Form 2416-A).
5. Ask if you agree with Voice Signature and collect your Voice Signature.

What the applicant can expect during the interview

The interviewer will:

1. Advise the applicant that the call is being recorded.
2. Ask to choose how they want to receive the required documents and disclosures; link sent by email, text message, or read aloud.
3. Verify her/his name, address, Social Security number, and date of birth.
4. Obtain voice signature authorization to order the MIB Report and other information.
5. Ask the medical questions.
6. Review the Prescription Profile and MIB Report; additional questions may be asked based on these findings.

The interviewer will advise you if the application is approved, declined, or needs to be referred to the Home Office for additional review. If approved, the certificate will be issued the next business day.

For NAIC states, forms can be voice signed during the Phone Application. For non-NAIC states, you will need to submit all signed replacement forms to Home Office using one of the document submission methods listed on page 10 of this training guide.





PAPER APPLICATION

PAPER Step 1 – Pre-qualify the applicant, the Proposed Insured

All applications must be pre-qualified.

1. Verify identity by viewing a photo ID such as a current driver's license, state ID card, or passport.
2. Individuals not eligible to apply for Simplified Issue Whole Life (SIWL) and Graded Death Benefit Whole Life (GDB) products:
 - Anyone without a Social Security number
 - Anyone who is not a U.S. citizen or or Permanent Resident (Green Card holder)
 - Anyone mentally incompetent or otherwise unable to make a valid contract
 - Anyone who refuses or is unable to complete a telephone interview (interpreter and TTY services are available)
3. Review Section 2 questions on application (Form 141720 with ICC and state specific versions)
 - Has the applicant used tobacco in the past 12 months? If **yes**, then make sure to quote tobacco rates.
 - SIWL – questions 2–9 in Part 2 of the application must be **no**. If the answer to any of questions 2–9 is **yes**, then the applicant is not eligible for coverage.
 - GDB – questions 2–7 in Part 2 must be **no**. Questions 8 and/or 9 can be **yes**.
4. Look up all medications using the Final Expense Rx Lookup on the Agent Web Portal (<https://agent.royalneighbors.org/secure/rx-lookup>) for any automatic declines.
 - If the Proposed Insured has been prescribed any of the automatic decline medications, she/he is not eligible for the product, regardless of how the health questions were answered.

If you have questions regarding medications or any of the items in the pre-qualification checklist above, please call Underwriting at (800) 627-4762, option 1, option 1.

If the client meets the pre-qualification requirements:

- Fully complete the application (see "PAPER Step 2" below for details)

PAPER Step 2 – Complete the paper application

If the application is not taken in person, please indicate this on the Agent's Report.

- Make sure the applicant signs and dates the authorization on page 3 of the application.
- Provide the MIB Notice to the Proposed Insured.
- Detach and provide the MIB Notice (Page 5 of the application) to the Proposed Insured.

APPLICATION PART 1

Section 1: Complete all information.

Section 2: Complete and submit state replacement forms, if required, with the application.

Section 3: Complete if applicable.

Section 4: You must include the relationship of the beneficiary to the applicant. There must be an insurable interest between the insured, Owner, and beneficiary. Acceptable Owners and beneficiaries are listed on pages 13-14.

Section 5: Complete the plan and face amount.

Section 6: Please clearly mark the mode of payment, whether or not this is draft first payment and the premium amount quoted. If premiums will be paid electronically, then complete the Electronic Funds Transfer (EFT) form on page 4 of the application, being sure to include a voided check with the application. Refer to the rate chart for appropriate premium.





PAPER APPLICATION (CONTINUED)

APPLICATION PART 2

- Complete Sections 1 and 2 in their entirety. Information obtained in the telephone interview must correspond to the answers on the application.
- The Owner/insured must sign and date in the appropriate areas on page 3 of the application.
- The Agent's Report on page 4 of the application must be fully completed.
- The EFT form on page 4 of the application must be completed if applicable. Missing account information or signature will require a new EFT form. If submitting a voided check, indicate "see attached voided check" on form and sign. Indicating a draft date on the EFT authorization form is always required for clients choosing this mode of premium payment. To avoid issue delays, when a date is not shown, the default date will be the 5th day of the month (regardless of the approval/Issue Date). Please note: draft date cannot be more than 45 days from Issue Date.
- Page 5 of the application, containing the MIB Notice and Fair Credit Report Act Notice, must be left with the Proposed Insured.

