

Field Underwriting Guide

SecureLife Universal Life

Essential Life Whole Life

Youth Essential Life Whole Life

Single Premium Whole Life



INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM

Royal Neighbors of America Field Underwriting Guide for Fully Underwritten Products

For Simplified Issue and Graded Death Benefit Whole Life, see Agent Guide 2996-B

This guide has been designed to facilitate your field underwriting with prospective clients. Please note these are guidelines, which are subject to change without notice, and all cases are subject to individual assessment. Our dedicated risk assessment line is staffed with underwriters to discuss any cases you would like to submit. Call Underwriting at (800) 627-4762, option 1, option 1.

TABLE OF CONTENTS	PAGE
The Application	2
UL Age and Amount Requirements	3
WL Age and Amount Requirements	4
SPWL Age and Amount Requirements	5
Preferred Guidelines	6
Height and Weight Chart	7
Medical Conditions	8–10
Financial Underwriting Guidelines	11–12
Fraternal Considerations	12
Owner and Beneficiary Designations	13–16
Additional Guidelines	17–18
• <i>1035 Exchange information</i>	
• <i>Cashier's check/money order</i>	
• <i>Certificate dating</i>	
• <i>Conditional receipt</i>	
• <i>Foreign travel/residency</i>	
• <i>Mature assessment</i>	
• <i>Military</i>	
• <i>Owner/beneficiary</i>	
• <i>Payment by cashier's check</i>	
• <i>Personally controlled business</i>	
• <i>Power of attorney</i>	
• <i>Reapplying for insurance</i>	
• <i>Writing business in non-resident state</i>	
Contact Information	19

The Application

Tips to expedite review of your application

Application completion

- Use the correct application/state forms for the state in which you are licensed. Refer to agent website <https://agent.royalneighbors.org>.
- Application must be taken in person to verify ID and health. Check photo ID for verification.
- Write legibly.
- Include DOB and SSN for Proposed Insured, owner, and beneficiaries.
- Answer all questions.
- Obtain all appropriate signatures.
 - No electronic signature
 - Proposed Insured (age 12 and older)
 - Owner or under-age-16 petitioner (if other than Proposed Insured)
 - Parent (if child is 16 or younger); guardian can sign in place of parent, but must include court-appointed guardianship papers
- Complete EFT form; if submitting voided check, indicate "see voided check" on EFT form. Always sign form.
- Leave MIB notice with the client.

Submitting application

- By fax: (866) 787-1450.
 - No fax cover page needed; any additional information should follow application pages
- By email via secure email (access secure email from the quick links box on the Home page of agent website to get set up). You will receive a system-generated email when application is received.
- By mail: 230 16th Street, Rock Island IL 61201.

Application review

- Applications will be entered the same day as received until 2 p.m. (CT).
- Please allow 48 hours after receipt.
- If additional information is needed, Underwriting will email you promptly.

Checking on pending applications

- Use agent website <https://agent.royalneighbors.org>.
 - On Home page of website go to Reports tab; available reports: Pending, Final Action, and Certificates by Agent

Universal Life (SecureLife UL DB & UL CV) Underwriting Requirement Chart

Preferred consideration for face amounts \$250,000 and up only
MIB, MVR, and Rx profile ordered on all applicants

Requirements are automatically ordered by Royal Neighbors.

Using our preferred vendor, APPS/Portamedic, ensures the correct requirements are ordered and allows us to receive the requirements electronically, which will expedite the underwriting process. In the event that you need to order your own requirements, contact Licensing and Contracting at (800) 627-4762, option 1, option 3. Approved examiners are: APPS/Portamedic, ExamOne, and EMSI.

The amount is based upon the total amount of coverage applied for and issued and placed in force with Royal Neighbors within the last five years. We reserve the right to order additional requirements as needed to make a risk assessment.

