

SERFF Tracking Number: RNOA-125716684 State: Arkansas  
Filing Company: Royal Neighbors of America State Tracking Number: 39606  
Company Tracking Number: 2080  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2008 Riders  
Project Name/Number: 2008 Riders/2080

## Filing at a Glance

Company: Royal Neighbors of America

Product Name: 2008 Riders

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: RNOA-125716684 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39606

Co Tr Num: 2080

State Status: Approved-Closed

Co Status: submitted

Reviewer(s): Linda Bird

Authors: John Friederich, Philip

Disposition Date: 07/14/2008

Blankenfeld, Deb Zemo, Kelli

Zimmer

Date Submitted: 07/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2008 Riders

Project Number: 2080

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile submitted on 7/10/2008.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/14/2008

State Status Changed: 07/14/2008

Deemer Date:

Corresponding Filing Tracking Number: 2080

Filing Description:

Enclosed for your review and approval are specimen copies of the riders captioned above. All of the riders are new, and have never been issued by Royal Neighbors of America (Royal Neighbors), nor have they been available for attachment to any life insurance or annuity certificate issued by Royal Neighbors. The forms captioned above will not replace any existing riders in the Royal Neighbor product line.

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To the best of my knowledge and belief, no part of this submission contains any unusual or possibly controversial items contrary to normal industry standards. No assumptions or provisions contained in the riders unfairly discriminate in the availability of rates or benefits to individuals of the same class, equal expectation of life, and degree of hazard.

It is intended that the riders will be used with application Form 1729 Rev. 3-2008, approved by your department on 4/23/08 for attachment to Certificate (policy) Form 200811-AR entitled Permanent Life Insurance to Age 121, which was approved for use by your department on 4/23/2008.

The child term rider provides \$5,000 of term life insurance per child from age 15 days to 18 years (or up to age 24 if enrolled in an accredited educational institution). Life insurance provided by this rider may be converted to a new permanent life plan subject to age restriction limitations.

The disability waiver of premium rider waives premiums in the event of and during total disability of the insured if the disability occurs prior to the certificate anniversary date nearest the insured's 60th birthday.

The accidental death rider provides an additional death benefit upon receipt of proof that the insured's death resulted from an accidental bodily injury. The amount of the accidental death benefit can range from \$10,000 to a maximum of 10 times the base certificate face, or \$300,000.

The guaranteed insurability rider guarantees the insured the right to purchase additional life insurance up to the lesser of the base certificate face amount or \$25,000 at specified dates and life events, without evidence of insurability. The maximum lifetime additional face amount available without evidence of insurability under this rider is \$100,000.

## Company and Contact

### Filing Contact Information

Debra Zemo, Compliance Assistant/Legal Secretary  
230 16th Street  
Rock Island, IL 61201  
zemodm@royalneighbors.org  
(800) 627-4762 [Phone]  
(309) 788-3887[FAX]

### Filing Company Information

SERFF Tracking Number: RNOA-125716684

State: Arkansas

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TOI: L08 Life - Other

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Product Name: 2008 Riders

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Royal Neighbors of America  
230 16th Street

CoCode: 57657  
Group Code:

State of Domicile: Illinois  
Company Type: Life, Health,  
Annuity

Rock Island, IL 61201  
(309) 732-8232 ext. 8232[Phone]

Group Name: Royal Neighbors  
FEIN Number: 36-1711198  
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State ID Number:

SERFF Tracking Number: RNOA-125716684 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$200.00  
Retaliatory? Yes  
Fee Explanation: \$50 per form = \$200  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$200.00	07/11/2008	21373531

SERFF Tracking Number: RNOA-125716684

State: Arkansas

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Product Name: 2008 Riders

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/14/2008	07/14/2008

*SERFF Tracking Number:* RNOA-125716684

*State:* Arkansas

*Filing Company:* Royal Neighbors of America

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*TOI:* L08 Life - Other

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*Product Name:* 2008 Riders

*Project Name/Number:* 2008 Riders/2080

## **Disposition**

Disposition Date: 07/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RNOA-125716684 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Certification of Flesch		Yes
<b>Supporting Document</b>	Actuarial Demonstration		No
<b>Form</b>	Child Term Rider		Yes
<b>Form</b>	Disability Waiver of Premium Rider		Yes
<b>Form</b>	Accidental Death Rider		Yes
<b>Form</b>	Guaranteed Insurability Rider		Yes

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## Form Schedule

Lead Form Number: 2080

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2080	Policy/Cont Child Term Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2080 Child Term Rider.pdf
	2081	Policy/Cont Disability Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2081 Disability Waiver of Premium Rider.pdf
	2082	Policy/Cont Accidental Death ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2082 Accidental Death Rider.pdf
	2083	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen	Initial			2083 Guaranteed Insurability Rider.pdf

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<i>Project Name/Number:</i>	<i>2008 Riders/2080</i>		

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## Child Term Rider

Royal Neighbors of America (Royal Neighbors) has issued this Rider as a part of the life insurance certificate to which it is attached (the Certificate).

Royal Neighbors will pay the Beneficiary a death benefit under this Rider upon receipt of proof that the death of one or more Insured Children occurred while this Rider was in force.

The amount payable at the death for each Insured Child will be the amount shown on page 3 of the Certificate. Payment will be made in accordance with the terms of the Certificate and this Rider. This Rider will continue in force for any surviving Insured Children.

