

SERFF Tracking Number: RNOA-127355351 State: Arkansas  
Filing Company: Royal Neighbors of America State Tracking Number: 49535  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Single Premium Whole Life Insurance Certificate  
Project Name/Number: Single Premium Whole Life Insurance Certificate/1111-AR

## Filing at a Glance

Company: Royal Neighbors of America

Product Name: Single Premium Whole Life Insurance Certificate SERFF Tr Num: RNOA-127355351 State: Arkansas

Insurance Certificate

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 49535  
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: John Friederich, Philip Disposition Date: 09/01/2011

Blankenfeld, Deb Zemo

Date Submitted: 08/11/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Single Premium Whole Life Insurance Certificate

Status of Filing in Domicile: Pending

Project Number: 1111-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Illinois was filed on August 2, 2011 and is pending approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/01/2011

Deemer Date:

State Status Changed: 08/17/2011

Submitted By: Deb Zemo

Created By: Deb Zemo

Corresponding Filing Tracking Number: 1111-AR

Filing Description:

All of the forms in this submission are new and have never been issued by Royal Neighbors of America (Royal Neighbors) nor been available for attachment to any life insurance certificate issued by Royal Neighbors at, or subsequent to issue.

To my knowledge and belief, no part of this filing contains any unusual or possibly controversial items contrary to normal society or industry standards.

<i>SERFF Tracking Number:</i>	<i>RNOA-127355351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Royal Neighbors of America</i>	<i>State Tracking Number:</i>	<i>49535</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Single Premium Whole Life Insurance Certificate</i>		
<i>Project Name/Number:</i>	<i>Single Premium Whole Life Insurance Certificate/1111-AR</i>		

This single premium life insurance certificate provides individual life insurance protection to individuals aged 45 to 80. The certificate will not be marketed using an illustration projecting non-guaranteed values, but will be marketed by the use of a quote system that will only show guaranteed future values. The minimum premium for this certificate is \$10,000.

It is intended the Accelerated Living Benefit Rider, form series 1766 will be available for attachment to the certificate and was approved on August 9, 2006. There will no additional premium for this rider.

The certificate will be solicited by the use of commissioned career field representatives (agents), commissioned independent agents, and commissioned agents of an Agency, each of whom are under contract with Royal Neighbors of America, duly licensed by the state, and appointed by Royal Neighbors to solicit applications for life insurance. The certificate will also be marketed directly from the Home Office by our call center through the use of "in-house" representatives (agents), each of whom are licensed by the state and appointed by Royal Neighbors to solicit applications for life insurance. Commissions will not be paid to the "in-house" representatives working in the Call Center.

## Company and Contact

### Filing Contact Information

Debra Zemo, Compliance Assistant/Legal Secretary	zemodm@royalneighbors.org
230 16th Street	800-627-4762 [Phone] 8233 [Ext]
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	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes

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Fee Explanation: 2 forms x \$50 = \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$100.00	08/11/2011	50563522

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/01/2011	09/01/2011
Approved-Closed	Linda Bird	08/17/2011	08/17/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Life & Annuity - Acturial Memo	Deb Zemo	08/29/2011	08/29/2011
Supporting Document	Cost and Benefit	Deb Zemo	08/11/2011	08/11/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please reopen for correct actuarial memorandum	Note To Filer	Linda Bird	08/26/2011	08/26/2011
Please reopen for correct Actuarial Memorandum	Note To Reviewer	Deb Zemo	08/25/2011	08/25/2011

*SERFF Tracking Number:* RNOA-127355351      *State:* Arkansas  
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*Product Name:* Single Premium Whole Life Insurance Certificate  
*Project Name/Number:* Single Premium Whole Life Insurance Certificate/1111-AR

## **Disposition**

Disposition Date: 09/01/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted a corrected Actuarial Memorandum.

Rate data does NOT apply to filing.

SERFF Tracking Number: RNOA-127355351 State: Arkansas  
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 Product Name: Single Premium Whole Life Insurance Certificate  
 Project Name/Number: Single Premium Whole Life Insurance Certificate/1111-AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Cost and Benefit		Yes
Form	Single Premium Whole Life Insurance Certificate		Yes
Form	Application for Single Premium Whole Life Insurance		Yes

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*Product Name:*              *Single Premium Whole Life Insurance Certificate*  
*Project Name/Number:*      *Single Premium Whole Life Insurance Certificate/1111-AR*

## **Disposition**

Disposition Date: 08/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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**Amendment Letter**

Submitted Date: 08/29/2011

**Comments:**

It has come to our attention that the cash values shown in the Actuarial Memorandum dated August 2, 2011 for the Single Premium Whole Life Insurance certificate are incorrect. The cash values were off by one age (Values shown were reflecting beginning of year values instead of end of year values).

Attached is an amended Actuarial Memorandum dated August 23, 2011 showing the correct cash values.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Life & Annuity - Actuarial Memo**

Comment: It has come to our attention that the cash values shown in the Actuarial Memorandum dated August 2, 2011 for the Single Premium Whole Life Insurance certificate are incorrect. The cash values were off by one age (Values shown were reflecting beginning of year values instead of end of year values).