Issue Age (current age)	\$50,000-99,000	\$100,000-249,999	\$250,000-999,999*	\$1,000,000-1,499,999*	\$1,500,000-4,999,999*	\$5,000,000+ (Call UW prior to application to reserve reinsurance)
0-17	Non-Med	Non-Med	Non-Med	IC	IC	Not Available
18-39	Non-Med	Non-Med	PM	PM, FINC	PM, IR, FINC	PM, IR, APS, FINC
40-50	Non-Med	Non-Med	PM	PM, EKG, FINC	PM, EKG, IR, FINC	PM, EKG, IR, APS, SB, FINC
51-65	PM	PM	PM	PM, EKG, APS, FINC	PM, EKG, IR, APS, SB, FINC	PM, EKG, IR, APS, SB, FINC
66-85	MA	MA	MA, EKG	MA, EKG, APS, FINC	MA, EKG, IR, APS, SB, FINC	MA, EKG, IR, APS, SB, FINC

*We reserve the right to order requirements at higher amount for face amounts written at or near \$xxx,999. Non med: requirements may be necessary based on Rx, MIB, or health history provided.

Abbreviations:

APS: Attending Physician Statement/ Medical Records (may also be requested at other age/face amounts as required)

EKG: Electrocardiogram

FINC: Financial statement, Form 1311

IC: Individual Consideration; contact underwriting prior to writing application

IR: Inspection Report, electronic data search (no interview)

MA: Mature Assessment, Paramed exam, Blood Profile/Urinalysis

NM: Non Medical

MVR: Motor Vehicle Report

PM: Paramed Exam, Blood Profile/ Urinalysis

Rx: Prescription Profile

SB: Special Blood – NTPro-BNP

Whole Life (Essential Life & Youth Essential Life) Underwriting Requirement Chart

Preferred consideration for face amounts \$250,000 and up only
MIB, MVR, and Rx profile ordered on all applicants

Requirements are automatically ordered by Royal Neighbors.

Using our preferred vendor, APPS/Portamedic, ensures the correct requirements are ordered and allows us to receive the requirements electronically, which will expedite the underwriting process. In the event that you need to order your own requirement, contact Licensing and Contracting at (800) 627-4762, option 1, option 3. Approved examiners are: APPS/Portamedic, ExamOne, and EMSI.

The amount is based upon the total amount of coverage applied for and issued and placed in force with Royal Neighbors within the last five years. We reserve the right to order additional requirements as needed to make a risk assessment.

Issue Age (current age)	To age 17: \$10,000-49,999 Age 18+: \$25,000-49,999	\$50,000-99,000	\$100,000-249,999	\$250,000-999,999*	\$1,000,000-1,499,999*	\$1,500,000-4,999,999*	\$5,000,000+ (Call UW prior to application to reserve reinsurance)
0-17	Non-Med	Non-Med	Non-Med	APS	IC	IC	Not Available
18-39	Non-Med	Non-Med	Non-Med	PM	PM, FINC	PM, IR, FINC	PM, IR, APS, FINC
40-50	Non-Med	Non-Med	Non-Med	PM	PM, EKG, FINC	PM, EKG, IR, FINC	PM, EKG, IR, APS, SB, FINC
51-65	Non-Med	PM	PM	PM	PM, EKG, APS, FINC	PM, EKG, IR, APS, SB, FINC	PM, EKG, IR, APS, SB, FINC
66-85	MA	MA	MA	MA, EKG	MA, EKG, APS, FINC	MA, EKG, IR, APS, SB, FINC	MA, EKG, IR, APS, SB, FINC

*We reserve the right to order requirements at higher amount for face amounts written at or near \$xxx,999. Non med: requirements may be necessary based on Rx, MIB, or health history provided.

