

FOR AGENT USE ONLY.

SIMPLIFIED ISSUE WHOLE LIFE

(FORM SERIES 1311)

and

GRADED DEATH BENEFIT WHOLE LIFE

(FORM SERIES 1312)

Agent Training Guide

Not for public distribution.



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

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SIMPLIFIED ISSUE WHOLE LIFE (Form Series 1311)
and
GRADED DEATH BENEFIT WHOLE LIFE (Form Series 1312)

DESCRIPTION

Not available in all states. Contractual provisions vary by state.

- Excellent product for final expense planning
- Affordable
- Simple yes/no application
- Buyers may qualify for Graded Death Benefit even if they are not eligible for Simplified Issue Whole Life

Issue Ages (age last birthday)

- 50–85 (SIWL and GDB)
- 50–78 (GDB Washington only)

Face Amounts

Simplified Issue Whole Life (SIWL):

- \$5,000–\$25,000
- Aggregate insurance issued by Royal Neighbors on a simplified issue basis cannot exceed \$25,000 (including Simple Solution, Senior Whole Life, Graded Death Benefit, and products issued through any not fully underwritten program)

Graded Death Benefit Whole Life (GDB):

- \$5,000–\$10,000
- Aggregate insurance issued by Royal Neighbors on a simplified issue basis cannot exceed \$25,000 (including Simple Solution, Senior Whole Life, SIWL, and products issued through any not fully underwritten program)

Owner/Membership

- As shown in the application
- Owner can be different than the Insured (must have an insurable interest in the insured)
- Ownership can be changed by assignment
- The insured is the member of Royal Neighbors

Premiums

- Premiums payable for the life of Insured (or until insured would reach 121 years of age – based on 2017 CSO tables)
- Premiums can be paid by monthly, quarterly, semi-annual, or annual Electronic Funds Transfer (EFT). Premiums can also be billed on a quarterly, semi-annual, or annual basis.

Free-Look Period

- 20 days (or longer if required by state)

Underwriting Classes

- Male/Female (premiums quoted for Montana SIWL applications must use male rates for both male and female applicants)
- Tobacco/Non-Tobacco
- No Substandard
- No Preferred

Dividends

- Certificate is participating but no dividends are expected

Death Benefit (provisions may vary by state)

SIWL:

- Full face death benefit – face amount plus any premiums paid after the date of death; if certificate is in grace period, past due premiums through the month of death will be deducted from the face amount before payment is made; any outstanding liens (with accrued interest) and loans (with accrued interest) will also be deducted

GDB:

- Graded death benefit – death benefit limited for first two years unless death is accidental
 - 30% of face amount in first year
 - 70% of face amount in second year
- Death benefit is 100% if death is accidental – accidental death provision not available in Arkansas
- If certificate is in grace period, past due premiums through the month of death will be deducted; any outstanding liens (with accrued interest) and loans (with accrued interest) will also be deducted

Certificate Fee

- \$30 per year (commissionable)

Nonforfeiture Options

- Participating reduced paid-up insurance
- Non-participating extended term insurance (default)
- Cash surrender

Premiums in Default

- Insurance expires at end of grace period unless there is a cash value
- If there is a cash value, the following will happen:
 - Automatic premium loan followed by nonforfeiture option elected, or;
 - If automatic premium loan is not in effect, nonforfeiture option chosen by owner

Termination

Certificate will terminate/mature the earliest of:

- A nonforfeiture option (CS, RPU, ETI) goes into effect (whether chosen or default because of non-payment of premium)
- Cash value is transferred (1035) to another product
- Certificate expires without value when the outstanding loan (including accrued interest) exceeds the cash value or the outstanding lien (including accrued interest) plus the outstanding loan (including accrued interest) exceed the face amount
- Insured dies
- Insured reaches age 121
- Lapse due to non-payment of premium

Reinstatement

- Can be reinstated within 3 years from date of non-payment of premium with evidence of insurability
- 6% interest on all past due premiums
- Certificate cannot be reinstated if certificate is surrendered for its cash surrender value

Loans

- Loans are available up to the cash value
- 8% interest rate in arrears (Montana interest rate is 6%)
- Automatic premium loan option is available

Rider Available

Accelerated Living Benefit (ALB) – Terminal Condition and Permanent Confinement – Form series 1766 (*not available in all states – contractual provisions may vary by state*)

- Rider available age 50–85
- Must be elected at time of application
- No additional premium for rider (*in states where rider is approved*)
- Qualifying Events:
 - When the Insured has been continuously confined to a nursing home for 90 days and the physician-certified confinement is expected to be permanent;
 - When the insured is diagnosed by a physician as having a terminal condition and has a life expectancy of 12 months or less
- Up to 75% of eligible death benefit can be accelerated (minimum accelerated amount of \$5,000, maximum in aggregate of all certificates of \$250,000) as a single payment; minimum face amount must be \$7,000
- An accelerated benefit payment is subject to an administrative fee and interest; review the rider, form 1766 (with state variations), for complete information and provisions

UNDERWRITING PROCESS AND GUIDELINES

The underwriting process is conducted via telephone interview by MRS, our underwriting business partner, for our SIWL and GDB products. Two telephone interview options are available to meet the needs of your business:

1. Interview **now** with Voice Signature application. Approved applications will be issued within **1–2 business days!**
2. Interview **later** and submit a paper application.