Attached is an amended Actuarial Memorandum dated August 23, 2011 showing the correct cash values.  
1111 Actuarial Memorandum.pdf

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*Project Name/Number:*      *Single Premium Whole Life Insurance Certificate/1111-AR*

**Note To Filer**

**Created By:**

Linda Bird on 08/26/2011 02:17 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

08/26/2011 02:17 PM

**Subject:**

Please reopen for correct actuarial memorandum

**Comments:**

Filing has been re-opened in order to make correction.

*SERFF Tracking Number:*      *RNOA-127355351*                      *State:*                      *Arkansas*  
*Filing Company:*              *Royal Neighbors of America*                      *State Tracking Number:*      *49535*  
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*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.111 Single Premium - Single Life*  
*Product Name:*              *Single Premium Whole Life Insurance Certificate*  
*Project Name/Number:*      *Single Premium Whole Life Insurance Certificate/1111-AR*

**Note To Reviewer**

**Created By:**

Deb Zemo on 08/25/2011 03:35 PM

**Last Edited By:**

Deb Zemo

**Submitted On:**

08/25/2011 03:35 PM

**Subject:**

Please reopen for correct Actuarial Memorandum

**Comments:**

It has come to our attention that the cash values shown in the Actuarial Memorandum dated August 2, 2011 for the Single Premium Whole Life Insurance certificate are incorrect. The cash values were off by one age (Values shown were reflecting beginning of year values instead of end of year values).

Please reopen our file so I may submit a correct Actuarial Memorandum.

Thank you in advance,

Deb Zemo

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**Amendment Letter**

Submitted Date: 08/11/2011

**Comments:**

Cost and Benefit added

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cost and Benefit**

Comment:

Form 2112 Rev 7-2011 Statement of Cost Benefit Information.pdf

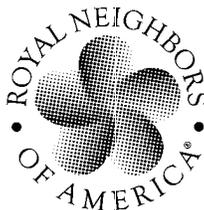
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## Form Schedule

### Lead Form Number: 1111-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1111-AR	Policy/Cont	Single Premium ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			1111-AR.pdf
	111722-AR	Application/ Rev 8-2011	Application for Single Enrollment Premium Whole Life Form Insurance	Initial			111722-AR.pdf

**A Fraternal Benefit Society  
Incorporated in 1895**



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

**Home Office  
230 Sixteenth St.  
Rock Island, IL 61201  
(800) 627-4762  
(309) 788-4561**

AGREES, subject to the provisions of this Certificate to pay the Face Amount shown on Page 3 plus any dividend values less any debt or lien on this Certificate to the Beneficiary on the death of the Insured. Such payment will be made not later than sixty (60) days after receipt at our Home Office of (1) Due proof of death of the Insured, such as a certified copy of a certificate of death or a certified finding by a court of competent jurisdiction; (2) Proof that the Insured died prior to the expiration date and while this Certificate was in force; and (3) Proof of the claimant's right to the proceeds. Full payment of the Certificate's proceeds to the person designated as being entitled to receive such proceeds shall fully discharge Royal Neighbors of America (Royal Neighbors) from all claims under the Certificate.

Interest will be paid on (1) The proceeds payable upon death of the Insured and; (2) The refund of unearned premiums at a rate of 8% per annum on all claims not paid within 30 days after all required proofs are received at the Home Office. Any debt on this Certificate will be deducted at the time of final payment.

This Certificate is issued in consideration of the application and the payment of the single premium. Certificate Years, months, and Anniversaries will be determined from the Issue Date.

The Rating Age of the Insured is the age last birthday on the Issue Date. The Attained Age of the Insured is the Rating Age plus the number of complete Certificate Years which have elapsed from the Issue Date.

The Certificate Data on Page 3 and the provisions on this and the following pages are part of this Certificate. Any additional benefit(s), if any, are provided by rider and are subject to the provisions of the rider.

#### **READ THIS CERTIFICATE CAREFULLY**

This Certificate is a legal contract between the Owner and Royal Neighbors. To present an inquiry, obtain information, or obtain assistance in resolving a complaint regarding this Certificate, you may telephone Royal Neighbors at (800) 627-4762, or you may write to the Home Office at: Royal Neighbors of America, 230 16th Street, Rock Island, IL 61201 or contact us at [contact@www.royalneighbors.org](mailto:contact@www.royalneighbors.org).

#### **RIGHT TO EXAMINE CERTIFICATE**

The Owner may void this Certificate by delivering or mailing the Certificate to the Home Office at Royal Neighbors of America, 230 16th Street, Rock Island, IL 61201; or to the agent through whom it was purchased; or to any representative of Royal Neighbors before midnight of the 20th day, (30th day if this Certificate was purchased as a replacement or through our call center or by direct mail) after the date it was delivered to the Owner. Return of the Certificate by mail is effective on being postmarked, properly addressed, and postage prepaid. Royal Neighbors will return all premiums paid on this Certificate, less any benefits paid, within 10 business days after receiving the Certificate. Such return shall void this Certificate from the beginning.