Abbreviations:

APS: Attending Physician Statement/ Medical Records (may also be requested at other age/face amounts as required)

EKG: Electrocardiogram

FINC: Financial statement, Form 1311

IC: Individual Consideration; contact underwriting prior to writing application

IR: Inspection Report, electronic data

MA: Mature Assessment, Paramed exam, Blood Profile/Urinalysis

NM: Non Medical

MVR: Motor Vehicle Report

PM: Paramed Exam, Blood Profile/ Urinalysis

Rx: Prescription Profile

SB: Special Blood – NTPro-BNP

SPWL Underwriting Requirement Chart

Net Amount of Risk	Age	Underwriting Requirements
	45-65	66-80
Up to \$49,999	MIB, Rx, Telephone Interview	MIB, Rx, Telephone Interview
\$50,000-\$99,999	MIB, Rx, Telephone Interview	MIB, Rx, Telephone Interview, APS*
Over \$100,000	MIB, Rx, Telephone Interview, APS*	MIB, Rx, Telephone Interview, APS*

*APS Attending Physician Statement (if no doctor visit in past 12 months, mature assessment exam and blood profile/UA is required)

Phone Interview: Point of sale interviews can be completed by calling our Underwriting Team. Hours (CST) 10:00 A.M. – 4:00 P.M. Call (800) 627-4762, option 1, option 1. Or you may submit application and our service provider, MRS, will contact your applicant for interview.

Note: Substandard rate is not available on applicants age 73 and over.

Preferred Guidelines

Certain medical conditions may disqualify applicant from preferred rates. Preferred consideration is available for \$250,000 or greater for UL/WL.

	Super Preferred	Preferred	Preferred Tobacco	Standard: Non Tobacco/ Tobacco
Tobacco¹	No tobacco use for 5 years	No tobacco use for 3 years	Current use	No tobacco use within last 12 months/current use
Family History	No coronary or cardiovascular disease or cancer in either parent or sibling prior to age 60	No death from coronary or cardiovascular disease or cancer in either parent or siblings prior to age 60	No death from coronary or cardiovascular disease or cancer in either parent or siblings prior to age 60	N/A
Cholesterol/ HDL Ratio	May not exceed 5.0 (without treatment)	May not exceed 6.0	May not exceed 6.0	Levels 6.1–8.5
Cholesterol Level	May not exceed 220 (without treatment)	May not exceed 240	May not exceed 240	Levels 241–299
Blood Pressure	No history of treatment; readings may not exceed 130/80	Controlled with treatment; readings may not exceed 135/85	Controlled with treatment; readings may not exceed 135/85	Controlled with treatment; readings may not exceed 150/90
Alcohol/ Substance Abuse	No history	No history in the past 10 years	No history in the past 10 years	No history in the past 5 years
Driving History	No DUI, DWI, or reckless driving in the past 5 years; no more than 1 moving violation in the last 3 years	No DUI, DWI, or reckless driving in the past 5 years; no more than 2 moving violations in the last 3 years	No DUI, DWI, or reckless driving in the past 3 years; no more than 3 moving violations in the last 3 years	No DUI, DWI, or reckless driving in the past 2 years; no more than 3 moving violations in the last 3 years
Aviation	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; not available for private pilots	Commercial airline pilots may qualify; private pilots given individual consideration
Avocation	Ratable avocation: not available	Ratable avocation: not available	Ratable avocation: not available	Ratable avocation: Flat extra
Military	Retired/inactive only	Individual consideration	Individual consideration	Individual consideration

¹ Tobacco classification includes any use of tobacco products, use of nicotine replacement therapy (gum, patch, eCig, etc.), cigar use, chewing tobacco or snuff, pipe, etc. Smoker reclassification is available once client has stopped using tobacco for one year. A Urinalysis will be required.