VOICE SIGNATURE Application vs. PAPER Application



- ✓ Use the **Voice Signature** application when:
 - You can conduct the call during MRS business hours (8 a.m.–9 p.m. Central Time, Monday–Friday; 8 a.m.–3 p.m. Central Time, Saturday)
 - You need the business to be completed in a single visit with an immediate decision at the point-of-sale (calls take on average 25 minutes)
 - You and your applicant agree to complete the application by phone using the Voice Signature process and you must have given the applicant a copy of the Important Information Form 141720-N prior to the call
 - The Owner and Payor are the same as the Proposed Insured
 - Your applicant plans to pay premiums by Electronic Funds Transfer (EFT); debit cards and credit cards are not accepted
 - Your applicant does NOT need a translator – all interviews are conducted in English.

See page 7 for our 2-step process to submit a Voice Signature application.

— OR —



- ✓ Use the **Paper** application when:
 - You are taking an application outside of available interview times
 - You cannot give a copy of the Important Information Form 141720-N to the client
 - The Owner and Payor are different from the Proposed Insured
 - Your applicant plans to pay premiums by check (quarterly, semi-annually, and annual billing modes only)
 - Your applicant needs an interpreter

See pages 8-9 for our 3-step process to submit a Paper application.

To submit an application in Connecticut: Unfortunately, we cannot offer Voice Signature in the state of Connecticut at this time. You can still call (866) 281-9228 for your SIWL and GDB applications. However, you will need to submit the signed paper application after the phone interview. Additionally, the Interview Later process is still available without any changes.

Choose the application that best suits your scenario and proceed with the steps on the following pages.



VOICE Step 1 – Pre-qualify the applicant, the Proposed Insured

All applications must be pre-qualified.

1. Verify identity by viewing a photo ID such as a current driver's license, state ID card, or passport. If you are unable to verify the applicant's identity, this will be noted in the Agent's Report during the application interview.
2. Individuals not eligible to apply for Simplified Issue Whole Life (SIWL) and Graded Death Benefit Whole Life (GDB) products:
 - Anyone without a Social Security number
 - Anyone who is not a U.S. citizen or current Green Card holder
 - Anyone mentally incompetent or otherwise unable to make a valid contract
 - Anyone who refuses or is unable to complete a telephone interview
 - Anyone who is currently being prescribed a medication on the Prescription Indicator List (Form 200)
 - Anyone who already has \$25,000 SIWL or \$10,000 GDB with Royal Neighbors
 - Anyone who has three or more lapsed certificates with Royal Neighbors
3. Use our **POS Agent Worksheet (Form 2416-A)** to ensure your phone interview is completed as efficiently as possible.
4. Review all medications and consult the Prescription Indicator List (Form 200) for any automatic declines.
 - If the Proposed Insured has been prescribed any of the automatic decline medications, she/he is not eligible for the product, regardless of how the health questions were answered.
5. Provide the applicant a copy of the **Important Information Form 141720-N** (ICC and state-specific versions for CA, DC, FL, IL, OH); this is mandatory and the interview will end if the form is not provided.

If you have any questions regarding medications, or any of the items in the pre-qualification checklist above, please call Underwriting at (800) 627-4762, option 1, option 1.

VOICE Step 2 – Conduct the interview

Call (866) 281-9228 for the interview. Interviewers are available:

- 8 a.m.–9 p.m. Central Time, Monday–Friday
- 8 a.m.–3 p.m. Central Time, Saturday

*What the **agent** can expect during the interview*

The interviewer will:

1. Ask your name and Royal Neighbors of America agent number (always required).
2. Ask you to provide the information you gathered on the POS Agent Worksheet (Form 2416-A).
3. Verify you have provided the applicant the Important Information Form and ensure the applicant has read it.
4. Ask if you agree with Voice Signature and collect your Voice Signature.

*What the **applicant** can expect during the interview*

The interviewer will:

1. Advise the applicant that the call is being recorded.
2. Verify her/his name, address, Social Security number, and date of birth.
3. Obtain voice signature authorization to order the MIB Report and other information.
4. Ask the medical questions.
5. Review the Prescription Profile and MIB Report; additional questions may be asked based on these findings.

The interviewer will advise you if the application is approved, declined, or needs to be referred to the Home Office for additional review. If approved, the certificate will be issued the next business day.

You will need to complete and leave replacement forms for SIWL and GDB with the client. However, for NAIC states, the forms can be signed verbally and you do not need to fax forms into the Home Office. For non-NAIC states, the replacement forms will still need to be faxed to (866) 787-1450 or mailed to 230 16th Street, Rock Island, IL 61201.



PAPER Step 1 – Pre-qualify the applicant, the Proposed Insured

All applications must be pre-qualified.

1. Verify identity by viewing a photo ID such as a current driver's license, state ID card, or passport.
2. Individuals not eligible to apply for Simplified Issue Whole Life (SIWL) and Graded Death Benefit Whole Life (GDB) products:
 - Anyone without a Social Security number
 - Anyone who is not a U.S. citizen or current Green Card holder
 - Anyone mentally incompetent or otherwise unable to make a valid contract
 - Anyone who refuses or is unable to complete a telephone interview (interpreter and TTY services are available)
 - Anyone previously declined for another Royal Neighbors product
3. Review Section 2 questions on application (Form 141720 with ICC and state specific versions)
 - Has the applicant used tobacco in the past 12 months? If yes, then make sure to quote tobacco rates.
 - SIWL – questions 2–9 in Part 2 of the application must be *no*. If the answer to any of questions 2–9 is yes, then the applicant is not eligible for coverage.
 - GDB – questions 2–7 in Part 2 must be *no*. Questions 8 and/or 9 can be yes.
4. Review all medications and consult the Prescription Indicator List (Form 200) for any medications that would result in an automatic decline.
 - If the Proposed Insured has been prescribed any of the automatic decline medications, she/he is not eligible for the product, regardless of how the health questions were answered.