### DEFINITIONS

**Insured Child** – The term Insured Child is any child, stepchild, or legally adopted child of the Insured who is at least 15 days of age, and who is not yet 18 years old. In addition, an Insured Child includes any child who is enrolled in an accredited educational institution and has not reached 25 years of age. Proof of enrollment may be required before payment of death proceeds.

After the issue date, the term Insured Child also includes:

- a. Any child who is born to the Insured or is legally adopted by the Insured before the Child's 18th birthday; and
- b. The Child is at least 15 days of age.

**Insured Children** – All individuals who meet the definition of an Insured Child under this rider.

**Insured** – The term Insured means the person named as the Insured under the Certificate.

**Owner** – The Owner of this Rider is the Owner of the Certificate, if living; otherwise each Insured Child will own the insurance in force on the Insured Child's own life.

**Beneficiary** – The Beneficiary will be the Insured under the Certificate, if living; otherwise the estate of the Insured Child for the death benefit payable.

**CONTINUATION OF INSURANCE** – If the Insured dies while this Rider is in force, the insurance on each Insured Child will be continued as long as such person meets the definition of an Insured Child. No further premiums for this Rider will be due.

**INCONTESTABILITY** – This Rider shall be incontestable after it has been in force during the lifetime of the Insured for 2 years from the Issue Date.

**GENERAL** – The provisions of the Certificate apply to this Rider unless otherwise provided herein. Premiums for this Rider are part of, and payable under the same conditions as, premiums for the Certificate.

**MEMBERSHIP** – Each Insured Child under this Rider is a member of a chapter of Royal Neighbors. However, no membership rights will be available to the child until the name and address of the Insured Child is provided to Royal Neighbors.

**ASSIGNMENT** – This Rider may not be assigned except in conjunction with and subject to the restrictions contained in the Certificate.

**CONVERSION PRIVILEGE** – The Life Insurance provided by this Rider on an Insured Child's life may be converted to a new Life Insurance Certificate without evidence of insurability if:

1. This Rider is in force;
2. The conversion is made while any individual continues to meet the definition of an Insured Child under this Rider; and
3. Royal Neighbors receives a written notice and any forms it may require at the Home Office while the Insured Child is eligible for conversion under this Rider.

Life insurance provided under this Rider on any Insured Child who has exercised the conversion privilege will terminate upon issue of a new certificate.

The New Certificate will be issued:

1. With the date of conversion as its Issue Date;
2. In the standard risk class (or, if not available, in the most nearly comparable risk class);
3. On any permanent life plan which, for the amount converted, Royal Neighbors customarily issues on the date of conversion to applicants in the same risk class as the Insured Child;
4. With premiums based on Royal Neighbors' rates for the risk class and plan of insurance on the date of conversion; and
5. For an amount not less than the minimum amount permitted by Royal Neighbors on the date of conversion.

The minimum amount for which the New Certificate may be issued will be:

1. The amount provided by this Rider if converted before the Insured Child's 10th birthday;
2. Two times the amount provided by this Rider if converted on or after the 10th but before the 15th birthday;
3. Three times the amount provided by this Rider if converted on or after the 15th but before the 20th birthday;
4. Four times the amount provided by this Rider if converted on or after the 20th birthday but more than 31 days before the 25th birthday; and
5. Five times the amount provided by this Rider if converted within 31 days before the Insured Child's 25th birthday.

**SUICIDE** – If the Insured commits suicide, while sane or insane, within two years from the Issue Date of this Rider the Continuation of Insurance provision of this Rider will be nullified. However, an Insured Child may elect within 60 days to exchange the insurance provided by this Rider for a permanent life plan as specified in the conversion privilege.

No death benefit will be payable if an Insured Child commits suicide, while sane or insane, within two years of the Issue Date of this Rider.

**REINSTATEMENT** – This Rider may be reinstated under the same terms as the reinstatement provision of the Certificate. However, the Certificate must be in force, and must not be in force under a non-forfeiture option.

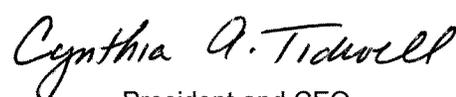
**NON-FORFEITURE VALUES** – This Rider does not have cash or loan values.

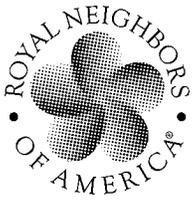
**TERMINATION** – This rider will terminate:

1. If the Certificate is continued under a non-forfeiture option;
2. If the Certificate is terminated;
3. Upon written request of the Owner; or
4. For nonpayment of premium.

Executed at the Home Office of Royal Neighbors in Rock Island, Illinois on the Issue Date shown on page 3 of the Certificate.

  
Secretary and General Counsel

  
President and CEO



## Disability Waiver of Premium Rider

Royal Neighbors of America (Royal Neighbors) has issued this Rider as a part of the life insurance certificate to which it is attached (the Certificate).

**BENEFIT** – Royal Neighbors will waive the payment of premiums becoming due under the Certificate upon receipt of proof that Total Disability of the Insured:

1. Began while the Certificate and this Rider are in force; and
2. Exists continuously for at least 6 months ("Waiting Period").

**PREMIUMS TO BE WAIVED** – Subject to the terms of this Rider, Royal Neighbors will waive payment of premiums as follows:

1. If Total Disability begins before the Insured is age 60, all premiums becoming due after the Waiting Period for the Certificate and any attached Riders, except for flexible premium annuity riders will be waived; however,
2. The Owner of the Certificate must pay all premiums due during the waiting period.

While premiums are being waived under this Rider, the Certificate, including any Riders attached to the Certificate, shall continue in force. Premiums waived under this Rider will not be deducted from the Certificate proceeds.