Height and Weight Chart

MALE (Maximum weight listed)					FEMALE (Maximum weight listed)				
Height		Super Preferred	Preferred	Standard	Height		Super Preferred	Preferred	Standard
Feet	Inches				Feet	Inches			
5	0	156	161	184	4	10	121	133	149
	1	160	165	189		11	125	137	153
	2	164	169	193	5	0	131	143	156
	3	168	173	199		1	135	147	161
	4	173	178	204		2	140	152	167
	5	178	183	210		3	145	158	170
	6	184	189	215		4	150	162	174
	7	190	195	221		5	154	167	180
	8	195	200	227		6	158	172	184
	9	201	206	232		7	164	177	190
	10	207	212	239		8	168	182	195
	11	212	217	245		9	173	187	200
6	0	218	223	252		10	178	192	205
	1	223	228	258		11	185	197	210
	2	230	235	265	6	0	188	203	217
	3	237	242	272		1	193	207	228
	4	243	248	280		2	197	212	235
	5	250	255	287		3	202	218	241
	6	257	262	296		4	207	222	245
	7	261	266	305		5	212	228	251
	8	267	272	314		6	218	234	258

For heights and weights greater than Standard, please call for risk assessment at (800) 627-4762, option 1, option 1.

Medical Conditions

This chart lists common medical conditions along with risk assessment and additional information required to assist with field underwriting. All cases are subject to individual assessment.* If you encounter any conditions not in this guide, please call for a risk assessment at (800) 627-4762, option 1, option 1.

Substandard available up to table 10.

Condition	Rating	Automatic decline if:	To expedite application, include:
AIDS/HIV	N/A	Always decline	N/A
Alzheimer's Disease/Dementia	N/A	Always decline	N/A
Anxiety/ Depression/ Psychological Conditions	<ul style="list-style-type: none"> • Standard possible on mild cases • Table 2 to Table 4 on moderate cases 	<ul style="list-style-type: none"> • Severe psychotic disorder • Illness not effectively controlled • History of chronic substance abuse 	<ul style="list-style-type: none"> • Date of diagnosis • Disability, limitations, or interference with daily or work activities
Asthma/ Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Asthma considered mild intermittent may qualify for a preferred rating; call for details • Standard for mild, up to a Table 4 for moderate, and Table 8 for severe 	<ul style="list-style-type: none"> • FEV1 less than 49% • Moderate to severe asthma with coronary artery disease (CAD) • Cor pulmonale or cardiac arrest history • Severe COPD and currently smoking • Use of oxygen 	<ul style="list-style-type: none"> • When diagnosed and treatment type (medication or oxygen) • Any hospitalizations or emergency visits (date and duration) • Date of last attack • Frequency of attacks
Cancer (APS is required)	<ul style="list-style-type: none"> • Rating will depend on type, staging and treatment • Some cancers will qualify for standard • Minimum rating starts at \$5 flat extra per \$1,000 of coverage; call for risk assessment 	<ul style="list-style-type: none"> • Cancer within the last year or cancer that has metastasized (except skin cancer) 	<ul style="list-style-type: none"> • Type of cancer • Type and length of treatment (surgery, radiation, chemotherapy) • Staging, grade, size of tumor

*We reserve the right to order an APS (attending physician's statement) in all instances.

Medical Conditions (continued)

Condition	Rating	Automatic decline if:	To expedite application, include:
Cardiovascular Disease (CAD) (heart attack, bypass, stent) (APS is required)	<ul style="list-style-type: none"> • Rating will depend on age, number of vessels affected (stent, bypass), cardiac testing, and follow-up • Rating typically starts at a Table 4 and may go up to a Table 10 with a flat extra 	CAD with: <ul style="list-style-type: none"> • Cerebral vascular disease (stroke), transient ischemia attack, (TIA) • Peripheral vascular disease • Diabetes, uncontrolled high blood pressure • Severe valvular disease • Current tobacco use: 2 packs or more • Prior to age 40 • Within the last 6 months 	<ul style="list-style-type: none"> • Symptoms • Date and type of previous procedures • Current medications
Congestive Heart Failure (CHF)	N/A	Always decline	N/A
Diabetes	<ul style="list-style-type: none"> • Rating will depend on current age, age of onset, and control • Minimum rating is a Table 2 	Diabetes with a history of: <ul style="list-style-type: none"> • Cardiovascular disease • Cerebral vascular disease (stroke) • Peripheral vascular disease • Kidney disease • Onset of diabetes at age 9 or younger 	<ul style="list-style-type: none"> • Date and age of diagnosis • Medications • Applicant's last A1C result
Epilepsy	<ul style="list-style-type: none"> • Rating will depend on type (grand mal, petit mal) • Possible standard if last attack over 3 years ago, rating up to Table 8 	<ul style="list-style-type: none"> • Mental deterioration or personality change • Poorly controlled • More than 6 attacks per year 	<ul style="list-style-type: none"> • Date of diagnosis • Type of seizures (grand mal, petit mal) • Current medications • Frequency of attacks and date of last attack