If you have questions regarding medications or any of the items in the pre-qualification checklist above, please call Underwriting at (800) 627-4762, option 1, option 1.

If the client meets the pre-qualification requirements:

- Fully complete the application (see "PAPER Step 2" below for details)
- Make sure the applicant signs and dates the authorization on page 3 of the application
- Provide the MIB Notice to the Proposed Insured

PAPER Step 2 – Complete the paper application

If the application is not taken in person, please indicate this on the Agent's Report.

APPLICATION PART 1

Section 1: Complete all information.

Section 2: Complete and submit state replacement forms, if required, with the application.

Section 3: Complete if applicable.

Section 4: You must include the relationship of the beneficiary to the applicant. There must be an insurable interest between the insured, owner, and beneficiary. Acceptable owners and beneficiaries are listed on pages 11-12.

Section 5: Complete the plan and face amount. The minimum face amount necessary to include the ALB Rider is \$7,000.

Section 6: Please clearly mark the mode of payment, whether or not this is draft first payment and the premium amount quoted. If premiums will be paid electronically, then complete the Electronic Funds Transfer (EFT) form on page 4 being sure to include a voided check with the application. Refer to the rate chart for appropriate premium.



PAPER APPLICATION

APPLICATION PART 2

- Complete Sections 1 and 2 in their entirety. Information obtained in the telephone interview must correspond to the answers on the application.
- The owner/insured must sign and date in the appropriate areas on page 3.
- The Agent's Report on page 4 must be fully completed.
- The EFT form on page 4 must be completed if applicable. Missing account information or signature will require a new EFT form. If submitting a voided check, indicate "see attached voided check" on form and sign. Indicating a draft date on the EFT authorization form is always required for clients choosing this mode of premium payment. To avoid issue delays, when a date is not shown, the default date will be the 5th day of the month (regardless of the approval/issue date). Please note: draft date cannot be more than 30 days from issue date.
- Page 6 containing the MIB Notice and Fair Credit Report Act Notice must be left with the Proposed Insured.

PAPER Step 3: Submit the paper application

- Submit the fully completed and signed application to Royal Neighbors, along with the initial premium payment and any other supporting documentation such as replacement forms. Our fax number is (866) 787-1450 or submitted using agent mobile app.
- After receipt of the application, an interviewer will call the applicant to complete the medical underwriting portion of the application.
- Once the applicant completes the interview, MRS will notify Royal Neighbors of the medical decision.
- Royal Neighbors will complete the final review of all information and determine whether the certificate can be issued. You will be notified if the certificate cannot be issued.
- Please ensure that bank account information is correct. Certificates will not be issued if account information cannot be verified.
- Use of electronically signed applications is prohibited.

PAPER Step 4: Check application status

- You can check the status of your client's application either on the agent website or using the agent mobile app.

GENERAL INFORMATION

Certificate delivery: All certificates will be mailed directly to the certificateowner unless the "Mail certificate to agent" box is marked on Page 1 of the application.

Reinstatement: Requires payment of all past-due premiums necessary to bring the certificate current. Requirements and procedures are set forth in the insurance certificate.

Re-date: A re-date brings the effective date of the original certificate number forward to a current date, and premium payments begin with the new effective date. We will allow one re-date per applicant within the first 60 days of issue. Requests should be submitted to the Underwriting Department at (800) 627-4762 option 1, option 1.

Re-apply:

- In the event that your customer has voice signed an SIWL application within the last 90 days, a new application may not be started. You will need to contact our underwriting department to collect the information needed to proceed with the original application.
- A re-apply is the issue of a new certificate. We will allow one re-apply per applicant, within the first twelve (12) months after the issue date. We will require:
 - A new application completed and signed or a new POS interview with Voice Signature
 - The first premium to be drafted
- If an applicant has two certificates that have lapsed, regardless of the time frame, we will allow the applicant to re-apply if there has been a change in her/his financial situation. We will require:
 - A cover letter explaining the improvement in her/his financial situation signed by the applicant
 - A new paper application completed and signed or a new POS interview with Voice Signature
- The first premium must be paid by check (no EFT). We will draft the applicant's account thereafter. We are unable to consider any applicant who has three or more lapsed certificates.
- If an application is received on a applicant who has already had a rewrite or re-date in the past 12 months, both you and your applicant will be notified that the application has been closed.

Definitions

Owner: preferred owner is the Proposed Insured. Please see chart (page 11 and 12) for full details.

Beneficiary: May be spouse/domestic partner or other immediate family member or insured's estate. Please see chart (page 11 and 12) for full details.

Payor: Preferred is the Proposed Insured but spouse/domestic partner or adult child may be acceptable. **An agent may not pay the initial or future premiums for an Insured.**

FREQUENTLY ASKED QUESTIONS

What if I am unable to complete the phone interview at the time of the sale? You may submit the application and the interview will be ordered from the Home Office. Please note this may delay processing of your business.

Do I have to complete the application when the POS interview is done? No. The application will be completed by MRS using a voice signature.

Are either the SIWL or GDB a guaranteed issue product? No. The decision is based on Royal Neighbors' underwriting guidelines.

If I disagree with the underwriting decision made, what options do I have? The underwriting decision made by MRS is based on criteria set by Royal Neighbors, therefore all decisions are final.

If declined for SIWL or GDB, is my client eligible to apply for any other life insurance plan with Royal Neighbors? No. We do not offer that option.

If the applicant was declined for a traditional product with Royal Neighbors, can she/he apply for the SIWL or GDB? No. We do not offer that option.

Who do I call if I have questions? Call Underwriting: (800) 627-4762, option 1, option 1.

