



**INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM**

POS AGENT WORKSHEET

*The purpose of this worksheet is to pre-gather the required information from your client for optimum interview time.
Please keep this form for your records. It does NOT have to be submitted to Royal Neighbors.*

POS Line: (866) 281-9228

**Please NOTE that if you have not provided your client a copy of the required
Important Information Form 141720-N the interview cannot be conducted.**

Agent # _____ % of commissions _____ Agent # _____ % of commissions <i>(Both agents must be active in order to split commissions.)</i>					
State you will be calling from: _____ Mail Contract to: Agent or Proposed Insured					
ID Verification: Did you personally review the ID of the Owner? <input type="checkbox"/> yes <input type="checkbox"/> no Type of ID seen: <input type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident ID # _____					
Proposed Insured (P.I. must be Owner and Payor) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">First name _____ Middle initial ___ Last name _____</td> </tr> <tr> <td style="padding: 2px;">DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td style="padding: 2px;">Address _____ City _____ State _____ ZIP _____</td> </tr> <tr> <td style="padding: 2px;">Phone _____ State/Country of birth _____</td> </tr> <tr> <td style="padding: 2px;">U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____</td> </tr> </table>	First name _____ Middle initial ___ Last name _____	DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F	Address _____ City _____ State _____ ZIP _____	Phone _____ State/Country of birth _____	U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____
First name _____ Middle initial ___ Last name _____					
DOB _____ SSN _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F					
Address _____ City _____ State _____ ZIP _____					
Phone _____ State/Country of birth _____					
U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no If no, do you have a green card? <input type="checkbox"/> yes <input type="checkbox"/> no Permanent resident ID # _____					
For California or Florida only: Do you wish to designate another person to receive copies of any premium lapse notices? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no Company _____ <input type="checkbox"/> Life <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no					



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If Replacement:

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

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

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

Beneficiary*:

Primary _____ DOB: _____ Relationship _____ % _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

Primary Contingent _____ DOB: _____ Relationship _____ % _____

Address: _____ SSN: _____

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

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

Payment Quote: \$ _____

EFT Information: 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

NOTE: The EFT withdrawal date can be up to 45 days out from interview date using the same withdrawal day selected. We cannot draft beyond 45 days.

Routing Number: _____ Account Number: _____