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

Secretary and General Counsel

President and CEO

**SINGLE PREMIUM WHOLE LIFE INSURANCE CERTIFICATE** – Life insurance payable at death – Plan and premium payable as shown on Page 3 – Participating – Additional benefits, if any, as specified on Page 3. **NOTE: As a single premium whole life contract, if the Owner surrenders this Certificate for its cash surrender value, such surrender may result in a substantial penalty because the cash surrender value of the Certificate may be less than the premium paid.**



**INDEX OF CERTIFICATE PROVISIONS**

<u>Name of Provision</u>	<u>Page No.</u>	<u>Name of Provision</u>	<u>Page No.</u>
Age and Sex .....	6	Loans .....	5
Annual Report .....	6	Maintenance of Reserve.....	6
Applicable State Law .....	6	Membership .....	6
Assignment/Ownership.....	2	Modifications .....	6
Basis of Values .....	2	Nonforfeiture and Surrender .....	2
Beneficiary .....	5	Owner of Certificate .....	2
Certificate Anniversary .....	6	Payment of Benefits.....	2
Certificate Data.....	3	Premiums .....	2
Certificate Year .....	6	Representations .....	5
Claim Forms.....	2	Right to Examine Certificate .....	1
Dividends .....	5	Settlement Options .....	7
Entire Contract .....	6	Suicide .....	5
Incontestability .....	5	Suspension or Expulsion.....	6
Insuring Clause.....	1	Table of Nonforfeiture and Loan Values .....	4
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**PREMIUMS** – The Single Premium shown on Page 3 is due on the Issue Date and is payable at the Home Office.

**PAYMENT OF BENEFITS** – All sums payable by Royal Neighbors under the terms of this Certificate shall be payable at its Home Office in Rock Island, Illinois. Before a payment is made as a result of termination of this Certificate, it must be returned to Royal Neighbors. Any debt or lien will be deducted at the time of final payment.

**OWNER OF CERTIFICATE** – The Owner shall be as shown in the application unless subsequently assigned. The Owner may exercise all options and rights under this Certificate.

**ASSIGNMENT/OWNERSHIP** – No assignment or change of ownership of this Certificate is binding upon Royal Neighbors unless it is on file with Royal Neighbors at the Home Office. An assignment that is on file is valid for the purpose of vesting in the assignee all of the incidents of ownership assigned, and entitles Royal Neighbors to deal with the assignee as the Owner in accordance with this Certificate, but without prejudice to Royal Neighbors on account of any payment(s) made prior to receipt by Royal Neighbors of such notice of assignment. Royal Neighbors has no obligation as to the validity of an assignment. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment is signed by the Owner.

**NONFORFEITURE AND SURRENDER** – The Owner may surrender this Certificate for its guaranteed cash surrender value while the Insured is living. The cash surrender value is the cash value less any indebtedness. The cash values of this Certificate are determined according to the Basis of Values provision in this Certificate.

If the Certificate is surrendered within 30 days following a Certificate Anniversary, the value available shall not be less than the cash surrender value on the Certificate Anniversary. Any cash surrender value and any paid up nonforfeiture benefit available under the Certificate at any time other than on the Certificate Anniversary shall be calculated with allowance for lapse of time from the last preceding Certificate Anniversary.

Royal Neighbors reserves the right to defer the payment of any cash surrender value for a period up to six (6) months after the demand with surrender of the certificate.

**CLAIM FORMS** – Upon receipt of a notice of claim, Royal Neighbors will send the claimant such forms as are usually furnished for filing proof of loss within fifteen (15) business days after receiving such notice.

**BASIS OF VALUES** – Reserves are based on 100% of The Ultimate Commissioners’ 2001 Standard Ordinary (CSO) mortality table, male/female, smoker/non-smoker, age last birthday, 4% interest. Reserves are according to the Commissioners’ Reserve Valuation Method.



**CERTIFICATE DATA**

Name of Insured..... [John Doe]  
Rating Age and Sex..... [50] – [ Male]  
Certificate Number..... [000010091002]  
Chapter Number..... [00001]  
Issue Date..... [August 1, 2011]  
Plan of Insurance..... Single Premium Whole Life  
Face Amount..... [\$27,397.26]  
Premium Class..... [Standard] [Non-Tobacco User]

**DIVIDENDS – Dividends are not expected nor guaranteed.**

**Premium Amounts Payable For All Benefits:**

<b>BEGINNING</b>	<b>FOR NUMBER OF YEARS</b>	<b>SINGLE PREMIUM AMOUNT</b>
[August 1, 2011]	Single Premium	[ \$10,000.00]

**Description of Additional Benefits Provided Under This Certificate:**

<b>FORM NO.</b>	<b>DESCRIPTION OF ADDITIONAL BENEFIT</b>	<b>PREMIUM AMOUNT</b>
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[ None		
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**Your state Department of Insurance phone number is [(501) 371-2600]**



**TABLE OF NONFORFEITURE AND LOAN VALUES**

All values shown below are based on the assumption that a single premium of [ \$10,000.00] has been paid and that there are no existing dividend accumulations, or debt to Royal Neighbors on this Certificate. Values for Certificate Years not shown in this table will be furnished upon request. The values are for the end of the year shown.

