

SERFF Tracking Number: RNOA-125812238 State: Arkansas
 Filing Company: Royal Neighbors of America State Tracking Number: 40232
 Company Tracking Number: 2085 RNOA-125812238
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: Flexible Premium Deferred Annuity Rider 2085
 Project Name/Number: FPDAR 2085/2085

Filing at a Glance

Company: Royal Neighbors of America

Product Name: Flexible Premium Deferred Annuity Rider 2085 SERFF Tr Num: RNOA-125812238 State: ArkansasLH

TOI: A10 Annuities - Other

SERFF Status: Closed

State Tr Num: 40232

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: 2085 RNOA-125812238

State Status: Approved-Closed

Filing Type: Form

Co Status: submitted

Reviewer(s): Linda Bird

Authors: John Friederich, Philip Blankenfeld, Deb Zemo, Kelli Zimmer

Disposition Date: 09/16/2008

Date Submitted: 09/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: FPDAR 2085

Status of Filing in Domicile: Not Filed

Project Number: 2085

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Illinois is scheduled to be filed 9/22/2008

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/16/2008

State Status Changed: 09/16/2008

Deemer Date:

Corresponding Filing Tracking Number: 2085

Filing Description:

This rider is new, and has never been issued by Royal Neighbors of America (Royal Neighbors), nor has it ever been available for attachment to any life insurance certificate issued by Royal Neighbors.

To the best of my knowledge and belief, no part of this submission contains any unusual or possibly controversial items

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<i>Company Tracking Number:</i>	<i>2085 RNOA-125812238</i>		
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<i>Product Name:</i>	<i>Flexible Premium Deferred Annuity Rider 2085</i>		
<i>Project Name/Number:</i>	<i>FPDAR 2085/2085</i>		

contrary to normal industry standards. No assumptions or provisions contained in the rider unfairly discriminate in the availability of annuity benefits to individuals of the same class, equal expectation of life, and degree of hazard.

This flexible premium deferred annuity rider provides for flexible premiums, which may vary in amount and frequency, and a monthly income commencing on the maturity date. Issue ages for this rider are 16-55 and the primary target market will be individuals' age 30 to 55 years. This rider will be marketed by the use of commissioned independent agents and commissioned agents of an Agency. All agents will be under contract, duly licensed by the state and appointed (as applicable) by Royal Neighbors.

It is intended that the riders will be used with application form 1729 Rev. 3-2008, approved by your department on 4/23/2008 and certificate form 200811-AR entitled Permanent Life Insurance to Age 121, approved by your department on 4/23/2008.

Company and Contact

Filing Contact Information

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

Filing Company Information

Royal Neighbors of America	CoCode: 57657	State of Domicile: Illinois
230 16th Street	Group Code:	Company Type: Life, Health, Annuity
Rock Island, IL 61201	Group Name: Royal Neighbors	State ID Number:
(309) 732-8232 ext. 8232[Phone]	FEIN Number: 36-1711198	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	1 form x \$50 = \$50

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$50.00	09/11/2008	22427847

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/16/2008	09/16/2008

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Disposition

Disposition Date: 09/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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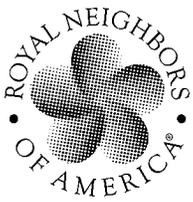
Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Flesch		Yes
Form	Flexible Premium Deferred Annuity Rider		Yes

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Form Schedule

Lead Form Number: 2085

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2085	Policy/Cont Flexible Premium ract/Fratern Deferred Annuity al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2085.pdf



Flexible Premium Deferred Annuity 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).

RIDER BENEFIT – Beginning on the Maturity Date of this Rider, Royal Neighbors will pay to the Insured (1) a monthly income for 120 months and thereafter each month during the life of the Insured or (2) a Death Benefit to the Beneficiary of the Certificate upon receipt of due proof of death of the Insured and proof that the Insured died prior to the Maturity Date, while this Rider was in force.

CONSIDERATION – This Rider is issued in consideration of the application, a copy of which is attached, and the payment of the first premium.

DEFINITIONS

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

Owner – The Owner of this Rider is the Owner of the Certificate.

Beneficiary – The term Beneficiary means the individual(s) named Beneficiaries under the Certificate.

Death Benefit Proceeds – The Death Benefit Proceeds will be an amount equal to the Accumulation Value of this Rider as of the date of the Insured's death. Royal Neighbors will pay interest on the Death Benefit from the date it receives proof of death of the Insured to the date of payment at a rate not less than that required by law.

Maturity Date – This Rider matures on the anniversary of the Issue Date after the Annuitant's 70th birthday or 10 years after the Issue Date, whichever is later. An Optional Maturity Date may be elected as provided in this Rider.

