



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

POS Agent Worksheet

The purpose of this worksheet is to pre-gather the required information from your client so the interview will be timely and effective. Please NOTE that if you have not provided your client a copy of the required Important Notice and Replacement Form(s), it will extend the length of the interview.

Agent # _____ % of commissions _____ Agent # _____ % of commissions

(Both agents must be active and present in order to split commissions.)

State you will be calling from: _____ Mail Contract to: _____

ID Verification:

Did you personally review the ID of the Owner? yes no

Type of ID seen: DL State ID Passport Permanent Resident ID # _____

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

First name _____ Middle initial ____ Last name _____

DOB _____ SSN _____ Sex M F

Address _____ City _____ State ____ ZIP _____

Phone _____ State/Country of birth _____

U.S. Citizen? yes no If no, do you have a green card? yes no

Permanent resident ID # _____

For California or Florida only:

Do you wish to designate another person to receive copies of any premium lapse notices? yes no

If yes, Name _____ Address _____

City _____ State ____ ZIP _____

Other Insurance:

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

yes no

Company _____ Life Annuity Amount _____

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

(If replacing, you must submit replacement form directly to Royal Neighbors.)

Beneficiary:

Primary _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Acceptable relationships: *(No other relationship will be considered. Percentages must be whole numbers.)*

Aunt, Brother, Cousin, Daughter, Daughter-in-law, Domestic Partner, Estate, Father, Fiance, Funeral Home [not allowed in ID, IL, MA, MI, NY, or NV] – “provide address,” Granddaughter, Grandson, Husband, Mother, Nephew, Niece, Sister, Son, Son-in-law, Step-daughter, Step- father, Step-mother, Step-son, Uncle, Wife

Plan: Simplified Issue Whole Life Graded Death Benefit

Face Amount: \$ _____

Rider: Accelerated Living Benefit Rider *(not allowed in IN, MS, NJ, VT, WA, or if face is below \$7,000)*

Automatic Premium Loan NOT desired

Has the applicant used tobacco in any form in the last 12 months? yes no

Payment Quote: \$ _____

Type of Account: Checking Savings

Electronic payment only – Monthly Quarterly Semi-annual Annual

Payment withdrawal day ____ of month OR 2nd 3rd 4th Wednesday of the month

Routing Number: _____ **Account Number:** _____

Physician Name/Clinic that has the most up-to-date information _____

City _____ **State** _____ **Zip** _____

All current medications _____

Please provide the applicant a copy of the Important Notice and any state-required Replacement or Disclosure Form(s) prior to initiating the interview.

Please keep this form for your records.

It does NOT have to be submitted to Royal Neighbors.