Owner and Beneficiary Designations

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ¹		
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 on 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	Certain restrictions apply. Insurance must be issued for benefit of members and their dependents. Therefore, insurance owned by or benefiting corporations is generally prohibited.	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	Nominal percentage of benefit (20% +/-) goes to charity. Owner must be insured.	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.
Common law spouse	Yes	Yes	None	
Domestic Partner	Yes	Yes	None	
Estate	No	Yes	None	
Executor	No	No	Beneficiary must be the estate, not a named person.	
Ex-spouse	See Conditions	Yes	Maximum face amount \$25,000. Court order to cover child support/debt must exist.	Provide copy of court order with application.
Fiancé(e)	See Conditions	Yes	Must have reciprocal coverage on each other for face amount higher than \$25,000.	Provide amount of coverage, unless submitting applications on both to Royal Neighbors of America.
Foster Child	No	No	Due to the temporary relationship between Foster Parent/Child, coverage is not allowed.	
Friend	No	No	"Friend" does not constitute insurable interest or need.	
Funeral Home	Yes	See Conditions	Funeral home is not viewed as an acceptable beneficiary in the states of ID, IL, MA, MI, NY, NV.	Please add the following information on 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	Yes		

¹ State laws supersede any requirements outlined in this guide.

Owner and Beneficiary Designations (continued)

ACCEPTABLE OWNERSHIP & PRIMARY BENEFICIARY RELATIONSHIP				
Relationship to Applicant	Acceptable?		Conditions	What agents need to provide
	Owner	Beneficiary ¹		
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 \$25,000 or less.	
Parent or Step parent (of minor child 0–17)	See Conditions	Yes	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.	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	Key Person, Buy/Sell agreements	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.
Partner (domestic)	Yes	Yes	None	
Power of Attorney	No	No	Power of attorney rights terminate at time of death.	
Spouse	Yes	Yes	None	
Trust	See Conditions	See Conditions	Trust must exist for the benefit of the Proposed Insured's family. Trustee must sign application as "Owner."	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.

SIMPLIFIED ISSUE WHOLE LIFE

Annual Premiums per \$1,000* of Face Amount

Annual Premiums Per \$1,000* of Face Amount				
Issue Age	NON-TOBACCO		TOBACCO	
	Male	Female	Male	Female
50	42.58	35.70	56.54	50.35
51	44.10	36.59	58.64	51.66
52	45.62	37.49	60.74	52.97
53	47.20	38.38	62.90	54.34
54	48.72	39.27	65.00	55.65
55	50.24	40.16	67.10	56.96
56	51.14	40.32	68.57	57.33
57	51.98	40.48	70.09	57.70
58	52.87	40.64	71.56	58.07
59	53.71	40.79	73.08	58.43
60	54.60	40.95	74.55	58.80
61	56.60	42.42	78.12	60.95
62	58.59	43.89	81.69	63.11
63	60.59	45.36	85.26	65.21
64	62.58	46.83	88.83	67.36
65	64.58	48.30	92.40	69.51
66	68.25	50.82	98.70	73.03
67	71.93	53.34	105.00	76.55
68	75.60	55.86	111.30	80.12
69	79.28	58.38	117.60	83.63
70	82.95	60.90	123.90	87.15
71	91.14	66.47	134.61	93.35
72	99.33	72.03	145.32	99.54
73	107.52	77.60	156.03	105.74
74	115.71	83.16	166.74	111.93
75	123.90	88.73	177.45	118.13
76	133.88	95.76	188.79	126.42
77	143.85	102.80	200.13	134.72
78	153.83	109.83	211.47	143.01
79	163.80	116.87	222.81	151.31
80	173.78	123.90	234.15	159.60
81	187.32	132.72	252.63	171.36
82	200.87	141.54	271.11	183.12
83	214.41	150.36	289.59	194.88
84	227.96	159.18	308.07	206.64
85	241.50	168.00	326.55	218.40

	Modal Factors:	Modal Certificate Fee:
Monthly EFT	0.087	\$2.61
Quarterly	0.265	\$7.95
Semi-Annual	0.52	\$15.60
Annual	1.0	\$30.00

[(Rate × Modal Factor) rounded to 2 places × (Units)] rounded to 2 places +
 Modal Certificate Fee = **Modal Premium**

[(42.58 × 0.087) = 3.70446 → 3.70 × 10 → 37.00]
 + 2.61 = 39.61 **Monthly EFT Premium**

* Additional \$30 Annual Certificate Fee

Product not available in all states. Please confirm product availability.

Note: Premiums quoted for Montana applications must use male rates for both male and female applicants.