END OF CERTIFICATE YEAR	ATTAINED AGE OF INSURED	CASH OR LOAN VALUE
1	51	\$7,384.11
2	52	\$7,685.21
3	53	\$7,996.44
4	54	\$8,316.99
5	55	\$8,646.30
6	56	\$8,983.29
7	57	\$9,327.12
8	58	\$9,678.63
9	59	\$10,039.18
10	60	\$10,409.04
11	61	\$10,788.22
12	62	\$11,174.79
13	63	\$11,566.85
14	64	\$11,962.74
15	65	\$12,361.92
16	66	\$12,764.93
17	67	\$13,172.33
18	68	\$13,585.48
19	69	\$14,004.93
20	70	\$14,431.51
Age 55		\$8,646.30
Age 60		\$10,409.04
Age 62		\$11,174.79
Age 65		\$12,361.92

**The cash value interest rate for this Certificate is 5%.**



**LOANS** – The Owner may obtain a loan on this Certificate while it is in force. Such loan, plus any existing debt may not exceed the loan value but may be any lesser amount but not less than \$500. The loan value is the current cash value plus the cash surrender value of any dividend additions. The sole security for a loan shall be this Certificate. A loan shall be requested by completing a proper loan agreement delivered to the Home Office.

The loan will bear interest at the rate of 8% per annum. Interest is payable at the end of each Certificate Year. Interest not paid shall be added to the loan. The existing debt at any time shall include accrued interest.

If the existing debt equals or exceeds the loan value, this Certificate shall terminate and be void thirty-one (31) days after notice has been mailed to the Owner and the Assignee of record, if any, at the address last known to Royal Neighbors.

The debt or any part of it may be repaid at any time while this Certificate is in force prior to its maturity.

Royal Neighbors may defer the granting of a loan for a period up to six (6) months after the request is received, except for the purpose of paying premiums.

**DIVIDENDS** – Beginning at the end of the second Certificate Year, this Certificate shall earn annual dividends as declared by Royal Neighbors. There are two (2) options available to the Owner to apply the dividends.

Option 1 – Paid in cash.

Option 2 – Left on deposit to accumulate with interest as authorized by Royal Neighbors, but not less than 2% per annum, on amounts on deposit for full Certificate Years.

Option 2 shall be used unless the Owner directs otherwise.

Dividend accumulations may be withdrawn. If this Certificate lapses before a cash value is available, any dividend accumulations shall be paid in cash. Any dividend accumulations existing at the maturity or termination of this Certificate shall be paid with the other proceeds of this Certificate.

**Royal Neighbors does not expect that any dividends will be declared on this Certificate.**

**BENEFICIARY** – The Beneficiary is as stated in the application, unless changed. The Owner may change the Beneficiary without the consent of any such Beneficiary. Proper written request will be required. No such change will take effect unless recorded by Royal Neighbors. When recorded, the change will take effect on the date the request was signed, but without prejudice to Royal Neighbors on account of any payment made by Royal Neighbors before receipt of the request. If the Beneficiary dies before the Insured and no other Beneficiary has been named, payment of the proceeds shall be made as provided by the Royal Neighbors Bylaws in effect at the time of the Insured's death.

**REPRESENTATIONS** – In the absence of fraud, all statements in the application shall be deemed representations and not warranties. No statement shall be used to void this Certificate or used in defense of a claim unless it is contained in the application and a copy of the application is endorsed upon or attached to the Certificate when issued.

**INCONTESTABILITY** – This Certificate shall be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the Issue Date, except for the non-payment of premiums. The incontestability period is extended to the maximum extent allowable under applicable state law for fraud in the procurement of the Certificate. If the two-year period is not allowed by the law in the state where this Certificate is delivered, the period shall be the longest time allowed by such law to the extent permitted by applicable law in the state where this Certificate is delivered or issued for delivery.

**SUICIDE** – If the Insured commits suicide, while sane or insane, within two (2) years from the Issue Date, the only amount payable shall be the amount of premiums paid.



**AGE AND SEX** – If the age or sex of the Insured has been misstated, the amount payable shall be such as the premiums paid would have purchased at the correct age and sex. If Royal Neighbors makes or has made any overpayment or underpayment on account of a misstatement of age or sex, the amount thereof, with interest at the rate of 5% per annum shall, in the case of underpayment, be paid by Royal Neighbors or, in the case of overpayment, may be charged against the current or next succeeding payment or payments made by Royal Neighbors under the provisions of this Certificate.