Optional Maturity Date – The Owner may at any time select an Optional Maturity Date that is later than the Maturity Date, but the Optional Maturity Date may not be later than the first Certificate anniversary after the Annuitant's 115th birthday. If the Owner does not notify Royal Neighbors in writing at least 31 days prior to the Maturity Date that the Owner has either selected an Optional Maturity Date or wishes to receive the Rider Benefit on the Maturity Date it will be assumed that the Owner selected an Optional Maturity Date of the first Certificate anniversary date for this Rider after the Annuitant's 115th birthday, provided however, that the Owner may subsequently amend the Optional Maturity Date at any time while this Rider is in force.

Accumulation Value – The Accumulation Value as of the end of any Certificate year will be (1) The Accumulation Value at the end of the previous Certificate year, plus (2) The amount of premiums paid, plus (3) Credited Interest, less (4) Withdrawals, if any, and (5) Annual Administration Fee, if applicable. The Accumulation Value at any time during the certificate year will be determined as above, but with credited interest earnings to the date of calculation. The Accumulation Value immediately prior to the Issue Date of this Rider is zero.

Cash Surrender Value – The Cash Surrender Value of this Rider on any day is the Accumulation Value on the date of calculation, less any Withdrawal Charge.

FLEXIBLE PREMIUMS – All premiums are payable at the Home Office. The initial premium is due on the Issue Date. Subsequent premiums may vary in amount and frequency at the option of the Owner; however, no such premium payment may be less than \$50. Royal Neighbors reserves the right to limit the maximum amount of premium payments without prior written approval from the Home Office.

ANNUAL ADMINISTRATION FEE – An Annual Administration Fee of \$15 will be charged at the end of each Certificate year. The Administration Fee will be waived if the Accumulation Value is equal to or greater than an amount shown in the Table of Threshold for Annual Administration Fees on the right.

Table of Threshold for Annual Administration Fees

Certificate Year	Accumulation Value at the End of Certificate Year
1	\$600
2	\$1200
3	\$1800
4	\$2400
5+	\$3000

MINIMUM VALUES – The Cash Surrender Values and Death Benefit Proceeds available under this Rider are not less than the minimum benefits required by any statute of the state in which this Rider is delivered. A detailed statement of the method of computing Cash Surrender Values has been filed with the Insurance Department of the state in which this Rider is delivered.

CREDITED INTEREST – Interest at a rate of not less than 3% per annum, as declared by Royal Neighbors at least once each year, will be used in determining the Accumulation Value.

WITHDRAWALS – At any time prior to the Maturity Date, the Owner may withdraw a portion of the Accumulation Value of this Rider upon proper request to Royal Neighbors. The amount of any withdrawal may not be less than \$500 unless the Rider is surrendered for its Cash Surrender Value. If the total amount withdrawn in a certificate year exceeds 10% of the Accumulation Value of this Rider at the time of the first withdrawal in such Certificate year, the excess will be subject to a Withdrawal Charge as calculated by taking the excess amount multiplied by the applicable withdrawal charge percentage as shown in the Table of Withdrawal Charges on the right. The Withdrawal Charge will be deducted from the amount withdrawn before payment to the Owner. Withdrawals reduce the Accumulation Value of this Rider. In addition to any applicable Withdrawal Charge, there may be tax consequences and penalties resulting from a cash surrender or partial withdrawal from this Rider. You are advised to consult with a qualified tax professional or attorney regarding possible tax consequences and/or penalties.

Table of Withdrawal Charges

Certificate Year	1	2	3	4	5	6	7	8	9	10	11+
Withdrawal Charge %	14	13	12	11	10	9	8	6	4	2	0

TABLE OF VALUES – The Accumulation and Cash Surrender Values shown in the table on the right are for the end of the Certificate year shown and are based on:

Table of Values

1. Level annual premium payments of \$1,000, paid at the beginning of each Certificate year;
2. That interest has been credited at the guaranteed rate of 3% per annum; and
3. No withdrawals of the Accumulation Value.

End of Year	Accumulation Value	Cash Surrender Value
1	\$1,030.00	\$900.15
2	\$2,090.90	\$1,846.12
3	\$3,183.62	\$2,839.56
4	\$4,309.13	\$3,882.21
5	\$5,468.40	\$4,975.84
6	\$6,662.44	\$6,122.28
7	\$7,892.31	\$7,323.46
8	\$9,159.07	\$8,663.78
9	\$10,463.85	\$10,086.33
10	\$11,807.75	\$11,594.26
11	\$13,192.01	\$13,190.92

Values for years not shown, modes other than annual, and premium payments of varying amounts will be furnished upon request. The Accumulation Value of this Rider will not be included in the determination of the Accumulation Value of the Certificate.