We reserve the right to order an APS (attending physician's statement) in all instances.

Medical Conditions (continued)

Condition	Rating	Automatic decline if:	To expedite application, include:
Hepatitis Inflammation of the Liver	<ul style="list-style-type: none"> • Minimum rating is Table 4 • Rating will depend on type; call for assessment 	<ul style="list-style-type: none"> • Chronic Active Hepatitis • Co-Infections of Hepatitis (ex. Hep B and Hep C) • Current Alcohol Use • Cirrhosis • Abnormal Liver Function Tests (LFTs) 	<ul style="list-style-type: none"> • Type of disease, duration, or age of onset
High Blood Pressure	<ul style="list-style-type: none"> • Preferred may be available; see guidelines on page 7 	Poorly controlled	<ul style="list-style-type: none"> • Current blood pressure reading • Current medications • Length of time on current medication
Lou Gehrig's Disease (ALS)	N/A	Always decline	N/A
Muscular Dystrophy	N/A	Always decline	N/A
Sleep Apnea	<ul style="list-style-type: none"> • Standard is available for mild cases • Moderate Sleep Apnea starts at Table 2 	<ul style="list-style-type: none"> • Central Sleep Apnea • Severe Uncontrolled Obstructive Sleep Apnea (OSA) • Use of oxygen 	<ul style="list-style-type: none"> • Type of treatment • Date and results of last sleep study
Stroke: Cerebral Vascular Accident (CVA), Transient Ischemic Attack (TIA) (APS is required)	<ul style="list-style-type: none"> • Rating will depend on type (lacunar, non lacunar, hemorrhagic, etc), number of accidents/attacks • Minimum rating of Table 2 	Stroke with: <ul style="list-style-type: none"> • CAD or PVD (peripheral vascular disease), PAD (peripheral artery disease) • Diabetes • Abnormal EKG or other signs of cardiovascular disease • 3 or more CVAs 	<ul style="list-style-type: none"> • Age of first stroke • Number of episodes • Time since last episode • Type (ischemic, lacunar, hemorrhagic)

We reserve the right to order an APS (attending physician's statement) in all instances.

Financial Underwriting Guidelines

Financial underwriting is a critical part of the underwriting process. The purpose of financial underwriting is to prevent anti-selection or speculation on the Proposed Insured's life. Financial underwriting requires you to have the knowledge and understanding of acceptable motivating factors for purchasing insurance as they relate to the economics of a case, as well as the ability to ascertain whether the amount of coverage applied for can be justified.

Age	Multiple of annual earned income
Under 18	Individual consideration (see below)
18–40	20x
41–50	15x
51–69	10x
Over 69	5x

Note: If coverage amount needed is greater than what the chart demonstrates, a cover letter should be attached providing justification of amount.

The following will be required on all cases with face amounts of \$1,000,000 or more:

1. Cover letter sent in by agent regarding Proposed Insured.
 - a. Purpose for insurance
 - b. Income including unearned income and net worth
 - c. Any pertinent information that will provide justification for insurance and amount
2. Financial Statement (Personal Coverage Form 565, Business Coverage Form 566)
3. For face amounts over \$2 million current tax return is required.