**MAINTENANCE OF RESERVE** – If Royal Neighbors' reserves become impaired, the Owner shall pay Royal Neighbors this Certificate's equitable proportion of the deficiency. However, there shall be no personal liability for such payment except against this Certificate's reserves. The amount of such payment and deficiency shall be determined by Royal Neighbors' Board of Directors. If such payment is made in cash, it shall stand as a debt against the Certificate. Such debt shall bear interest at 5% per annum. In lieu of the foregoing, or in combination with it, the Owner may consent to a corresponding decrease of the insurance benefits. Such decrease shall be in the same proportion as the amount of such payment bears to the reserve immediately before such decrease.

**SUSPENSION OR EXPULSION** – If the Insured should be expelled or suspended from membership with Royal Neighbors for any reason, except for nonpayment of premium or within the contestable period for misrepresentation in the application for insurance, the Owner shall have the privilege of maintaining this Certificate in force.

**INTERNAL REVENUE CODE** – In the event of any conflict between Section 7702 of the Internal Revenue Code and the provisions of this Certificate, the Internal Revenue Code section will govern so as to maintain treatment of this Certificate as a life insurance contract under the Internal Revenue Code.

**MODIFICATIONS** – No representative (agent) of Royal Neighbors can make changes to this Certificate. Only authorized officers of Royal Neighbors have the authority to waive terms of or make any changes to this Certificate. All changes must be in writing.

**ANNUAL REPORT** – For each year during which this Certificate is in force, Royal Neighbors will provide the Owner of this Certificate an Annual Report without charge. The Annual Report will show the current values of the Certificate. Royal Neighbors will provide additional reports at any time, upon request of the Owner. Royal Neighbors may charge a fee not to exceed \$25.00 for each additional report subsequently requested during a Certificate Year.

**MEMBERSHIP** – The Insured shall be a member of a chapter of Royal Neighbors on the Issue Date.

**APPLICABLE STATE LAW** – The rights or obligations of the Owner or person claiming under this Certificate shall be governed by the laws of the state in which this Certificate is delivered.

**ENTIRE CONTRACT** – This contract is between Royal Neighbors and the Owner. It includes the Articles of Incorporation and the Bylaws of Royal Neighbors; this Certificate; the application, a copy of which is attached; and all present or future amendments to each. However, no future amendment to the Articles of Incorporation or the Bylaws of Royal Neighbors shall reduce benefits contracted for as of the Issue Date of this Certificate.

**CERTIFICATE YEAR** – A one-year period, with the first Certificate Year commencing on the Issue Date of this Certificate.

**CERTIFICATE ANNIVERSARY** – The first day of each Certificate Year beginning with the second Certificate Year.



## SETTLEMENT OPTIONS

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the cash surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by Royal Neighbors at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts or both.

Shown below are options available for the payment of any part of the proceeds of this Certificate in lieu of a lump sum. The Owner may change or revoke any previous election. An election, change, or revocation of an option must be made by proper written notice to Royal Neighbors. No such election, change, or revocation by the Owner shall take effect until endorsed on this Certificate while the Insured is alive and before this Certificate matures. No payee under an option elected by the Owner shall have the right to change the manner of payment in any way unless the right has been given by the Owner in the election.

Within six (6) months after death of the Insured, the Beneficiary may elect an option if the Owner has not made an irrevocable election prior to the Insured's death.

The options are available and operative for a payee only if:

1. the amount to be applied is \$5,000 or more; and
2. the payments under the option are \$100 or more unless payments are made only annually; and
3. payments are to be made to a natural person who is the Insured or a Beneficiary who takes in his or her own right.

**Option 1 – Proceeds at Interest** – The proceeds may be left with Royal Neighbors to earn periodic interest payments. The interest rate will be set by Royal Neighbors from time to time. Each payment will be based on an interest rate of not less than 2% per annum.

**Option 2 – Payments for a Fixed Period** – The proceeds may be paid in equal annual, semiannual, quarterly, or monthly payments for a fixed period of from five (5) to thirty (30) years. The amount of each payment for \$1,000 of proceeds will be in accordance with the following table:

Number Of Years Payable	AMOUNT OF EACH PAYMENT			
	Annual	Semiannual	Quarterly	Monthly
5	\$208.00	\$104.51	\$52.39	\$17.49
6	175.03	87.95	44.08	14.72
7	151.48	76.12	38.15	12.74
8	133.83	67.25	33.71	11.25
9	120.11	60.35	30.25	10.10
10	109.14	54.84	27.49	9.18
15	76.30	38.34	19.22	6.42
20	59.96	30.13	15.10	5.04
25	50.22	25.23	12.65	4.22
30	43.77	22.00	11.03	3.68

**Option 3 – Life Income with Payments for a Period Certain** – The proceeds will be paid in equal annual, semiannual, quarterly, or monthly payments for a period of ten (10) or twenty (20) years certain and thereafter for the lifetime of the payee. The amount of each payment will depend upon the age nearest birthday of the payee at the time of the first payment. Proof of age of the payee may be required. The amount of each payment for \$1,000 of proceeds will be in accordance with the following table:

MONTHLY PAYMENTS					
10 Years Certain			20 Years Certain		
Age of Payee	Male	Female	Age of Payee	Male	Female
20	\$2.37	\$2.29	20	\$2.37	\$2.29
25	2.48	2.38	25	2.47	2.38
30	2.60	2.50	30	2.60	2.49
35	2.76	2.63	35	2.75	2.62
40	2.95	2.80	40	2.93	2.78
45	3.19	3.00	45	3.15	2.98
50	3.49	3.26	50	3.40	3.21
55	3.86	3.58	55	3.70	3.49
60	4.34	4.00	60	4.04	3.83
65	4.95	4.54	65	4.38	4.20
70	5.70	5.25	70	4.68	4.56
75	6.57	6.16	75	4.88	4.83
80	7.46	7.17	80	4.99	4.97

Values in the table under Option 3 are based on the Annuity 2000 Individual Mortality Table with interest at 2% per annum. Values for ages or frequencies not shown will be furnished upon request.