### DEFINITIONS

**Total Disability** is defined as:

1. During the first 24 months of Total Disability, the Insured is unable to perform the substantial and material duties of the Insured's regular occupation due to sickness or accidental bodily injury; and
2. After the first 24 months of Total Disability, the Insured is unable to perform the substantial and material duties of the Insured's regular occupation, or any other occupations for which the Insured is reasonably suited by education, training, or experience.

**Insured** – The term Insured means the person named as the Insured under the Certificate.

**NOTICE OF CLAIM** – Royal Neighbors must receive written notice of claim and proof of Total Disability ("Notice of Claim"):

1. While the Insured is living;
2. While Total Disability continues or as soon as reasonably possible; and
3. No premium will be waived for any premium that was due more than 1 year prior to the date Notice of Claim is received by Royal Neighbors.

**PROOF OF TOTAL DISABILITY** – Royal Neighbors reserves the right to require the Insured be examined by physicians satisfactory to Royal Neighbors, at its expense, as a part of proof of Total Disability. Royal Neighbors may also require during the first 24 months, proof of continued Total Disability but not more frequently than every 30 days. After 24 months, Royal Neighbors may only require proof of Total Disability once every 12 months. No premium will be waived if proof is not furnished as required. No proof will be required after the Insured reaches attained age 65 if Total Disability began before attained age 60.

The Owner of the Certificate agrees to give Royal Neighbors immediate notice if Total Disability of the Insured should cease. Failure to provide such notice will cancel the coverage provided by this Rider.

**EXCLUDED RISKS** – Premiums will not be waived if Total Disability of the Insured results from:

1. Total Disability caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. Total Disability caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
3. Total Disability caused or contributed to by committing or attempting to commit a felony;

4. Total Disability caused or contributed to by voluntary intake or use of any means of:
  - a. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions;
  - b. Poison, gas, or fumes, unless a direct result of an occupational accident;
5. Total Disability occurring after the anniversary of the Issue Date of the Rider on which the Insured attains age 60;
6. Total Disability caused or contributed to by intoxication as defined by the jurisdiction where the Total Disability occurred;
7. Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
8. Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Certificate.

**GENERAL** – The provisions of the Certificate apply to this Rider unless otherwise provided herein.

**ASSIGNMENT** – This Rider may not be assigned except in conjunction with and subject to the restrictions contained in the Certificate.

**REINSTATEMENT** – This Rider may be reinstated under the same terms as the Reinstatement provision of the Certificate.

**INCONTESTABILITY** – This Rider will be incontestable after it has been in force during the lifetime of the Insured for 2 years from the Issue Date.

**NON-FORFEITURE VALUES** – This Rider does not have cash or loan values.

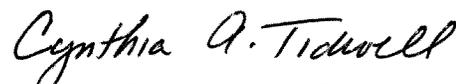
**TERMINATION** – This Rider will terminate:

1. If the Certificate is continued under a non-forfeiture option;
2. If the Certificate is terminated;
3. Upon written request by the Owner;
4. At the conclusion of this Rider's term;
5. On the death of the Insured; or
6. For nonpayment of premium.

The Issue Date of this Rider is shown on Page 3 of the Certificate.

Executed at the Home Office in Rock Island, Illinois on the Issue Date of this Rider.

  
Secretary and General Counsel

  
President and CEO



## Accidental Death Rider

Royal Neighbors of America (Royal Neighbors) has issued this Rider as a part of the life insurance certificate to which it is attached (the Certificate).

**ACCIDENTAL DEATH BENEFIT** – Royal Neighbors will pay the Beneficiary of the Certificate an additional death benefit equal to the Accidental Death amount shown on page 3 of the Certificate. Payment will be made upon receipt of proof that the Insured's Accidental Death occurred while the Certificate and this Rider are in force. Payment will be made in accordance with the terms of the Certificate and this Rider.

### DEFINITIONS

**Accidental Death** – "Accidental Death" means any death which results from:

1. An accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause (Accidental Bodily Injury);
2. Occuring within 180 days after an Accidental Bodily Injury;
3. While this Rider is in force; and
4. The death is not a direct or indirect result of an Excluded Risk.

**War** – "War" includes, but is not limited to, declared war and armed aggression by one or more countries resisted on orders of any other country, combination of countries, or international organization.

**Act of War** – "Act of War" means any act peculiar to military, naval, or air operations in time of war.

**Home Area** – "Home area" is defined to include the 50 states of the United States and its territories, the District of Columbia, and Canada.

**EXCLUDED RISKS** – The Death Benefit under this Rider will not be payable if the Insured's death results directly or indirectly from:

1. Death caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. An infection not occurring as a direct result or consequence of the Accidental Bodily Injury;
3. Death caused or contributed to by any attempt at suicide or intentionally self-inflicted injury, while sane or insane;
4. Death caused or contributed to by travel in or descent from an aircraft if the insured acted in a capacity other than as a passenger;
5. Death caused or contributed to by travel in an aircraft or device used for testing or for experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
6. Death caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
7. Death occurring while the Insured is incarcerated;
8. Death caused while committing or attempting to commit a felony, or the death resulted from the commission or attempted commission of a felony;
9. Death caused or materially contributed to by voluntary intake or use by any means of:
  - a. Any drug, unless prescribed or administered by a licensed physician and taken in accordance with the physician's instructions, or
  - b. Poison, gas, or fumes, unless a direct result of any occupational accident;
10. Death caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
11. Death caused or contributed to by riding in or on or driving, an air, land or water vehicle in a race, speed, or endurance contest;