PAPER Step 3: Submit the paper application

- Submit the fully completed and signed application to Royal Neighbors, along with the initial premium payment and any other supporting documentation such as replacement forms.
- We offer multiple secure methods to submit completed paper applications:
 - **Mobile App Loader** – Download the Royal Neighbors App Loader directly from the Apple iOS App Store or Google Play Store. Scan and send paper application to the Royal Neighbors secure mailbox.
 - **Secure email** – Email a scanned copy of the completed and signed paper application to the Royal Neighbors Underwriting department using the following secure email options:
 1. Via email application (Outlook, Google, etc...). Send to secureapps@royalneighbors.org.
 2. Via the Agent Web Portal (AWP) — agent.royalneighbors.org/secure ; after logging in, select the "Send a Secure Email" Option in the lower left corner of the Agent Web Portal.
 - **Fax paper application** using our secure fax line at 866-787-1450.
 - **Mail paper application** to the Royal Neighbors home office address at 230 16th Street, Rock Island, IL 61201.
- After receipt of the application, an interviewer will call the applicant to complete the medical underwriting portion of the application.
- Royal Neighbors will complete the final review of all information and determine whether the certificate can be issued. You will be notified if the certificate cannot be issued.
- Please ensure that bank account information is correct. Certificates will not be issued if account information cannot be verified.
- Use of electronically signed applications is prohibited.

PAPER Step 4: Check application status

- You can check the status of your client's application, either on the Agent Portal, or using the Agent Access mobile app.
- You can submit all other Underwriting email inquiries to uw.mailbox@royalneighbors.org. Since this is not a secure email box, **this email address must not be used to submit paper applications.**



GENERAL INFORMATION

Certificate delivery: All certificates will be mailed directly to the certificateowner unless the "Mail certificate to agent" box is marked on Page 1 of the application. (Mail to agent is not available on e-applications)

Reinstatement: Requires payment of all past-due premiums necessary to bring the certificate current. Requirements and procedures are set forth in the Insurance Certificate.

Re-date: A re-date brings the effective date of the original certificate number forward to a current date, and premium payments begin with the new effective date. We will allow one re-date per certificate within the first 60 days of issue. Requests should be submitted to the Underwriting Department at (800) 627-4762, option 1, option 1.

Re-apply:

- In the event that your customer has voice signed an SIWL application within the last 90 days, a new application may not be started. You will need to contact our underwriting department to collect the information needed to proceed with the original application.
- A re-apply is the issuance of a new certificate. We will allow one re-apply per applicant, within the first twelve (12) months after the original Issue Date. We will require:
 - A new application completed and signed or a new POS interview with Voice Signature
 - The first premium to be drafted
- If an applicant has two certificates that have lapsed, regardless of the time frame, we will only allow the applicant to re-apply if there has been a change in her/his financial situation. We will require:
 - A cover letter explaining the improvement in her/his financial situation signed by the applicant
 - A new paper application completed and signed or a new POS interview with Voice Signature
- If an application is received on an applicant who has already had a rewrite or re-date in the past 12 months, both you and your applicant will be notified that the application has been closed.



FREQUENTLY ASKED QUESTIONS

Can the customer change their payment method or frequency after the certificate is issued?

Yes, the customer can contact Member Services to request changes to their payment method, mode and/or withdrawal date.

Can payments be made using direct express, debit or credit card?

Not for the first initial payment. However, subsequent payments can be made from these accounts.

Is the ALBR available in all states?

No, the Accelerated Living Benefit Rider is not allowed in the following states: **Indiana, Mississippi, Montana, Connecticut, Vermont, Washington, and South Carolina.**

What forms do I need to provide in the event my client chooses the "read aloud"/recording option of the Important Information Disclosure?

If the customer chooses to proceed with the "read aloud" option and is replacing coverage and/or requesting the ALBR, no one other than the agent is responsible for presenting/reading and obtaining signatures on the replacement and/or ALBR disclosures. The case will remain pending in Underwriting until the required documents are received. (MRS will allow the customer to change the preferred delivery method of the disclosure to email or text to avoid the constraints of the "read aloud" option.)

Who do I call if I have questions? Call Underwriting at (800) 627-4762, option 1, option 1.



