

# Royal Neighbors of America

## Application for Single Premium Immediate Annuity



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[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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# Application for Single Premium Immediate Annuity

## SECTION 1 – Proposed Annuitant/Owner

Name \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 SSN/Tax ID \_\_\_\_\_ Marital status  S  M  W  D Sex  M  F  
 Phone number ( ) \_\_\_\_\_ DOB \_\_\_\_\_ State/Country of birth \_\_\_\_\_  
 U.S. driver's license  Green Card  Passport ID number \_\_\_\_\_ ID issuer \_\_\_\_\_  
 Other \_\_\_\_\_ ID issue date \_\_\_\_\_ ID expiration date \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Are you a U.S. citizen?  Yes  No If No, are you a legal U.S. resident?  Yes  No

## SECTION 2 – Proposed Joint Annuitant (If Applicable)

Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
 Address same as Proposed Annuitant/Owner  
 Street \_\_\_\_\_ Phone number ( ) \_\_\_\_\_ DOB \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Relationship to Proposed Annuitant \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Sex  Female  Male

## SECTION 3 – Proposed Annuitant Other Insurance

### 1. EXISTING or APPLIED FOR INSURANCE

Does the Proposed Annuitant have any existing or applied for life insurance (L) or annuity (A) contracts with this or any other company?  Yes  No

If Yes, complete and submit state replacement forms, if required, with this application.

Provide details:

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

### 2. REPLACEMENT

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

If Yes, complete and submit a replacement questionnaire AND any other state required replacement forms with this application.

## SECTION 4 – Beneficiary(ies)

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

PRIMARY Percent of proceeds \_\_\_\_\_%  PRIMARY  CONTINGENT Percent of proceeds \_\_\_\_\_%

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Street \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_ DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
 Relationship to Proposed Annuitant \_\_\_\_\_ Relationship to Proposed Annuitant \_\_\_\_\_



## SECTION 5 – Coverage Information

1. Annuity Plan  Non-Qualified  IRA (Rollover/Transfer)  Roth (Rollover/Transfer)  SEP
2. Premium submitted with app (single premium payment): \$ \_\_\_\_\_
3. Rollover/Transfer/Exchange of Funds: Expected amount of rollover/transfer/exchange: \$ \_\_\_\_\_  
Source of funds (name of transferring organization and type of plan): \_\_\_\_\_  
Type of transfer:  Rollover  Direct Rollover/Transfer (Complete appropriate Transfer Receipt form.)  
 Section 1035 Exchange (Complete appropriate assignment form for Section 1035 Exchange.)
- Note: The annuity certificate will not be issued until all funds are received.

4. Payment Options (Select box A, B, or C)
- A.  Payments for Period Certain for \_\_\_\_\_ (years) and/or \_\_\_\_\_ (months) (Specify in years and/or months, the selected payment period of not less than 5 years or more than 30 years.)
- B.  Life Income for the Proposed Annuitant's life with:  10-yr. Period Certain  20-yr. Period Certain (Select duration of Period Certain.)
- C.  Joint and Survivor Life Income with:  
 10-yr. Period Certain  20-yr. Period Certain (Select duration of Period Certain.)  
Joint Annuitant Percentage:  50%  100% (Select % of survivor benefit.)

**Proof of Age and Gender: Satisfactory proof of age and gender must be received with this application by Royal Neighbors of America before the first annuity payment will be made. Please furnish a copy of the birth certificate as proof of age and gender of the Proposed Annuitant and Joint Annuitant, if applicable. If not available provide a copy of driver's license, U.S. passport, or other satisfactory evidence.**

5. Payment Mode  Annual  Semi-Annual  Quarterly  Monthly (Select one.) Payment Method  EFT\*  Check  
(Note: The first payment will be made on the first business day following the end of the selected Payment Mode period as measured from the annuity certificate's Issue Date.) \*Please complete EFT Authorization on page 4.

6. Single Premium Immediate Annuity Withholding Election (W-4P)

Annuity payments are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your payment that is included in your income subject to Federal income tax. Thus, there would be no withholding on the return of your own nondeductible contributions to the annuity.

You may elect not to have withholding apply to your annuity payments. If you elect not to have withholding apply to your annuity payments, or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and/or estimated tax payments are not sufficient.

