



ROYAL NEIGHBORS OF AMERICA®

POINT OF SALE (POS) AGENT WORKSHEET

The purpose of this worksheet is to pre-gather the required information from your client for optimum interview time.
Please keep this form for your records. It does NOT have to be submitted to Royal Neighbors.

Phone Application Line: (866) 281-9228

MRS Hours of Operations: Monday – Friday, 8 am – 9 pm CST. Saturday 8 am – 3 pm CST. **CLOSED** on Sunday.

Agent # _____ % of commissions _____ Agent # _____ % of commissions _____
(Both agents must be active in order to split commissions.)

State you will be calling from: _____ Mail Certificate to: Agent Proposed Insured

ID Verification:

Did you personally review the ID of the Owner? Yes No

Type of ID seen: Driver's License State ID Passport Permanent Resident ID ID # _____

Proposed Insured (P.I. must be Owner and Payor)

First name _____ Middle initial _____ Last name _____

DOB _____ SSN _____ Sex M F

Address _____

City _____ State _____ ZIP _____

Phone _____ State/Country of birth _____

Email Address _____

U.S. Citizen? Yes No If no, do you have a green card? Yes No Permanent resident ID # _____

For California or Florida only:

Do you wish to designate another person to receive copies of any premium lapse notices? Yes No

If Yes: Name _____

Address _____

City _____ State _____ ZIP _____

Please note: those agents selling face-to-face for the e-application or paper application will still need to hand deliver the required documents. This includes the required Important Information document, Required Replacement, and Accelerated Living Benefit Rider forms (if applicable). These documents can be delivered to your client electronically if completing the phone application process.



230 16th Street • Rock Island, Illinois 61201 • Phone: (309) 788-4561 • Toll-free: (800) 627-4762

E-mail: contact@royalneighbors.org • Web site: royalneighbors.org

If Replacement:

For NAIC States: You need to complete and provide your client Form 1856-NAIC before the interview starts. Please note if you have not completed and provided your client Replacement Form 1856-NAIC, Voice Signature of this form will not be available, and you will need to submit Form 1856-NAIC to Royal Neighbors after the interview is completed.

For Non-NAIC States: Voice signature is not available for replacement form. Please submit the required signed state form to Royal Neighbors (**Non-NAIC states: CA, DE, FL, GA, ID, IL, IN, KS, MI, MN, MO, NV, OK, PA, TN, WA, WY**).

Other Insurance:

Does the Proposed Insured have any existing life insurance or annuity contracts with this or any other company? Yes No
Company _____ Life Annuity Amount _____

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

Beneficiary*:

Primary _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

Primary _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

Primary _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

***Acceptable relationships:** (Percentages must be whole numbers.) Spouse, Children, Parent, Sibling, Grandchildren, Aunt/Uncle, Domestic Partner, Estate, Fiancé(e), Funeral Home with address [not allowed in ID, IL, MA, MI, NY, or NV]

Plan: Simplified Issue Whole Life Graded Death Benefit Face Amount: \$ _____

Rider: Accelerated Living Benefit Rider (not allowed in IN, MS, NJ, VT, WA, or if face is below \$7,000)

Automatic Premium Loan NOT desired

Payment Quote: \$ _____

EFT Information: Type of Account: Checking Savings

Electronic payment only: Monthly Quarterly Semi-annual Annual

Payment withdrawal day _____ of month OR 2nd 3rd 4th Wednesday of the month

NOTE: The EFT withdrawal date can be up to 45 days out from interview date using the same withdrawal day selected. We cannot draft beyond 45 days.

Routing Number: _____ Account Number: _____