12. Death caused or contributed to by bungee jumping;
13. Death caused or materially contributed to by participation in an illegal occupation or activity;
14. Death caused or contributed to by rock or mountain climbing;
15. Death caused or contributed to by aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning, and parasailing); and/or
16. Death caused or contributed by War or Act of War:
  - a. If the cause of death occurs while the Insured is serving in the military, naval, or air forces of any country, combination of countries, or international organization (Any Forces), provided such death occurs while in Any Forces or within six months after the termination of service in Any Forces; or
  - b. As a result of the special hazards incident to service in the military, naval, or air forces of any country, combination of countries, or international organization, if the cause of death occurs while the Insured is serving in Any Forces and is outside the Home Area, provided such death occurs outside the Home Area or within six months after the termination of service in Any Forces; or

In the case of a non-combatant civilian:

- c. If the death occurred while the Insured is serving in any civilian non-combatant unit serving with Any Forces, provided such death occurs while serving in such units or within six months after termination of service in such units; or
- d. As a result of the special hazards incident to service in any civilian non-combatant unit serving with such forces, if the cause of death occurs while the Insured is serving in such units and is outside the Home Area, provided such death occurs outside the Home Area or within six months after the Insured's return to the Home Area while serving in such units or within six months after the termination of service in such units.

**AUTOPSY** – Royal Neighbors reserves the right, at its expense, to require an autopsy, unless prohibited by law.

**REINSTATEMENT** – This Rider may be reinstated under the same terms as the reinstatement provision of the Certificate. However, the Certificate must be in force, and must not be in force under a non-forfeiture option.

**NON-FORFEITURE VALUES** – This Rider does not have cash or loan values.

**GENERAL** – The provisions of the Certificate apply to this Rider unless otherwise provided herein. Premiums paid for this Rider are part of, and payable under the same conditions as, Premiums for the Certificate.

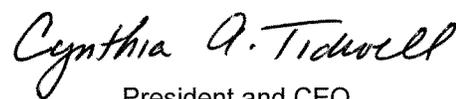
**TERMINATION** – This Rider will terminate on the earliest of the following:

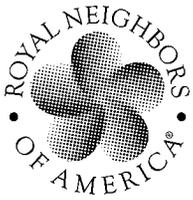
1. If the Certificate is continued under a non-forfeiture option;
2. Upon termination of the Certificate;
3. On the first Certificate anniversary after the Insured reaches age 65;
4. Upon written request by the Owner; or
5. For non-payment of premium.

The Issue Date of this Rider is shown on page 3 of the Certificate.

Executed at the Home Office in Rock Island, Illinois on the Issue Date of the certificate.

  
Secretary and General Counsel

  
President and CEO



## Guaranteed Insurability Rider

Royal Neighbors of America (Royal Neighbors) has issued this Rider as a part of the life insurance certificate to which it is attached (the Original Certificate).

The Insured may purchase from Royal Neighbors a new life insurance certificate on the life of the Insured on each of the Option Dates below (New Certificate). Evidence of insurability will not be required. Purchase is subject to the terms of this Rider.

### DEFINITIONS

**Option Dates** – Date on which the Insured has the option to purchase additional life insurance under this Rider.

**Regular Option Dates** – The Regular Option Dates for this Rider are the Original Certificate anniversaries on which the Insured's attained age is 25, 28, 31, 34, 37, 40, 45, 50, 55, and 60.

**Accelerated Option Dates** – Accelerated Option Dates are available under this Rider if the Insured:

1. Marries;
2. Becomes a parent of a child by birth or legal adoption; or
3. Purchases a primary residence.

The Accelerated Option Date will be the 90th day after such marriage, birth/adoption, or purchase of a primary residence. The purchase of the New Certificate on an Accelerated Option Date will cancel the next Regular Option Date which has not been canceled already. However, if all Regular Option Dates have been canceled, the Insured's right to purchase a New Certificate on any future Accelerated Option Date under this Rider will not be affected. The Insured will be required to provide proof of the Accelerated Option event satisfactory to Royal Neighbors.

**AMOUNTS** – The maximum amount for which the New Certificate may be issued is the least of \$25,000, the face amount of the Original Certificate or the difference between \$100,000 and total face amount for all New Certificates issued under this Rider prior to the exercise of this option.

The minimum amount for which the New Certificate may be issued is the minimum amount customarily issued by Royal Neighbors at the Option Date on the plan of insurance applied for.

The maximum amount of additional insurance that can be issued for all options exercised is \$100,000.

**EXERCISE OF OPTIONS** – The Insured may exercise options by written notice to Royal Neighbors. The written notice must be received in the Home Office on or within 45 days before the Regular or Accelerated Option Dates. The Insured will have 30 days after written notice is received at the Home Office to:

1. Complete the application for insurance; and
2. Return the application along with the initial premium to the Home Office.

The exercise of such option will not be deemed to have been properly exercised unless all conditions of this paragraph have been complied with.

The New Certificate issue date will be the Regular or Accelerated Option Date. The New Certificate will become effective, if the Insured is living, upon the New Certificate issue date.

If any Regular Option Date is prior to the issue date of this Rider, the right to purchase additional life insurance for such Option Date will not be available to either the Owner or the Insured. If the Insured does not apply for the New Certificate within the time permitted under this section for any Regular or Accelerated Option Date, the right to do so will terminate on such Option Date. However, such termination will not affect the Insured's right to request a New Certificate on any subsequent Regular or Accelerated Option Date.