Complete the following applicable lines:

- A.  I elect **not** to have tax withheld from any portion of my Annuity Income Payment.
- B.  I want my withholding from each payment to be figured using the number of allowances and marital status.  
Number of allowances \_\_\_\_\_ Marital status:  Single  Married  Married, but withhold at higher "Single" rate allowances
- C.  I want an additional amount withheld from each periodic payment. **Note:** You cannot enter an amount here without entering the number of allowances on line B. \$ \_\_\_\_\_

## Agreement/Acknowledgement

- I have read all of the foregoing answers and statements contained in this application, adopt them as my own, whether written by me or not, and hereby declare that all of said answers and statements are true, complete, and correctly recorded to the best of my knowledge and belief.
- I understand and hereby agree that no certificate issued in reliance upon this application shall be effective and no liability of Royal Neighbors of America (Royal Neighbors) shall exist unless and until the certificate shall be issued and delivered to me and the full amount of the premium is paid.
- This application and any amendment(s) and supplement(s) to this application will be attached to, and along with the articles of incorporation and bylaws of Royal Neighbors, become part of the new 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 hereby apply to become a member of Royal Neighbors as indicated by my signature on page 3. As a member, I agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors of America was founded more than 100 years ago.
- In the event of the death of the Proposed Annuitant, I, the Proposed Joint Annuitant, if not already then a member, request to be admitted to membership in Royal Neighbors. 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.



## Taxpayer Identification Number Certification

Under penalties of perjury, I/we certify that:

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

- a) I/we have not been notified by the IRS that I am/we are not subject to backup withholding as a result of a failure to report all interest or dividends; **OR**
- b) the IRS has notified us that we are 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/we are 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.

Corrections and Amendments (For Home Office Use Only)

### SIGNATURES:



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

**Proposed Annuitant/Owner** \_\_\_\_\_



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

**Proposed Joint Annuitant** \_\_\_\_\_

(If applicable)

## Agent's Report

### REPLACEMENT:

Do you have any knowledge or reason to believe that the Proposed Annuitant has in-force life insurance or annuity contracts that may be replaced as a result of this transaction?  Yes  No

If Yes, 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 of America?  Yes  No

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



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

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

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## Authorization for Electronic Funds Deposits

Name of Account Holder (as shown on bank records) \_\_\_\_\_  Checking  Savings (Select one.)

Account number \_\_\_\_\_ Financial Institution, city, state (or routing number) \_\_\_\_\_

I hereby authorize Royal Neighbors of America (Royal Neighbors) to initiate deposits to the account shown on the attached voided check or deposit slip (the account), and to charge the account for any deposits made in error by Royal Neighbors. The financial institution is authorized by me to credit my account for the amount of the deposits.

This authority is to remain in full force and effect until Royal Neighbors has received written notification from me of its termination in such time and in such manner as to afford Royal Neighbors a reasonable opportunity to act on such notification.



Signature as it appears  
on bank records (do not print)  \_\_\_\_\_ Date \_\_\_\_\_

**THIS AUTHORIZATION MUST BE RETURNED WITH A VOIDED CHECK OR A DEPOSIT SLIP.**

### Important Information for Applicant

**Arizona:** On written request, Royal Neighbors of America will provide the certificateowner with information regarding the provisions of the annuity certificate. If for any reason the certificateowner is not satisfied with the annuity certificate, she/he may return the certificate to Royal Neighbors of America within 20 days (30 days if the certificateowner is 65 years of age or older), after receiving the certificate and receive a refund of all monies paid.

**Arkansas, California, New Mexico, Texas, Rhode Island, and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**District of Columbia and Georgia:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

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

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

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

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

**Oregon:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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





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# Receipt

Received from \_\_\_\_\_ on (Date) \_\_\_\_\_ the sum of \$ \_\_\_\_\_ in connection with an application to Royal Neighbors of America (Royal Neighbors) for a Single Premium Immediate Annuity.

If the payment indicated above is equal to the total amount of the premium on said certificate, then the certificate shall take effect on the date this application is approved and accepted by Royal Neighbors.

This receipt is not transferable and will not be valid for any sum in excess of the sum declared by the applicant in this application to have been paid, nor will it be valid for any purpose whatsoever if any erasures or alterations have been made in the printed form. If said application is rejected or declined by Royal Neighbors, the payment evidenced hereby shall be refunded.



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

I understand and agree to the terms, conditions, and limits of this receipt and the agreements in the application, all of which have been fully explained to me by the agent.



Signature of Proposed Annuitant/Owner \_\_\_\_\_ Date \_\_\_\_\_

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

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