SIMPLIFIED ISSUE WHOLE LIFE - NON-TOBACCO MONTHLY EFT PREMIUMS

Issue Age	How Much Will It Cost? (per month)													
	\$5,000		\$6,000		\$7,500		\$10,000		\$15,000		\$20,000		\$25,000	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
50	21.11	18.16	24.81	21.27	30.36	25.94	39.61	33.71	58.11	49.26	76.61	64.81	95.11	80.36
51	21.81	18.51	25.65	21.69	31.41	26.46	41.01	34.41	60.21	50.31	79.41	66.21	98.61	82.11
52	22.46	18.91	26.43	22.17	32.39	27.06	42.31	35.21	62.16	51.51	82.01	67.81	101.86	84.11
53	23.16	19.31	27.27	22.65	33.44	27.66	43.71	36.01	64.26	52.71	84.81	69.41	105.36	86.11
54	23.81	19.71	28.05	23.13	34.41	28.26	45.01	36.81	66.21	53.91	87.41	71.01	108.61	88.11
55	24.46	20.06	28.83	23.55	35.39	28.79	46.31	37.51	68.16	54.96	90.01	72.41	111.86	89.86
56	24.86	20.16	29.31	23.67	35.99	28.94	47.11	37.71	69.36	55.26	91.61	72.81	113.86	90.36
57	25.21	20.21	29.73	23.73	36.51	29.01	47.81	37.81	70.41	55.41	93.01	73.01	115.61	90.61
58	25.61	20.31	30.21	23.85	37.11	29.16	48.61	38.01	71.61	55.71	94.61	73.41	117.61	91.11
59	25.96	20.36	30.63	23.91	37.64	29.24	49.31	38.11	72.66	55.86	96.01	73.61	119.36	91.36
60	26.36	20.41	31.11	23.97	38.24	29.31	50.11	38.21	73.86	56.01	97.61	73.81	121.36	91.61
61	27.21	21.06	32.13	24.75	39.51	30.29	51.81	39.51	76.41	57.96	101.01	76.41	125.61	94.86
62	28.11	21.71	33.21	25.53	40.86	31.26	53.61	40.81	79.11	59.91	104.61	79.01	130.11	98.11
63	28.96	22.36	34.23	26.31	42.14	32.24	55.31	42.11	81.66	61.86	108.01	81.61	134.36	101.36
64	29.81	22.96	35.25	27.03	43.41	33.14	57.01	43.31	84.21	63.66	111.41	84.01	138.61	104.36
65	30.71	23.61	36.33	27.81	44.76	34.11	58.81	44.61	86.91	65.61	115.01	86.61	143.11	107.61
66	32.31	24.71	38.25	29.13	47.16	35.76	62.01	46.81	91.71	68.91	121.41	91.01	151.11	113.11
67	33.91	25.81	40.17	30.45	49.56	37.41	65.21	49.01	96.51	72.21	127.81	95.41	159.11	118.61
68	35.51	26.91	42.09	31.77	51.96	39.06	68.41	51.21	101.31	75.51	134.21	99.81	167.11	124.11
69	37.11	28.01	44.01	33.09	54.36	40.71	71.61	53.41	106.11	78.81	140.61	104.21	175.11	129.61
70	38.71	29.11	45.93	34.41	56.76	42.36	74.81	55.61	110.91	82.11	147.01	108.61	183.11	135.11
71	42.26	31.51	50.19	37.29	62.09	45.96	81.91	60.41	121.56	89.31	161.21	118.21	200.86	147.11
72	45.81	33.96	54.45	40.23	67.41	49.64	89.01	65.31	132.21	96.66	175.41	128.01	218.61	159.36
73	49.36	36.36	58.71	43.11	72.74	53.24	96.11	70.11	142.86	103.86	189.61	137.61	236.36	171.36
74	52.96	38.76	63.03	45.99	78.14	56.84	103.31	74.91	153.66	111.06	204.01	147.21	254.36	183.36
75	56.51	41.21	67.29	48.93	83.46	60.51	110.41	79.81	164.31	118.41	218.21	157.01	272.11	195.61
76	60.86	44.26	72.51	52.59	89.99	65.09	119.11	85.91	177.36	127.56	235.61	169.21	293.86	210.86
77	65.16	47.31	77.67	56.25	96.44	69.66	127.71	92.01	190.26	136.71	252.81	181.41	315.36	226.11
78	69.51	50.41	82.89	59.97	102.96	74.31	136.41	98.21	203.31	146.01	270.21	193.81	337.11	241.61
79	73.86	53.46	88.11	63.63	109.49	78.89	145.11	104.31	216.36	155.16	287.61	206.01	358.86	256.86
80	78.21	56.51	93.33	67.29	116.01	83.46	153.81	110.41	229.41	164.31	305.01	218.21	380.61	272.11
81	84.11	60.36	100.41	71.91	124.86	89.24	165.61	118.11	247.11	175.86	328.61	233.61	410.11	291.36
82	90.01	64.16	107.49	76.47	133.71	94.94	177.41	125.71	264.81	187.26	352.21	248.81	439.61	310.36
83	95.86	68.01	114.51	81.09	142.49	100.71	189.11	133.41	282.36	198.81	375.61	264.21	468.86	329.61
84	101.76	71.86	121.59	85.71	151.34	106.49	200.91	141.11	300.06	210.36	399.21	279.61	498.36	348.86
85	107.66	75.71	128.67	90.33	160.19	112.26	212.71	148.81	317.76	221.91	422.81	295.01	527.86	368.11