**NEW CERTIFICATE** – The New Certificate will be issued:

1. At the Insured's attained age on the Option Date;
2. On any permanent life plan which Royal Neighbors customarily issues in the amount requested on the Option Date to applicants for the same risk classification as the Original Certificate;
3. With premiums based on Royal Neighbors' rates for the risk classification and plan of insurance on the Option Date.

If the risk classification and/or the face amount is not available for any permanent life plan requested, the risk classification and insurance plan will be the one Royal Neighbors determines to be the most comparable.

Royal Neighbors may include in the New Certificate any restrictions which are contained in the Original Certificate.

**GENERAL** – The provisions of the Original Certificate apply to this Rider unless otherwise provided herein. Premiums for this Rider are part of, and payable under the same conditions as, premiums for the Original Certificate.

**NON-FORFEITURE VALUES** – This Rider does not have cash or loan values.

**REINSTATEMENT** – This Rider may be reinstated under the same terms as the reinstatement provision of the Certificate. However, the Certificate must be in force and must not be in force under a non-forfeiture option.

**TERMINATION** – This Rider will terminate on the earliest of the following:

1. If the Original Certificate is continued under a non-forfeiture option;
2. Upon termination of the Original Certificate;
3. Upon written request by the Owner;
4. On the first Original Certificate's anniversary date after the Insured reaches age 65;
5. When the Insured has purchased additional life insurance totally in the aggregate face amount of \$100,000 under this Rider;  
or
6. For non-payment of premium.

The effective date of this Rider is the Original Certificate Issue Date, or a later date if shown on page 3 of the Original Certificate.

Executed at the Home Office in Rock Island, Illinois on the Issue Date of the certificate.

*Bruce R. Peterson*

Secretary and General Counsel

*Cynthia A. Tidwell*

President and CEO

*SERFF Tracking Number:*      *RNOA-125716684*

*State:*      *Arkansas*

*Filing Company:*      *Royal Neighbors of America*

*State Tracking Number:*      *39606*

*Company Tracking Number:*      *2080*

*TOI:*      *L08 Life - Other*

*Sub-TOI:*      *L08.000 Life - Other*

*Product Name:*      *2008 Riders*

*Project Name/Number:*      *2008 Riders/2080*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: RNOA-125716684 State: Arkansas  
Filing Company: Royal Neighbors of America State Tracking Number: 39606  
Company Tracking Number: 2080  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2008 Riders  
Project Name/Number: 2008 Riders/2080

## Supporting Document Schedules

**Review Status:** 06/30/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachment:**  
Compliance Regulation.pdf

**Review Status:** 06/30/2008  
**Satisfied -Name:** Application  
**Comments:**  
Application approved on April 23, 2008 RNOA-125592537  
**Attachment:**  
1729.pdf

**Review Status:** 07/11/2008  
**Satisfied -Name:** Certification of Flesch  
**Comments:**  
**Attachment:**  
Certification of Flesch.pdf

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 2080  
2081  
2082  
2083

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

*Bruce R. Peterson*

\_\_\_\_\_  
Signature of Company Officer

BRUCE R PETERSON  
\_\_\_\_\_  
Name

SECRETARY AND GENERAL COUNSEL  
\_\_\_\_\_  
Title

7/11/2008  
\_\_\_\_\_  
Date

# Royal Neighbors of America

## Application for Permanent Life Insurance



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES<sup>SM</sup>

[www.royalneighbors.org](http://www.royalneighbors.org)

Rock Island, Home Office  
230 16th St., Rock Island, IL 61201  
(800) 627-4762

Austin, Texas, Sales  
5910 Courtyard Drive, Suite 240, Austin, TX 78731  
(866) 733-9758



A Fraternal Benefit Society

# Application for Permanent Life Insurance

## PART 1

### SECTION 1 – Proposed Insured

Name \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Years at this address\* \_\_\_\_\_  
 SSN/Tax ID \_\_\_\_\_ \*If less than 3 yrs., add prior residence address in additional info, pg 4.  
 Phone number ( ) \_\_\_\_\_ Marital status  S  M  W  D Sex  M  F  
 U.S. driver's license  Green Card  Passport DOB \_\_\_\_\_ State/Country of birth \_\_\_\_\_  
 Other \_\_\_\_\_ Annual income \$ \_\_\_\_\_  
 ID number \_\_\_\_\_ ID issuer \_\_\_\_\_ Employer's name \_\_\_\_\_  
 ID issue date \_\_\_\_\_ ID expiration date \_\_\_\_\_ Position/Title \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Duties \_\_\_\_\_ Length of employment \_\_\_\_\_  
 Are you a U.S. citizen?  Yes  No Length of citizenship \_\_\_\_\_ If No, are you a legal U.S. resident?  Yes  No

### SECTION 2 – Other Insurance

#### 1. EXISTING or APPLIED FOR INSURANCE

Does the Proposed Insured have any existing or applied for 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.