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

ASSIGNMENT – The ownership of this Rider may not be assigned.

SETTLEMENT OPTIONS – If the Maturity Benefit of this Rider is applied under a Settlement Option contained in the Certificate, the Certificate and this Rider must be returned to the Home Office for endorsement of termination of this Rider. A supplementary contract will be issued to provide for the manner of payment elected. In addition, the Owner may elect to receive the proceeds of this Rider under Settlement Option 6 described below, and receive a life income with payments for 10 years certain. The Owner can only receive this Settlement Option if this Rider has been in force for a minimum of 10 years. If on the Maturity Date, the Accumulation Value available is less than the minimum amount required for Settlement Option 6, the Accumulation Value of this Rider may be paid in one lump sum to the Owner at the option of Royal Neighbors.

Settlement Option 6 – Life Income with Payments for 10 Years. The proceeds will be paid in equal annual, semiannual, quarterly, or monthly payments for a period of 10 years certain and thereafter for the lifetime of the payee. The amount of each payment will depend upon the age last birthday of the payee at the time of the first payment. Proof of age of the payee will be required. The amount of each payment for \$1,000 of proceeds will be in accordance with the table on the right.

Values in the table under Option 6 are based on the Annuity 2000 Individual Mortality Table with interest at fixed 3% per annum. Values for ages not shown will be furnished upon request.

Settlement Option 6 is available and operative for a payee only if:

1. The amount to be applied is \$25,000 or more; and
2. The payments under this option are \$100 or more; and
3. The payments are made to the Owner of this Rider.

If conditions 1, 2, and 3 above are met, Settlement Option 6 may be elected.

Settlement Option 6
TABLE OF MONTHLY PAYMENTS – 10-YEARS CERTAIN

Age of Payee	Male	Female
35	\$3.36	\$3.23
40	\$3.55	\$3.39
45	\$3.79	\$3.59
50	\$4.09	\$3.85
55	\$4.46	\$4.17
60	\$4.95	\$4.59
65	\$5.57	\$5.15
70	\$6.33	\$5.88
75	\$7.19	\$6.78
80	\$8.05	\$7.78
85	\$8.77	\$8.64

DEATH OF PAYEE – Any amount payable under Option 6 on the death of the payee will continue to be paid to the Beneficiary entitled to receive such proceeds in accordance with the terms of the Settlement Option contract on the specified payment mode until the last guaranteed payment is made.

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

1. The Maturity Date, or Optional Maturity Date, if elected, or;
2. Termination of the Certificate; or
3. Upon request of the Owner.

In the event of the termination of this Rider, the Cash Surrender Value will be paid to the Owner in one sum or on such basis as Royal Neighbors may agree.

If the Certificate lapses due to the non-payment of premiums, the Cash Surrender Value of this Rider will be used to purchase a new single premium deferred annuity certificate then offered by Royal Neighbors. However, if the Cash Surrender Value of this Rider is less than the minimum amount required for the new single premium deferred annuity certificate, Royal Neighbors may, at its option and without regard to any request from the Owner of this Rider, terminate this Rider by paying the Owner, in cash, the Cash Surrender Value of this Rider.

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

Bruce R. Peterson
Secretary and General Counsel

Cynthia A. Tidwell
President and CEO

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 09/10/2008
Comments:
Attachment:
Compliance Rule and regulation.pdf

Review Status:
Satisfied -Name: Application 09/10/2008
Comments:
Application was approved on 4/23/2008 by AR DOI
Attachment:
1729.pdf

Review Status:
Satisfied -Name: Flesch 09/11/2008
Comments:
Attachment:
Flesch.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 2085

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

9/11/2008

Date

Royal Neighbors of America

Application for Permanent Life Insurance



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

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.

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



A Fraternal Benefit Society

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

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

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.*

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

E-mail: contact@royalneighbors.org | Web site: www.royalneighbors.org

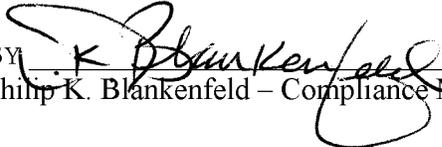
CERTIFICATION OF FLESCH READING EASE SCORE

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>
2085	Flexible Premium Deferred Annuity Rider	61.6

- 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.

Dated this 11th day of September, 2008

BY 
Philip K. Blankenfeld – Compliance Manager