We reserve the right to request other documentation as we or our reinsurance carriers deem necessary.

Affordability check

- Affordability of the premium provides the Society the protection against early lapse due to non-payment of premium. Whether the case is for \$1 million or \$25,000, the underwriter will review the premium payment to determine if it is in line with the applicant's income. If there are any concerns with affordability, additional questions may be asked or in some instances the case may be rejected.
- If the premium is more than 6% (or 10% for UL products) of your client's income, please provide additional information when submitting application that ensures client's affordability and case persistency.

Non-working spouse

- A non-working spouse can be insured equal to working spouse up to \$500,000. For amounts greater than \$500,000, please call for assessment at (800) 627-4762, option 1.

Children

- All siblings should have the same total coverage amount. Face amount is limited to half (50%) of parents' total coverage. Grandparents may purchase limited coverage on grandchildren, (parent signature is required). Refer to Owner/Beneficiary chart in guide.

Business coverage

Certain coverage restrictions apply. Fraternal benefit societies must issue insurance for the benefit of members and their dependents. Therefore, insurance owned by or benefiting corporations is generally prohibited. Buy/Sell coverage and Key Person arrangements can be considered with the following requirements:

- Buy/Sell coverage
 - Provide coverage amounts on all owners/partners and copy of Buy/Sell agreement
- Key Person
 - Available for family owned and operated businesses where the continuity of business is the primary financial need
 - Provide corporate resolution, or Key Person agreement, reason client is a Key Person, and justification for face amount

Bankruptcy

- Will only consider insuring an individual after any bankruptcy proceedings where the named individual has been discharged.

Fraternal Considerations

- Policy is referred to as "Certificate."
- As a fraternal organization any insurance applied for on a child under the age of 16 requires a "Petitioner" as Owner. The Petitioner will most likely be the child's parent but can also be the grandparents. Here's what you need to know about the Petitioner-Owner status:
 - The Petitioner has complete control of certificate until child reaches age 16
 - At age 16–20 the child has limited rights that will require Petitioner's consent
 - At age 21 the child has full ownership transferred to her/him; the Petitioner has no rights to contract or to make any changes going forward.
- Applicants with a criminal background are not accepted.
- Fraternal benefit societies must issue insurance for the benefit of members and their dependents. Insurance owned or benefiting corporations is generally prohibited.

Owner and Beneficiary Designations

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP			
Relationship to Applicant	Owner	Acceptable? Beneficiary ¹	Conditions
Relationship to Applicant	What agents need to provide		
Aunt/Uncle	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.
Bank/Lender	No	Yes	Please add the following information under "Additional Information" found on page 4 of the application. _____ (name/address of bank), creditor, as its interest may appear, but not in excess of the certificate proceeds. The remainder of the proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess).
Brother/Sister	No	Yes	None
Business	See Conditions	See Conditions	For Key Person coverage (available for family owned and operated businesses) requires a corporate resolution, reason client is Key Person, and justification for face amount. For Buy/Sell coverage provide coverage amounts on all owners/partners and a copy of the Buy/Sell agreement.
Charity	No	See Conditions	State the percent of death benefit in beneficiary section of the application. Need name, address, phone, date of incorporation or tax ID. Name contingent beneficiary.
Child (adult)/ Step child	Yes	Yes	None
Child (minor)	No	Yes	None
Cousin	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.
			Include written explanation for the arrangement with application.