OWNER AND BENEFICIARY DESIGNATIONS

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ^{#4}		
Aunt/Uncle	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	
Bank/Lender	No	Yes		Please add the following information on the application. _____ (name/address of bank), creditor, as its interest may appear, but not in excess of the certificate proceeds. The remainder of the proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess).
Sister/Brother	No	Yes	None	
Business	See Conditions	See Conditions	Certain restrictions apply. Insurance must be issued for benefit of members and their dependents. Therefore, insurance owned by or benefiting corporations is generally prohibited.	For Key Person coverage (available for family owned and operated businesses) requires a corporate resolution, reason client is Key Person, and justification for face amount. For Buy/Sell coverage provide coverage amounts on all Owners/ partners and a copy of the Buy/Sell agreement.
Charity	No	See Conditions	Nominal percentage of benefit (20% +/-) goes to charity. Owner must be insured.	State the percent of death benefit in beneficiary section of the application. Need name, address, phone, date of incorporation or tax ID. Name contingent beneficiary.
Child (adult)/ Step child	Yes	Yes	None	
Child (minor)	No	Yes	None	
Cousin	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	Include written explanation for the arrangement with application.
Common law spouse	Yes	Yes	None	
Domestic Partner	Yes	Yes	None	
Estate	No	Yes	None	
Executor	No	No	Beneficiary must be the estate, not a named person.	
Ex-spouse	See Conditions	Yes	Maximum face amount \$25,000. Court order to cover child support/debt must exist.	Provide copy of court order with application.
Fiancé(e)	See Conditions	Yes	Must have reciprocal coverage on each other for face amount higher than \$25,000.	Provide amount of coverage, unless submitting applications on both to Royal Neighbors of America®.
Foster Child	No	No	Due to the temporary relationship between Foster Parent/Child, coverage is not allowed.	
Friend	No	No	"Friend" does not constitute insurable interest or need.	
Funeral Home	Yes	See Conditions	Funeral home is not viewed as an acceptable beneficiary in the states of Idaho, Illinois, Massachusetts, Michigan, New York, and Nevada.	Please add the following information on the application. (Named Funeral Home), creditor, as its interest may appear, but not in excess of the certificate proceeds; the remainder of proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess). NOTE: Required wording for the state of Minnesota: "Irrevocably to any funeral home that has provided funeral or burial services to the Insured."
Grandchild	No	Yes		

Owner: preferred Owner is the Proposed Insured.

Beneficiary: May be spouse/domestic partner or other immediate family member or insured's estate.

^{#4} State laws supersede any requirements outlined in this guide.



OWNER AND BENEFICIARY DESIGNATIONS (CONTINUED)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable? Owner Beneficiary ^{#4}		Conditions	What agents need to provide
Grandparent	See Conditions	Yes	Parent signature required if Proposed Insured is a minor. If face amount is >\$25,000, other grandchildren must have similar amounts of coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Obtain parent's signature if Insured is a minor and provide details of other grandchildren's coverage, if needed.
Guardian	See Conditions	See Conditions	Copy of court-issued guardianship papers required. If Proposed Insured is a minor and face amount is >\$25,000: other children in family must have similar amounts of coverage and maximum face amount is 1/2 guardian's coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Provide a copy of the guardianship papers with application and other insurance coverage information if needed.
In-laws	No	Yes		
Niece/Nephew	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	Include written explanation for the arrangement with application.
Parent or Step parent (of adult child)	See Conditions	Yes	If face amount is \$25,000 or less. For college age students, ages 18–22, for face amount \$25,000 or less.	
Parent or Step parent (of minor child 0–17)	See Conditions	Yes	If applicant is a minor and face amount is > \$25,000: other children must have similar amounts of coverage and maximum face amount is 1/2 parent's coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	If face amount exceeds \$25,000 provide details regarding parents' and siblings' coverage with application. If face amount is premium driven (same premium per child) please advise.
Partner (business)	See Conditions	See Conditions	Key Person, Buy/Sell agreements	Key Person coverage requires a corporate resolution and proof of coverage on other key employees. Buy/Sell requires a copy of the Buy/Sell agreement.
Partner (domestic)	Yes	Yes	None	
Power of Attorney	No	No	Power of attorney rights terminate at time of death.	
Spouse	Yes	Yes	None	
Trust	See Conditions	See Conditions	Trust must exist for the benefit of the Proposed Insured's family. Trustee must sign application as "Owner."	Provide a copy of the trust document. Please provide the first page, signature page, trustee designation page, and beneficiary pages.

Owner: preferred Owner is the Proposed Insured.

Beneficiary: May be spouse/domestic partner or other immediate family member or insured's estate.

^{#4} State laws supersede any requirements outlined in this guide.





We are Royal Neighbors of America®

As one of the largest women-led life insurers, Royal Neighbors has been protecting women financially and empowering them to improve their lives, families, and communities since 1895. We are a life insurer with a community focus – providing opportunities for our members to engage and give back, and supporting the communities where they live.

We offer financial protection solutions for women throughout their lives. Our members receive valuable benefits such as scholarships and discounts on health and wellness services.

We are *Insurance with a Difference.*™



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