**Excess Interest** – The payments certain under Options 2 and 3 are based on an interest rate of 2% per annum. Each payment certain will be increased by interest in excess of 2% per annum, if any, as may be set by Royal Neighbors from time to time.

**Dates of Payment** – The first payment under Option 1 shall be payable at the end of the period selected, measured from the date on which the proceeds would have been due had such option not been elected. The first payment under Option 2 or 3 shall be payable as of the date on which the proceeds would have been due had such option not been elected.

**Death of Payee** – Any amount payable at the death of the Payee under an option shall be paid in one sum to the estate of the Payee, unless other provision has been made. The amount payable under Option 1 shall be the remaining principal and accrued interest. The amount payable under Option 2 or 3 shall be the value commuted at 2% per annum of the remaining payments certain.

**Supplementary Contract** – If a settlement option is elected in lieu of a lump sum payment, a supplementary contract will be issued when the option is operative. The supplementary contract will provide for the manner of payment elected.



**ROYAL NEIGHBORS OF AMERICA**  
*A Fraternal Benefit Society*  
Rock Island, Illinois

**SINGLE PREMIUM WHOLE LIFE INSURANCE CERTIFICATE** – Life Insurance payable at death – Plan and premium payable as shown on Page 3 – Participating – Additional benefits, if any, as specified on Page 3. **NOTE: As a single premium whole life contract, if the Owner surrenders this Certificate for its cash surrender value, such surrender may result in a substantial penalty because the cash surrender value of the Certificate may be less than the premium paid.**



# Royal Neighbors of America

## Application for Single Premium Whole 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

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

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

A Fraternal Benefit Society

Application for Single Premium Whole Life Insurance

Mail Certificate to: [ ] Agent [ ] Owner

PART 1

SECTION 1 - Proposed Insured

Name, Street, City, State, ZIP, Phone number, Identification, DOB, SSN/Tax ID, Marital status, Sex, State/Country of birth, E-mail address, Are you a U.S. citizen?, Length of citizenship, If No, are you a legal U.S. resident?

SECTION 2 - Other Insurance

- 1. EXISTING or APPLIED FOR INSURANCE
Does the Proposed Insured have any existing life insurance (L) or annuity (A) contracts with this or any other company?
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?

SECTION 3 - Proposed Owner\*

\* Complete if Owner is other than Proposed Insured

1. OWNER
Name, Street, City, State, ZIP, SSN/Tax ID, Phone number, DOB, Are you a U.S. citizen?, Length of citizenship, Relationship to Proposed Insured, E-mail address, Identification, U.S. driver's license, Government issued ID, Passport, Green Card, ID number, ID issuer, ID expiration date

SECTION 4 - Beneficiary(ies)

Multiple Beneficiaries will receive an equal percentage of proceeds per capita 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
[ ] Single Premium Whole Life
2. SINGLE PREMIUM -
[ ] Cash with application \$
[ ] Cash to be received before issue \$
[ ] Funds from \$1035 Exchange (from existing life contract only) \$
3. ESTIMATED FACE AMOUNT \$
5. RIDERS
[ ] Accelerated Living Benefit Rider (no additional premium)
4. DIVIDEND OPTION
[ ] Paid in cash
[ ] Left on deposit to accumulate at interest



## SECTION 6 – Financial Questions

**Has the Proposed Insured or Owner:**

1. Entered into any agreement or arrangement providing for the future sale of the insurance certificate applied for in this application? .....  Yes  No
2. Entered into any agreement or arrangement where someone else will pay some or all of the premium, or the Proposed Insured or Owner will receive financing or a loan, including forgivable loans, to pay some or all of the premium, costs or other expenses associated with this loan? .....  Yes  No
3. Entered into any agreement either orally or in writing by which is to receive any form of consideration in exchange for procuring the insurance certificate applied for? .....  Yes  No

**Financial Information:** (Please initial box if you do not want to disclose information)

Annual Gross Income .....\$

Liquid assets (e.g. checking account, savings account, CDs) .....\$

**Source of Funds to Pay Single Premium (e.g. savings):** \_\_\_\_\_

**Available Funds:**

Do you have sufficient cash or other liquid funds for living expenses and emergencies, such as unexpected medical expenses, in addition to the money you plan to use to purchase this life insurance.  Yes  No