SIMPLIFIED ISSUE WHOLE LIFE - TOBACCO MONTHLY EFT PREMIUMS

Issue Age		How Much Will It Cost? (per month)																	
		\$5,000		\$6,000		\$7,500		\$10,000		\$15,000		\$20,000		\$25,000					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F				
50	27.21	24.51	32.13	28.89	39.51	35.46	51.81	46.41	76.41	68.31	101.01	90.21	125.61	112.11					
51	28.11	25.06	33.21	29.55	40.86	36.29	53.61	47.51	79.11	69.96	104.61	92.41	130.11	114.86					
52	29.01	25.66	34.29	30.27	42.21	37.19	55.41	48.71	81.81	71.76	108.21	94.81	134.61	117.86					
53	29.96	26.26	35.43	30.99	43.64	38.09	57.31	49.91	84.66	73.56	112.01	97.21	139.36	120.86					
54	30.91	26.81	36.57	31.65	45.06	38.91	59.21	51.01	87.51	75.21	115.81	99.41	144.11	123.61					
55	31.81	27.41	37.65	32.37	46.41	39.81	61.01	52.21	90.21	77.01	119.41	101.81	148.61	126.61					
56	32.46	27.56	38.43	32.55	47.39	40.04	62.31	52.51	92.16	77.46	122.01	102.41	151.86	127.36					
57	33.11	27.71	39.21	32.73	48.36	40.26	63.61	52.81	94.11	77.91	124.61	103.01	155.11	128.11					
58	33.76	27.86	39.99	32.91	49.34	40.49	64.91	53.11	96.06	78.36	127.21	103.61	158.36	128.86					
59	34.41	28.01	40.77	33.09	50.31	40.71	66.21	53.41	98.01	78.81	129.81	104.21	161.61	129.61					
60	35.06	28.21	41.55	33.33	51.29	41.01	67.51	53.81	99.96	79.41	132.41	105.01	164.86	130.61					
61	36.61	29.11	43.41	34.41	53.61	42.36	70.61	55.61	104.61	82.11	138.61	108.61	172.61	135.11					
62	38.16	30.06	45.27	35.55	55.94	43.79	73.71	57.51	109.26	84.96	144.81	112.41	180.36	139.86					
63	39.71	30.96	47.13	36.63	58.26	45.14	76.81	59.31	113.91	87.66	151.01	116.01	188.11	144.36					
64	41.26	31.91	48.99	37.77	60.59	46.56	79.91	61.21	118.56	90.51	157.21	119.81	195.86	149.11					
65	42.81	32.86	50.85	38.91	62.91	47.99	83.01	63.11	123.21	93.36	163.41	123.61	203.61	153.86					
66	45.56	34.36	54.15	40.71	67.04	50.24	88.51	66.11	131.46	97.86	174.41	129.61	217.36	161.36					
67	48.31	35.91	57.45	42.57	71.16	52.56	94.01	69.21	139.71	102.51	185.41	135.81	231.11	169.11					
68	51.01	37.46	60.69	44.43	75.21	54.89	99.41	72.31	147.81	107.16	196.21	142.01	244.61	176.86					
69	53.76	39.01	63.99	46.29	79.34	57.21	104.91	75.41	156.06	111.81	207.21	148.21	258.36	184.61					
70	56.51	40.51	67.29	48.09	83.46	59.46	110.41	78.41	164.31	116.31	218.21	154.21	272.11	192.11					
71	61.16	43.21	72.87	51.33	90.44	63.51	119.71	83.81	178.26	124.41	236.81	165.01	295.36	205.61					
72	65.81	45.91	78.45	54.57	97.41	67.56	129.01	89.21	192.21	132.51	255.41	175.81	318.61	219.11					
73	70.46	48.61	84.03	57.81	104.39	71.61	138.31	94.61	206.16	140.61	274.01	186.61	341.86	232.61					
74	75.16	51.31	89.67	61.05	111.44	75.66	147.71	100.01	220.26	148.71	292.81	197.41	365.36	246.11					
75	79.81	54.01	95.25	64.29	118.41	79.71	157.01	105.41	234.21	156.81	311.41	208.21	388.61	259.61					
76	84.71	57.61	101.13	68.61	125.76	85.11	166.81	112.61	248.91	167.61	331.01	222.61	413.11	277.61					
77	89.66	61.21	107.07	72.93	133.19	90.51	176.71	119.81	263.76	178.41	350.81	237.01	437.86	295.61					
78	94.61	64.81	113.01	77.25	140.61	95.91	186.61	127.01	278.61	189.21	370.61	251.41	462.61	313.61					
79	99.51	68.41	118.89	81.57	147.96	101.31	196.41	134.21	293.31	200.01	390.21	265.81	487.11	331.61					
80	104.46	72.06	124.83	85.95	155.39	106.79	206.31	141.51	308.16	210.96	410.01	280.41	511.86	349.86					
81	112.51	77.16	134.49	92.07	167.46	114.44	222.41	151.71	332.31	226.26	442.21	300.81	552.11	375.36					
82	120.56	82.26	144.15	98.19	179.54	122.09	238.51	161.91	356.46	241.56	474.41	321.21	592.36	400.86					
83	128.56	87.36	153.75	104.31	191.54	129.74	254.51	172.11	380.46	256.86	506.41	341.61	632.36	426.36					
84	136.61	92.51	163.41	110.49	203.61	137.46	270.61	182.41	404.61	272.31	538.61	362.21	672.61	452.11					
85	144.66	97.61	173.07	116.61	215.69	145.11	286.71	192.61	428.76	287.61	570.81	382.61	712.86	477.61					

GRADED DEATH BENEFIT WHOLE LIFE
Annual Premiums per \$1,000* of Face Amount

Annual Premiums Per \$1,000* of Face Amount				
Issue Age	NON-TOBACCO		TOBACCO	
	Male	Female	Male	Female
50	63.89	50.09	75.92	56.28
51	65.42	51.19	77.86	58.01
52	66.94	52.29	79.80	59.75
53	68.46	53.34	81.69	61.43
54	69.98	54.44	83.63	63.16
55	71.51	55.55	85.58	64.89
56	72.56	55.86	87.15	65.57
57	73.55	56.23	88.73	66.26
58	74.60	56.54	90.30	66.89
59	75.60	56.91	91.88	67.57
60	76.65	57.23	93.45	68.25
61	80.43	59.75	97.23	71.72
62	84.21	62.27	101.01	75.18
63	87.99	64.79	104.79	78.65
64	91.77	67.31	108.57	82.11
65	95.55	69.83	112.35	85.58
66	102.69	74.55	120.49	90.93
67	109.83	79.28	128.63	96.29
68	116.97	84.00	136.71	101.64
69	124.11	88.73	144.85	107.00
70	131.25	93.45	152.99	112.35
71	143.22	102.48	168.05	122.43
72	155.19	111.51	183.12	132.51
73	167.16	120.54	198.24	142.59
74	179.13	129.57	213.31	152.67
75	191.10	138.60	228.38	162.75
76	205.80	150.15	242.34	174.30
77	220.50	161.70	256.31	185.85
78**	235.20	173.25	270.27	197.40
79	249.90	184.80	284.24	208.95
80	264.60	196.35	298.20	220.50
81	285.18	210.00	319.83	236.25
82	305.76	223.65	341.46	252.00
83	326.34	237.30	363.09	267.75
84	346.92	250.95	384.72	283.50
85	367.50	264.60	406.35	299.25

