



# ROYAL NEIGHBORS OF AMERICA®

## Point of Sale (POS) Agent Worksheet

The purpose of this worksheet is to pre-gather the required information from your client for optimum interview time.

Please keep this form for your records. **It does NOT have to be submitted to Royal Neighbors.**

### **Phone Application Line: (866) 281-9228**

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

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

**Note:** If in person, must give client a copy of the Information Release Notice to your applicant.

If remote, please collect phone number or email address of the client to transmit required disclosures.

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

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_  Female  Male

Address \_\_\_\_\_

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

**For preferred rating only:** Height, Feet \_\_\_\_\_ Inches \_\_\_\_\_ Current Weight \_\_\_\_\_ pounds

Country/State of birth \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Type of ID seen  Driver's License  State ID ID # \_\_\_\_\_ Issuing State \_\_\_\_\_

Is the proposed a U.S. Citizen?  Yes  No If no, do they have a green card?  Yes  No

Is the Proposed Insured signing in their resident City/State?  Yes  No

Is the Proposed Insured subject to backup withholding?  Yes  No

Has the Proposed Insured ever been convicted of a felony?  Yes  No

### **Would you like to add a Trusted Contact Person?**

**If Yes:** Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_



230 16th Street • Rock Island, Illinois 61201 • Phone: (309) 788-4561  
E-mail: [salesupport@royalneighbors.org](mailto:salesupport@royalneighbors.org) • Web site: [agent.royalneighbors.org](http://agent.royalneighbors.org)

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

If Yes: Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Is the Guaranteed Issue plan being applied for?  Yes  No

## Other Insurance

Does the Proposed Insured have any existing life insurance or annuity contracts with this or any other company?

Yes  No

Company \_\_\_\_\_  Life  Annuity Amount \$ \_\_\_\_\_

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan, withdrawal, lapse, reduction or redirection of premium/consideration, or change transaction involving an annuity or other life insurance?  Yes  No

**Please note: those agents selling face-to-face for the e-application or paper application will still need to hand deliver the required documents. This includes the required Information Release Notice Form 231115-INFO (State-specific version for Florida 231115-INFO-FL), Required Replacement, and Accelerated Death Benefit Rider forms (if applicable). These documents can be delivered to your client electronically if completing the phone application process.**

## If Replacement

**For NAIC States: You need to complete and provide your client Form 1856-NAIC before the interview starts.**

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

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

## Plan

**WHOLE LIFE**  Level Death Benefit  Graded Death Benefit  Guaranteed Issue

Face Amount \$ \_\_\_\_\_

## RIDERS

- Accelerated Death Benefit Rider (ADB): No additional premium charge; not allowed in IN, MS, NJ, VT, WA, or if face is below \$7,000) or with Guaranteed Issue.
- Grandchild Rider (\$5.22 monthly)
- Accidental Death Benefit Rider – Face Amount: \$ \_\_\_\_\_
- Charitable Giving Rider (no additional premium charge): Name of Charity
  - Dress for Success Worldwide
  - Lift Foundation
  - American Heart Association
  - American Red Cross
  - American Society for the Prevention of Cruelty to Animals (ASPCA)
  - YWCA of the USA



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**What is the desired frequency of payment?**

- Monthly       Quarterly       Annual

**Automatic Premium Loan** will be provided: No  – Check if APL is NOT desired.

**Which Nonforfeiture Option is being chosen?**

- Cash Surrender       Reduced Paid Up       Extended Term Insurance

**Which Dividend Option is being chosen?**

- Paid in cash       Left on deposit to accumulate with interest

**If in North Dakota, additional options available:**

- Applied to payment of premiums       Applied to purchase paid up additions

**Beneficiary\***

Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ % of proceeds \_\_\_\_\_

- Primary     Contingent

Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ % of proceeds \_\_\_\_\_

- Primary     Contingent

Name \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_ % of proceeds \_\_\_\_\_

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

Payment Quote \$ \_\_\_\_\_



**EFT Information**

Type of Account  Checking  Savings

Payment withdrawal day \_\_\_\_\_ of month,  first  third of the month  
**OR**  second  third  fourth Wednesday of the month

**NOTE: The EFT withdrawal date can be up to 45 days out from interview date. Same day draft is also available.**

Name of financial institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**ID Verification:** Did you personally review the ID of the Owner?  Yes  No

Type of ID seen  U.S. Driver’s License  Green Card (Permanent Resident Card)  Passport  State ID

Name of Physician \_\_\_\_\_

Name of Practice or Clinic \_\_\_\_\_

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



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