## PART 2

### SECTION 1 – Proposed Insured Physician Information

Provide name and address of primary physician, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Insured:

Physician name \_\_\_\_\_ Name of practice/clinic \_\_\_\_\_  
 Street \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
 Phone number (     ) \_\_\_\_\_ Fax number (     ) \_\_\_\_\_

### SECTION 2 – Proposed Insured Medical Information

1. Height (ft. & in.) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_
2. In the past 12 months has the Proposed Insured used tobacco in any form? .....  Yes  No
3. In the past 12 months has the Proposed Insured:
  - a. had any diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received? .....  Yes  No
  - b. been confined to a wheelchair, used oxygen to assist breathing, or hospitalized or in a long term care facility? .....  Yes  No
4. Within the past 5-years has a member of the medical profession diagnosed the Proposed Insured as having, treated, or advised to seek treatment for, or prescribed medication for:
  - a. cancer, diabetes, stroke or any disease or disorder of the heart, circulatory, respiratory, kidney, liver, brain or nervous system? .....  Yes  No
  - b. Alzheimer's disease, dementia or other forms of mental disorder or incapacity? .....  Yes  No
5. Within the past 5-years has the Proposed Insured:
  - a. used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or other habit forming drugs, except as prescribed by a physician? .....  Yes  No
  - b. received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs? .....  Yes  No
6. Has the Proposed Insured been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? .....  Yes  No

**For questions 3 through 6, please circle the applicable item(s) in each question above and provide details to all YES answers below.**

Ques. No.	Specify condition	Date	Treatment/Results	Physician/Hospital/Address



## Taxpayer Identification Number Certification

Under penalties of perjury, I, the Proposed Owner, certify that:

The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:

- a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; **OR**  
b) the IRS has notified me that I am not subject to backup withholding. *(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)*

I am a U.S. citizen or a U.S. resident alien for tax purposes. **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

## Agreement/Acknowledgement

**Agreement/Disclosure: I have read this application for life insurance including any amendments and supplements and, to the best of my knowledge and belief, all statements are true and complete. I also agree that:**

- My statements in this application and any amendment(s), paramedical/medical exam, and supplement(s) are the basis of any certificate issued and 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.
- If not a current member, I, the Proposed Insured, hereby apply to become a member of Royal Neighbors as indicated by my signature on page 4. As a member, I agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors was founded more than 100 years ago.
- **The type of insurance product I am purchasing has characteristics which generally require treatment as a Modified Endowment contract (MEC). I have received information regarding MEC's and understand that if the transaction now pending with respect to my life insurance certificate becomes a MEC, it may result in future tax liability for me.**

## Authorization

I, the Proposed Insured, hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, or other medical facility, insurance or reinsurance company, MIB, 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 of America (Royal Neighbors), its agents, employees, or representatives. 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, 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 to any person or organization EXCEPT to other divisions and/or departments of Royal Neighbors, 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.



**Additional Information:**

Corrections and Amendments (For Home Office Use Only)

**FRAUD NOTICE/WARNING: 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.**

### Signatures

Except as may be provided under the Conditional Receipt on page 5 of this application, 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.

**SIGNATURES:**



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

**Proposed Insured** \_\_\_\_\_



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

**Proposed Owner** \_\_\_\_\_

(If other than Proposed Insured)

### 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 a photo I.D. of the Proposed Insured and Owner?  Yes  No If Yes, form of I.D. \_\_\_\_\_

Was interview completed at point-of-sale?  Yes  No

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





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

A Fraternal Benefit Society

# Conditional Receipt

**Unless each and every condition specified 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.**

Received from \_\_\_\_\_ on (*Date*) \_\_\_\_\_ the sum of  \$ \_\_\_\_\_ (in the form of a check or cashier's check only) /  no money received with application 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 the greater of \$10,000 or the single premium necessary to pay the premium for the face amount applied for at the standard rate class. Assuming all the other conditions under this paragraph have been met, if Royal Neighbors, in accordance with its rules, would have issued the certificate for a lesser amount than applied for, and the premium paid was at least equal to the premium that would have been required for the issuance of a certificate at this new face amount, then the death benefit payable under the receipt shall be such as the premium paid would have purchased.
  - b) All medical examinations, records, 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 not greater than \$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 underwriting decision; or
  - b) the receipt in the Home Office of all funds from the proposed owner or through an IRS Section 1035 Exchange sufficient to meet the requirements for insurance coverage under paragraph 1.
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, delivered, and accepted.

**IMPORTANT INFORMATION: If no check or money order is received with this application or funds from an IRS Section 1035 Exchange have not been received at the Home Office, then this conditional insurance is not effective and there will be no insurance in effect unless and until a certificate for the insurance applied for has been issued and delivered and the full amount of the premium due has been received at the Home Office of Royal Neighbors.**



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



Signature of Proposed Insured \_\_\_\_\_

**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 Owner \_\_\_\_\_



## MIB, Inc. (MIB), Notice

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers may make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, 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: 400 Braintree, Boston, MA 02184-8734.