	Modal Factors:	Modal Certificate Fee:
Monthly EFT	0.087	\$2.61
Quarterly	0.265	\$7.95
Semi-Annual	0.52	\$15.60
Annual	1.0	\$30.00

[(Rate × Modal Factor) rounded to 2 places × (Units)] rounded to 2 places +
Modal Certificate Fee = **Modal Premium**

[(63.89 × 0.087) = 5.55843 → 5.56 × 10 → 55.60]
+ 2.61 = 58.21 **Monthly EFT Premium**

* Additional \$30 Annual Certificate Fee

** Maximum Issue Age is 78 for applications in Washington.

Accidental Death Provision not approved in Arkansas. Product not available in all states.

Please confirm product availability.

Note: Premiums quoted for Montana applications must use male rates for both male and female applicants.

GRADED DEATH BENEFIT WHOLE LIFE - NON-TOBACCO MONTHLY EFT PREMIUMS

Issue Age	How Much Will It Cost? (per month)											
	\$5,000		\$6,000		\$7,000		\$8,000		\$9,000		\$10,000	
	M	F	M	F	M	F	M	F	M	F	M	F
50	30.41	24.41	35.97	28.77	41.53	33.13	47.09	37.49	52.65	41.85	58.21	46.21
51	31.06	24.86	36.75	29.31	42.44	33.76	48.13	38.21	53.82	42.66	59.51	47.11
52	31.71	25.36	37.53	29.91	43.35	34.46	49.17	39.01	54.99	43.56	60.81	48.11
53	32.41	25.81	38.37	30.45	44.33	35.09	50.29	39.73	56.25	44.37	62.21	49.01
54	33.06	26.31	39.15	31.05	45.24	35.79	51.33	40.53	57.42	45.27	63.51	50.01
55	33.71	26.76	39.93	31.59	46.15	36.42	52.37	41.25	58.59	46.08	64.81	50.91
56	34.16	26.91	40.47	31.77	46.78	36.63	53.09	41.49	59.40	46.35	65.71	51.21
57	34.61	27.06	41.01	31.95	47.41	36.84	53.81	41.73	60.21	46.62	66.61	51.51
58	35.06	27.21	41.55	32.13	48.04	37.05	54.53	41.97	61.02	46.89	67.51	51.81
59	35.51	27.36	42.09	32.31	48.67	37.26	55.25	42.21	61.83	47.16	68.41	52.11
60	35.96	27.51	42.63	32.49	49.30	37.47	55.97	42.45	62.64	47.43	69.31	52.41
61	37.61	28.61	44.61	33.81	51.61	39.01	58.61	44.21	65.61	49.41	72.61	54.61
62	39.26	29.71	46.59	35.13	53.92	40.55	61.25	45.97	68.58	51.39	75.91	56.81
63	40.91	30.81	48.57	36.45	56.23	42.09	63.89	47.73	71.55	53.37	79.21	59.01
64	42.51	31.91	50.49	37.77	58.47	43.63	66.45	49.49	74.43	55.35	82.41	61.21
65	44.16	33.01	52.47	39.09	60.78	45.17	69.09	51.25	77.40	57.33	85.71	63.41
66	47.26	35.06	56.19	41.55	65.12	48.04	74.05	54.53	82.98	61.02	91.91	67.51
67	50.41	37.11	59.97	44.01	69.53	50.91	79.09	57.81	88.65	64.71	98.21	71.61
68	53.51	39.16	63.69	46.47	73.87	53.78	84.05	61.09	94.23	68.40	104.41	75.71
69	56.61	41.21	67.41	48.93	78.21	56.65	89.01	64.37	99.81	72.09	110.61	79.81
70	59.71	43.26	71.13	51.39	82.55	59.52	93.97	67.65	105.39	75.78	116.81	83.91
71	64.91	47.21	77.37	56.13	89.83	65.05	102.29	73.97	114.75	82.89	127.21	91.81
72	70.11	51.11	83.61	60.81	97.11	70.51	110.61	80.21	124.11	89.91	137.61	99.61
73	75.31	55.06	89.85	65.55	104.39	76.04	118.93	86.53	133.47	97.02	148.01	107.51
74	80.51	58.96	96.09	70.23	111.67	81.50	127.25	92.77	142.83	104.04	158.41	115.31
75	85.76	62.91	102.39	74.97	119.02	87.03	135.65	99.09	152.28	111.15	168.91	123.21
76	92.11	67.91	110.01	80.97	127.91	94.03	145.81	107.09	163.71	120.15	181.61	133.21
77	98.51	72.96	117.69	87.03	136.87	101.10	156.05	115.17	175.23	129.24	194.41	143.31
78*	104.91	77.96	125.37	93.03	145.83	108.10	166.29	123.17	186.75	138.24	207.21	153.31
79	111.31	83.01	133.05	99.09	154.79	115.17	176.53	131.25	198.27	147.33	220.01	163.41
80	117.71	88.01	140.73	105.09	163.75	122.17	186.77	139.25	209.79	156.33	232.81	173.41
81	126.66	93.96	151.47	112.23	176.28	130.50	201.09	148.77	225.90	167.04	250.71	185.31
82	135.61	99.91	162.21	119.37	188.81	138.83	215.41	158.29	242.01	177.75	268.61	197.21
83	144.56	105.86	172.95	126.51	201.34	147.16	229.73	167.81	258.12	188.46	286.51	209.11
84	153.51	111.76	183.69	133.59	213.87	155.42	244.05	177.25	274.23	199.08	304.41	220.91
85	162.46	117.71	194.43	140.73	226.40	163.75	258.37	186.77	290.34	209.79	322.31	232.81

* Maximum Issue Age is 78 for applications in Washington.