¹ State laws supersede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP			
Relationship to Applicant	Owner Acceptable?	Conditions	What agents need to provide
Common law spouse	Yes	None	
Domestic Partner	Yes	None	
Estate	No	None	
Executor	No	Beneficiary must be the estate, not a named person	
Ex-spouse	See Conditions	Maximum face amount \$250,000. Court order to cover child support/debt must exist.	Provide copy of court order with application.
Fiance(e)	See Conditions	Must have reciprocal coverage on each other for face amount higher than \$50,000	Provide amount of coverage, unless submitting applications on both to RNA.
Foster Child	No	Due to the temporary relationship between Foster Parent/Child, coverage is not allowed.	
Friend	No	"Friend" does not constitute insurable interest or need.	
Funeral Home	Yes	Funeral home is not viewed as an acceptable beneficiary in the states of ID, IL, MA, MI, NY, NV.	Please add the following information under "Additional Information" found on page 4 of the application. (Named Funeral Home), creditor, as its interest may appear, but not in excess of the certificate proceeds; the remainder of proceeds, if any, to _____ (name a contingent beneficiary here to receive any excess). NOTE: Required wording for the state of Minnesota: "Irrevocably to any funeral home that has provided funeral or burial services to the insured."
Grandchild	No		

¹ State laws supersede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable? Beneficiary ¹		Conditions	What agents need to provide
	Owner	See Conditions		
Grandparent	See Conditions	Yes	Parent signature required if Proposed Insured is a minor. If face amount is >\$25,000, other grandchildren must have similar amounts of coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Obtain parent's signature if insured is a minor and provide details of other grandchildren's coverage, if needed.
Guardian	See Conditions	See Conditions	Copy of court-issued guardianship papers required. If Proposed Insured is a minor and face amount is >\$25,000: other children in family must have similar amounts of coverage and maximum face amount is 1/2 guardian's coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.	Provide a copy of the guardianship papers with application and other insurance coverage information if needed.
In-laws	No	Yes		
Niece/Nephew	No	See Conditions	Beneficiary acceptable if no immediate family exists. Maximum face amount: \$25,000.	Include written explanation for the arrangement with application.
Parent or Step parent (of adult child)	See Conditions	Yes	If face amount is \$25,000 or less. For college age students, ages 18–22, for face amount \$100,000 or less.	

¹ State laws supersede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP			What agents need to provide
Relationship to Applicant	Acceptable? Owner Beneficiary ¹		Conditions
	See Conditions	Yes	
Parent or Step parent (of minor child 0–17)	See Conditions	Yes	If face amount exceeds \$25,000 provide details regarding parents' and siblings' coverage with application. If face amount is premium driven (same premium per child) please advise.
Partner (business)	See Conditions	See Conditions	If applicant is a minor and face amount is > \$25,000: other children must have similar amounts of coverage and maximum face amount is 1/2 parent's coverage. NOTE: For issue ages 0–15, Petitioner rules apply. Petitioner rules state that through age 16, the Petitioner exclusively controls the certificate. When minors reach ages 16–20, the certificate becomes jointly controlled between Petitioner and insured minor. At age 21, the Insured gains full control of certificate.
Partner (domestic)	Yes	Yes	Key Person, Buy/Sell agreements
Power of Attorney	No	No	None
Spouse	Yes	Yes	Power of attorney rights terminate at time of death.
Trust	See Conditions	See Conditions	None
			Key Person coverage requires a corporate resolution and proof of coverage on other key employees. Buy/Sell requires a copy of the Buy/Sell agreement.
			Provide a copy of the trust document. Please provide the first page, signature page, trustee designation page, and beneficiary pages.

¹State laws supersede any requirements outlined in this guide.

Additional Guidelines

1035 Exchange information

- Available on UL/SPWL products only.
- For non-taxable treatment of 1035 Exchange, the following must be in place:
 - Exchange must be *from* a life insurance policy going *to* a life insurance policy. Annuity life not acceptable.
 - Owner and insured on both contracts must be identical
 - Contract being exchanged must be in force
 - Entire value of existing contract must be exchanged

Cashier's check/money order

- In order to comply with U.S. Treasury regulations, cashier's check or money order for payment of life insurance premium greater than \$500 requires a certified receipt from the issuing bank providing the source of funds. The source of funds must be from an account that is owned by the Owner of the certificate.
- If the Owner is unable to provide this certification, we will accept a personal check for the initial premium.
- A money order cannot have agent's name on it.