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. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

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

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

## Notice of Potential Modified Endowment Contract

Section 7702A of the Internal Revenue Code places a limit on the amount and timing of premium payments for a life insurance contract. If the limit is exceeded, the contract becomes a Modified Endowment Contract (MEC).

Death benefits under a MEC are income tax free to the beneficiary. Any other value received from a MEC is referred to as a "distribution" and may result in an income tax liability. Distributions include cash withdrawals; cash surrender of the contract, loans, and assignment of the contract to another person or institution.

Distributions are first considered to be any gain under the contract and the gain is taxable in the year that it is received. In addition, a taxable distribution is subject to a 10% tax penalty if the taxpayer has not attained age 59 ½, subject to certain exceptions contained in the tax code. Also, distributions received in the two year period prior to the date the contract becomes a MEC may be taxable.

Distributions that exceed the gain under the contract are not taxable.

Tax laws are subject to change.



**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



SERFF Tracking Number: RNOA-127355351 State: Arkansas  
 Filing Company: Royal Neighbors of America State Tracking Number: 49535  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
 Product Name: Single Premium Whole Life Insurance Certificate  
 Project Name/Number: Single Premium Whole Life Insurance Certificate/1111-AR

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
Compliance Rule and regulation.pdf		
Flesch Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A New application is part of submission		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo		
<b>Comments:</b>		
It has come to our attention that the cash values shown in the Actuarial Memorandum dated August 2, 2011 for the Single Premium Whole Life Insurance certificate are incorrect. The cash values were off by one age (Values shown were reflecting beginning of year values instead of end of year values).		
Attached is an amended Actuarial Memorandum dated August 23, 2011 showing the correct cash values.		
<b>Attachment:</b>		
1111 Actuarial Memorandum.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cost and Benefit		
<b>Comments:</b>		
<b>Attachment:</b>		
Form 2112 Rev 7-2011 Statement of Cost Benefit Information.pdf		

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 1111-AR  
111722-AR Rev 8-2011

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

8/11/2009

\_\_\_\_\_  
Date



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

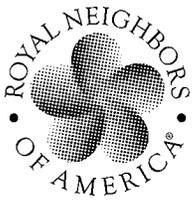
Royal Neighbors of America does hereby certify that the following certificate forms and application, specimen copies of which are submitted herewith, are in its judgment readable based on the factors specified in Arkansas Regulations.

<u>FORM</u>	<u>TITLE</u>	<u>FLESCH SCALE READABILITY ANALYSIS AND TEST SCORE</u>
111722-AR Rev 8-2011	Application for Life Insurance	52.1
1111-AR	Single Premium Whole Life Insurance Certificate	67.2

- 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.

Dated this 11th day of August, 2011

BY   
Philip K. Blankenfeld – Compliance Manager



**Statement of Certificate – Policy – Cost and Benefit Information**

**Name and Address of Insured**

John Doe  
 123 Main Street  
 Rock Island IL 61201

**Name and Address of Insurance Representative**

Home Office  
 (000) 000-0000

**Certificate No.** [000010091002]

**Basic Plan:** Single Premium Whole Life

**Riders:** [None]

**Chapter No.** [00001]

**Face Amount:** [\$27,397.26]

**Rating Age:** [50]

**Issue Date:** [08/01/2011]

	Year	Base Plan
<b>SINGLE PREMIUM</b> For Certificate Years indicated	1	\$10,000.00
	2	\$0.00
	3	\$0.00
	4	\$0.00
	5	\$0.00
	10	\$0.00
	20	\$0.00

**ADDITIONAL BENEFIT RIDERS**

	Year	Base Plan
<b>GUARANTEED DEATH BENEFIT</b> At beginning of Certificate Year indicated	1	\$27,397.26
	2	\$27,397.26
	3	\$27,397.26
	4	\$27,397.26
	5	\$27,397.26
	10	\$27,397.26
	20	\$27,397.26

	Year	Base Plan
<b>GUARANTEED CASH VALUE</b> At end of years indicated	1	\$7,384.11
	2	\$7,685.21
	3	\$7,996.44
	4	\$8,316.99
	5	\$8,646.30
	10	\$10,409.04
	20	\$14,431.51

**CASH DIVIDENDS** – This Certificate is participating. However, the Society does not expect that any dividends will be declared on this Certificate and future dividends, if any, are not included in the calculation of values on this Statement of Certificate – Policy – Cost and Benefit Information.

**DATE PREPARED** – [08/01/2011]

**This Statement of Certificate – Policy – Cost and Benefit Information provides general information. A complete description of benefits are found only in the Certificate. For durations and ages with no numerical values shown, the values are zero (0).**



SERFF Tracking Number: RNOA-127355351 State: Arkansas  
 Filing Company: Royal Neighbors of America State Tracking Number: 49535  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
 Product Name: Single Premium Whole Life Insurance Certificate  
 Project Name/Number: Single Premium Whole Life Insurance Certificate/1111-AR

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/04/2011		Supporting Life & Annuity - Acturial Memo Document	08/29/2011	Actuarial Memorandum Form Series 1111.pdf (Superseded)