Provide details:

Company	Type (L, A)	Amount of Insurance	Year of Issue	Accidental Death Amount	Existing or Applied for
					<input type="checkbox"/> E <input type="checkbox"/> A
					<input type="checkbox"/> E <input type="checkbox"/> A
					<input type="checkbox"/> E <input type="checkbox"/> A
					<input type="checkbox"/> E <input type="checkbox"/> A

#### 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/Petitioner\*

\* Complete if Owner is other than Proposed Insured or Proposed Insured is under age 15½

#### 1. OWNER/PETITIONER

Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
 Street \_\_\_\_\_ Phone number ( ) \_\_\_\_\_ DOB \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
 U.S. driver's license  Green Card  Passport E-mail address \_\_\_\_\_  
 Other \_\_\_\_\_  
 ID number \_\_\_\_\_ ID issuer \_\_\_\_\_  
 ID issue date \_\_\_\_\_ ID expiration date \_\_\_\_\_



## SECTION 4 – Beneficiary(ies)

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

**PRIMARY**

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

**PRIMARY**    **CONTINGENT**

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

## SECTION 5 – Information Regarding Insurance Applied for

**1. PRODUCT NAME** \_\_\_\_\_

- Level Pay (to age 121)
- Pay to Age 65
- 20 Pay
- Other (specify) \_\_\_\_\_

**2. FACE AMOUNT \$** \_\_\_\_\_

**3. DIVIDEND OPTION**

- Applied to the payment of current premiums
- Paid in cash
- Applied to purchase paid-up additional insurance
- Left on deposit to accumulate at interest

**4. Automatic Premium Loan (APL) will be provided.**

- No   Check if APL is NOT desired.

**5. RIDERS**

- Accelerated Living Benefit Rider (no additional premium)
- Accidental Death   Face Amount: \_\_\_\_\_
- Guaranteed Insurability Rider
- Disability Waiver of Premium (Proposed Insured only)
- Insured Term Rider   Face Amount: \_\_\_\_\_  
 10-Year    20-Year    30-Year
- Other Insured Term Rider  
 \*Please complete OIR Supplemental Application  
 Other Proposed Insured's Full Name \_\_\_\_\_
- Child Rider
- Flexible Premium Deferred Annuity Rider  
 Planned Premium \_\_\_\_\_  
 (Mode will be the same as base certificate.)
- Other (specify) \_\_\_\_\_

## SECTION 6 – Payment Information

If **Electronic Payment** is chosen, complete Pre-Authorized Collection (PAC) form on page 6.

**1. PAYMENT MODE** (*Check one*)

Direct bill:    Annual    Semi-Annual    Quarterly  
 Electronic payment:    Annual    Semi-Annual  
     Quarterly    Monthly  
 Payment with app \$ \_\_\_\_\_    Draft first payment  
 Additional details \_\_\_\_\_  
 \_\_\_\_\_

**2. BILLING ADDRESS INFORMATION**

Proposed Insured's address    Proposed Owner/Petitioner's address  
 Other Premium Payor's/Alternate billing address (*details below*)  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Special arrangements \_\_\_\_\_

## SECTION 7 – General Risk Questions

**Has the Proposed Insured:**

(Provide details to questions in **Additional Information** section on page 4)

- |  |  |
|--|--|
| 1. In the past 5 years, done any flying other than as an airline passenger or engaged in vehicle racing, underwater diving, or sky diving?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any current or expected duties with the Armed Forces?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In the past 5 years, used tobacco products? If Yes, identify what was used, how much, and dates of usage.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In the past 5 years, been convicted of one or more vehicle moving violations, driving under the influence of alcohol or drugs, or ever had a driver's license revoked or suspended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Ever had an application for life or health insurance declined, postponed, up-rated or modified, or any insurance cancelled or its renewal refused?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever claimed disability benefits for an injury, illness, or impaired condition?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Been convicted of a felony?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any plans to travel or reside outside the U.S.?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



**SECTION 1 – Physician Information**

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

Check here if no doctor, practitioner, or health care facility is known.

Physician name \_\_\_\_\_ Name of practice/clinic \_\_\_\_\_

Street \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

Date last consulted \_\_\_\_\_ Provide reasons for treatments and the results. \_\_\_\_\_

List all currently prescribed medications, dosage, and frequency. \_\_\_\_\_

**SECTION 2 – Medical Questions**

1. Height \_\_\_\_\_ Weight \_\_\_\_\_ Experienced a change in weight (greater than 10 pounds) in the last 12 months?  Yes  No

If Yes, specify: Pounds lost \_\_\_\_\_ Pounds gained \_\_\_\_\_ Reason \_\_\_\_\_

2. Are your parents (P) or any siblings (S) deceased or ever had heart disease, diabetes, cancer, or mental illness?  Yes  No

If Yes, indicate below:

Relationship	Age at death	State of health, specific conditions, cause of death
<input type="checkbox"/> P <input type="checkbox"/> S		
<input type="checkbox"/> P <input type="checkbox"/> S		
<input type="checkbox"/> P <input type="checkbox"/> S		

3. Have you received counseling or treatment from any physician for, or been convicted for, the use of alcohol or the use and/or possession of drugs?  Yes  No

4. Have you used amphetamines, barbiturates, cocaine, narcotics, marijuana, or other depressant, excitant, or hallucinatory drugs, unless administered on the advice of a physician?  Yes  No

5. Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or the Human Immunodeficiency Virus (HIV)?  Yes  No

6. Have you during the past 10 years, been diagnosed as having, been treated by a member of the medical profession for, or tested positive for:

A. Heart attack; high blood pressure; stroke; or other disorder of the heart or blood vessels?  Yes  No

B. Cancer, tumor, cyst, mass; leukemia; lymph gland; thyroid; chronic fatigue; or any other blood abnormalities?  Yes  No

C. Diabetes or other endocrine disorder; sugar, albumin, or blood in urine; stone or other disorder of kidney, bladder, or prostate?  Yes  No

D. Lung or chronic respiratory disorder; asthma; bronchitis; emphysema; pneumonia; tuberculosis; or any other disorder of the respiratory system?  Yes  No