Certificate dating

- Issue ages are calculated based on the Proposed Insured's last birthday.
- A certificate can be backdated 90 days from the issue date in order to save age.
- A certificate cannot be backdated in order to make someone eligible for a product or rider that they otherwise would not be eligible for.

Conditional receipt

- If face amount is over \$1 million or if within the past 12 months the Proposed Insured has been treated for or had any known heart trouble, stroke, or cancer, payment (including authorization to draft the first premium) cannot be received with application and no conditional receipt may be given and there will be no coverage under any conditional receipt.

Foreign travel/residency

- Anticipated or planned travel to war areas is not accepted.
- Anticipated or planned travel to disaster areas and prolonged travel out of the country—call for assessment (800) 627-4762, press 1.
- Must be a U.S. citizen or legal resident (verified valid green card in the applicant's name) to be eligible for coverage.
- Foreign nationals, applicants with visa, or applicants without a Social Security number are not eligible for coverage.
- State laws supersede any travel restrictions indicated here.

Mature assessment

For ages 66+ a mature assessment will be completed as part of the paramedical exam. Assessment includes "get up and go test" and activities of daily living questions.

Military personnel

- Application and any medical requirements must be completed in the United States.
- Military personnel alerted for, on orders, or deployed to active duty are unacceptable risks and will be postponed for coverage until they return to the United States.

Owner/beneficiary

- Standard beneficiary designations include:
 - Spouse/Parent/Child
 - Estate
 - For other designations, see chart in guide
 - Legal dependent (guardianship papers required)
- Trust papers must be submitted when a trust is listed as Owner and/or Beneficiary. Please provide the first page, signature page, trustee designation page, and beneficiary pages. For irrevocable trust, please submit full trust document for review.

Personally controlled business

- We do not advance commission on personally controlled business including any certificate where the Owner, Annuitant, or Beneficiary is immediately related to you. Immediate relations include your spouse, children, brothers, sisters, parents, and yourself.

Power of attorney

- Power of attorney signatures are not acceptable at any point during the underwriting process.

Reapplying for insurance

If client has one certificate that has lapsed within the last 12 months, we will allow client to reapply with new application with current date and signature.

If client has two certificates that have lapsed (regardless of timeframe), we will allow client to reapply with:

- Cover letter explaining improvement in financial situation
- New application with current date and signature
- First premium submitted with the application

We are unable to consider any client who has three or more lapsed certificates.

Writing business in non-resident state

- We cannot accept applications on individuals residing in the state of New York.
- Applicants should be solicited for new business in the state in which they reside. Applications received on an Owner or Insured who resides in a state different than the state where the application was presented and signed will be reviewed on a case-by-case basis. To facilitate the decision on acceptance or rejection, please include a cover letter for the reason of difference.
- Rebating is not a practice that Royal Neighbors permits in any state, in any form.

Contact Us

Website: <https://agent.royalneighbors.org>

- Download forms and applications
- Obtain status of pending business/certificates
- Obtain commissions
- Run illustrations/quotes
- Training
- Get latest Royal Neighbors news
- Order supplies

Phone: (800) 627-4762, option 1 (for agent), then:

Pending applications option 1
Certificate changes..... option 1
Risk assessment option 1
Commissions or 1099s..... option 2
Contracting and licensing option 3
In-force certification info option 4
Illustrations/quotes..... option 5
Member benefits/chapter info option 6
Other agent inquiries..... option 5

Email: UW@royalneighbors.org

Fax: New applications: (866) 787-1450
Agent Supply Orders: (866) 837-5835

Mail: Royal Neighbors of America
230 16th Street
Rock Island, IL 61201-8645

We appreciate your business!



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

www.royalneighbors.org