GRADED DEATH BENEFIT WHOLE LIFE - TOBACCO MONTHLY EFT PREMIUMS

Issue Age	How Much Will It Cost? (per month)											
	\$5,000		\$6,000		\$7,000		\$8,000		\$9,000		\$10,000	
	M	F	M	F	M	F	M	F	M	F	M	F
50	35.66	27.11	42.27	32.01	48.88	36.91	55.49	41.81	62.10	46.71	68.71	51.61
51	36.46	27.86	43.23	32.91	50.00	37.96	56.77	43.01	63.54	48.06	70.31	53.11
52	37.31	28.61	44.25	33.81	51.19	39.01	58.13	44.21	65.07	49.41	72.01	54.61
53	38.16	29.31	45.27	34.65	52.38	39.99	59.49	45.33	66.60	50.67	73.71	56.01
54	39.01	30.06	46.29	35.55	53.57	41.04	60.85	46.53	68.13	52.02	75.41	57.51
55	39.86	30.86	47.31	36.51	54.76	42.16	62.21	47.81	69.66	53.46	77.11	59.11
56	40.51	31.11	48.09	36.81	55.67	42.51	63.25	48.21	70.83	53.91	78.41	59.61
57	41.21	31.41	48.93	37.17	56.65	42.93	64.37	48.69	72.09	54.45	79.81	60.21
58	41.91	31.71	49.77	37.53	57.63	43.35	65.49	49.17	73.35	54.99	81.21	60.81
59	42.56	32.01	50.55	37.89	58.54	43.77	66.53	49.65	74.52	55.53	82.51	61.41
60	43.26	32.31	51.39	38.25	59.52	44.19	67.65	50.13	75.78	56.07	83.91	62.01
61	44.91	33.81	53.37	40.05	61.83	46.29	70.29	52.53	78.75	58.77	87.21	65.01
62	46.56	35.31	55.35	41.85	64.14	48.39	72.93	54.93	81.72	61.47	90.51	68.01
63	48.21	36.81	57.33	43.65	66.45	50.49	75.57	57.33	84.69	64.17	93.81	71.01
64	49.86	38.31	59.31	45.45	68.76	52.59	78.21	59.73	87.66	66.87	97.11	74.01
65	51.46	39.86	61.23	47.31	71.00	54.76	80.77	62.21	90.54	69.66	100.31	77.11
66	55.01	42.16	65.49	50.07	75.97	57.98	86.45	65.89	96.93	73.80	107.41	81.71
67	58.56	44.51	69.75	52.89	80.94	61.27	92.13	69.65	103.32	78.03	114.51	86.41
68	62.06	46.81	73.95	55.65	85.84	64.49	97.73	73.33	109.62	82.17	121.51	91.01
69	65.61	49.16	78.21	58.47	90.81	67.78	103.41	77.09	116.01	86.40	128.61	95.71
70	69.16	51.46	82.47	61.23	95.78	71.00	109.09	80.77	122.40	90.54	135.71	100.31
71	75.71	55.86	90.33	66.51	104.95	77.16	119.57	87.81	134.19	98.46	148.81	109.11
72	82.26	60.26	98.19	71.79	114.12	83.32	130.05	94.85	145.98	106.38	161.91	117.91
73	88.86	64.66	106.11	77.07	123.36	89.48	140.61	101.89	157.86	114.30	175.11	126.71
74	95.41	69.01	113.97	82.29	132.53	95.57	151.09	108.85	169.65	122.13	188.21	135.41
75	101.96	73.41	121.83	87.57	141.70	101.73	161.57	115.89	181.44	130.05	201.31	144.21
76	108.01	78.41	129.09	93.57	150.17	108.73	171.25	123.89	192.33	139.05	213.41	154.21
77	114.11	83.46	136.41	99.63	158.71	115.80	181.01	131.97	203.31	148.14	225.61	164.31
78*	120.16	88.46	143.67	105.63	167.18	122.80	190.69	139.97	214.20	157.14	237.71	174.31
79	126.26	93.51	150.99	111.69	175.72	129.87	200.45	148.05	225.18	166.23	249.91	184.41
80	132.31	98.51	158.25	117.69	184.19	136.87	210.13	156.05	236.07	175.23	262.01	194.41
81	141.76	105.36	169.59	125.91	197.42	146.46	225.25	167.01	253.08	187.56	280.91	208.11
82	151.16	112.21	180.87	134.13	210.58	156.05	240.29	177.97	270.00	199.89	299.71	221.81
83	160.56	119.06	192.15	142.35	223.74	165.64	255.33	188.93	286.92	212.22	318.51	235.51
84	169.96	125.91	203.43	150.57	236.90	175.23	270.37	199.89	303.84	224.55	337.31	249.21
85	179.36	132.76	214.71	158.79	250.06	184.82	285.41	210.85	320.76	236.88	356.11	262.91

* Maximum Issue Age is 78 for applications in Washington.



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