E. Intestinal bleeding; ulcer; hepatitis; or other disorder of stomach, liver, intestine, or gallbladder?  Yes  No

F. Any disease or disorder of the reproductive organs or breasts?  Yes  No

G. Brain, mental, or emotional nervous disorder; fainting; convulsions; paralysis; depression; anxiety; frequent recurring headaches; any other disease or disorder of the nervous system; attempted suicide; or ever been counseled for any of the above?  Yes  No

H. Arthritis; gout, loss of limb, or deformity; disorder of bone, joint, muscle, back, or spine; skin disorder; or any other disorder of the skeletal system?  Yes  No

I. Disease or disorder of eye, ears, nose, or throat?  Yes  No

J. Any diagnostic test, such as an electrocardiogram, x-ray, MRI, CT scan, biopsy, or blood study?  Yes  No

K. Any surgery?  Yes  No

L. Advised to have any diagnostic test, hospitalization, or surgery which has not been completed?  Yes  No

M. Treatment as an inpatient or outpatient or is currently confined in a hospital, institution, clinic, sanatorium, or other medical facility?  Yes  No



## SECTION 2 – Medical Questions (cont.)

**Details:** If you answered YES to any of the medical questions above, please provide details here.

Question Number	Name of Physician Address if not already provided	Date/Duration of Illness	Diagnosis/Severity Medications/Treatments

## Additional Information

**Use this section for any additional information. Attach a separate sheet if necessary.**

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## Agreement/Acknowledgement

### Agreement/Disclosure

**We, the Proposed Insured, Proposed Owner, or Proposed Petitioner, if applicable, have read this application for life insurance including any amendments and supplements and, to the best of our knowledge and belief, all statements are true and complete.**

**We also agree that:**

- Statements in this application and any amendment(s), paramedical/medical exam, and supplement(s) are the basis of any certificate issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application 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.
- Unless otherwise provided by the Conditional Receipt, 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 Insured are as stated in this application.
- If not a current member, the Proposed Insured and Proposed Owner, if applicable and appropriate, apply to become members of Royal Neighbors as indicated by the signatures on page 5, and as members, agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors of America was founded more than 100 years ago.

### Taxpayer Identification Number Certification

Under penalties of perjury, We, the Proposed Insured, or Parent, if a minor, or Proposed Owner, if applicable, certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2 a. **Proposed Insured** – 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
- b. **Proposed Owner** – 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. citizen or other U.S. person.

**Certification instructions:** 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.



## Authorization

I, the Proposed Insured, or Parent, if a minor, hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or other medical facility, insurance or reinsurance company, Medical Information Bureau, Inc. (MIB), consumer reporting agency, division of motor vehicles, the veterans administration, or other government agency or department having information as to the diagnosis, treatment, or prognosis with respect to any physical or mental condition, or having any non-medical information, concerning me to release and disclose the entire medical record and any other protected health or other information concerning me within the past 10 years, without restriction, to Royal Neighbors, its agents, employees, representatives, or its reinsurers. This includes information on the treatment of alcohol, drug, and tobacco abuse, and psychiatric diagnosis and treatment. **In order to facilitate the rapid transmission of such information, I authorize all the sources named above, except MIB, to give such information to any legal representative or agent employed by Royal Neighbors.**

I understand that the protected information is to be disclosed under this authorization so that Royal Neighbors may underwrite my application for life insurance, determine my eligibility for insurance, risk rating, or certificate issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage, and conduct other legally permissible activities that relate to any coverage I have applied for with Royal Neighbors. Any protected information obtained will not be released by Royal Neighbors or its reinsurers to any person or organization EXCEPT to other divisions and/or departments of Royal Neighbors or its reinsuring companies, MIB, other life/health insurance organizations or fraternal benefit societies with which I have insurance contracts or to whom I may apply for insurance or to whom a claim for benefits may be submitted, or other persons or organizations performing business or legal services in connection with my application, insurance certificate(s), or claim for benefits or as may be otherwise lawfully required or as I may further authorize.

I understand that this authorization shall remain in force for 24 months from the date signed if used in connection with an application for life insurance certificate, an application for reinstatement of a life insurance certificate, or a request for change in certificate benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a certificate.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative is entitled to receive a copy. I understand that this authorization may be revoked by me at any time in writing, and if I refuse to sign or if I subsequently revoke this authorization, Royal Neighbors may not be able to process this application, and if coverage has been issued, may not be able to process any benefit payments. I agree that Royal Neighbors shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation at its Home Office or to the extent that Royal Neighbors has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be re-disclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

Check here if a copy of this authorization is desired.

Corrections and Amendments (For Home Office Use Only)

### SIGNATURES:

Signed at city, state \_\_\_\_\_ Date \_\_\_\_\_



**Proposed Insured** \_\_\_\_\_  
(Sign if age 12 or older)

Signed at city, state \_\_\_\_\_ Date \_\_\_\_\_



**Proposed Owner/Petitioner** \_\_\_\_\_

Signed at city, state \_\_\_\_\_ Date \_\_\_\_\_



**Signature of Parent** \_\_\_\_\_  
(Required for all applicants under age 18)



# 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 the I.D. of the Owner?  Yes  No If Yes, form of I.D. \_\_\_\_\_

Agent no. \_\_\_\_\_ Agent license no. \_\_\_\_\_ Agent chapter no. \_\_\_\_\_



Signature of Writing Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Writing Agent \_\_\_\_\_

If applicable, complete and sign the following statement(s):

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ ID Number \_\_\_\_\_ Percent \_\_\_\_\_  
Please print

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name \_\_\_\_\_ ID Number \_\_\_\_\_ Percent \_\_\_\_\_  
Please print



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## Authorization for Pre-Authorized Collection Plan

I authorize Royal Neighbors of America (Royal Neighbors) and the financial institution named below to initiate automatic withdrawals from my checking/savings account. This authority will remain in effect until I notify Royal Neighbors or the bank to cancel it in such time as to afford a reasonable opportunity to act on the request. I can stop payment of any withdrawal by notifying Royal Neighbors three days before my scheduled withdrawal day. Royal Neighbors reserves the option to change the method of payment to another qualifying mode after the occurrence of a transaction not honored.

Name of financial institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name (please print) \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Street address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I would like the payment withdrawn on the \_\_\_\_\_ (select from the 1st through 28th) day of the month.

Checking account no. \_\_\_\_\_ OR Savings account no. \_\_\_\_\_



Signature as it appears on bank records X \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS AUTHORIZATION WITH A VOIDED CHECK OR A DEPOSIT SLIP**





A Fraternal Benefit Society

# Conditional Receipt

Unless each and every condition specified in paragraph 1 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. This conditional receipt is only effective if a check or money order is received with the application.

Received from \_\_\_\_\_ on (Date) \_\_\_\_\_ the sum of \$ \_\_\_\_\_ 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 one month's premium at the premium class applied for. Assuming all other conditions under this paragraph have been met, if Royal Neighbors, in accordance with its rules, would have issued the certificate under a different premium class than applied for, and the premium paid was less than the premium that would have been required for the issuance of a certificate at this new premium class, then the death benefit payable under the receipt shall be such as the premium paid would have purchased at the new premium class.
  - (b) All medical examinations 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 for an amount not exceeding \$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, x-rays, and other tests required by Royal Neighbors.
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 and accepted.



Signature of Agent Receiving the Payment \_\_\_\_\_

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 Insured \_\_\_\_\_



Signature of Proposed Owner/Petitioner \_\_\_\_\_

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

## Royal Neighbors of America

[www.royalneighbors.org](http://www.royalneighbors.org)

Rock Island, Home Office  
230 16th St., Rock Island, IL 61201  
(800) 627-4762

Austin, Texas, Sales  
5910 Courtyard Drive, Suite 240, Austin, TX 78731  
(866) 733-9758



## Important Information for Applicant

**Arizona:** On written request, Royal Neighbors of America will provide the certificateowner with information regarding the provisions of the life insurance certificate. If for any reason the certificateowner is not satisfied with the life insurance 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, California, New Mexico, Texas, and West Virginia:** 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.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer who knowingly provides false, incomplete, or misleading facts or information to a certificateowner or claimant for the purpose of defrauding or attempting to defraud the certificateowner or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia and Georgia:** 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.

**Indiana and Oklahoma:** Any person who knowingly, with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Kentucky and Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey:** Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

**Ohio:** Any person who, with intent to defraud, or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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.

**Tennessee, Washington, and Maine:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company (insurer) for the purpose of defrauding the insurer. Penalties include imprisonment, fines, and denial of insurance benefits.

## Medical Information Bureau, Inc. (MIB), Notice

### This Notice is to be detached, read, and retained by the Proposed Insured

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers make a brief report thereon to the Medical Information Bureau, Inc., 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, TTY (866) 346-3642. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Report Act. The address of MIB's information office is: MIB, P.O. Box 105, Essex Station, Boston, MA 02112.

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.

## 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 Petitioner. 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 Petitioner will be used to determine her or his eligibility for life insurance.

*\*Information obtained will not be used to determine sexual orientation.*

## Royal Neighbors of America

Rock Island, Home Office  
230 16th St., Rock Island, IL 61201  
(800) 627-4762

[www.royalneighbors.org](http://www.royalneighbors.org)

Austin, Texas, Sales  
5910 Courtyard Drive, Suite 240, Austin, TX 78731  
(866) 733-9758





INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES<sup>SM</sup>

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230 16<sup>th</sup> Street | Rock Island, IL 61201

Phone: (309) 788-4561 | Toll-free: (800) 627-4762

E-mail: [contact@royalneighbors.org](mailto:contact@royalneighbors.org) | Web site: [www.royalneighbors.org](http://www.royalneighbors.org)

## CERTIFICATION OF FLESCH READING EASE SCORE

Royal Neighbors of America does hereby certify that the following certificate forms and application, specimen copies of which are submitted herewith, are in its judgment readable based on the factors specified in Arkansas Regulations.

<u>FORM</u>	<u>TITLE</u>	<u>FLESCH SCALE READABILITY ANALYSIS AND TEST SCORE</u>
2080	Child Term Rider	48.3
2081	Disability Waiver of Premium Rider	37.3
2082	Accidental Death Rider	42.0
2083	Guaranteed Insurability Rider	34.2

- A Flesch reading ease test scores of the above forms is as indicated above.
- The forms are printed, except for specification pages, schedules and tables, in not less than ten point, one point leaded.
- The forms listed above were analyzed in their entirety both to the method and formula as specified in Arkansas Regulations.

**Although 2081 and 2083 have a Flesch Score of less than 40, when attached to 200811-AR the Flesch reading ease test score is greater than 40.**

Dated this 11th day of June, 2008

  
BY: \_\_\_\_\_

Philip K. Blankenfeld – Compliance Manager