



**INSURING LIVES  
SUPPORTING WOMEN  
SERVING COMMUNITIES<sup>SM</sup>**

## 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.**

<b>Agent # _____ % of commissions _____ Agent # _____ % of commissions</b> <i>(Both agents must be active in order to split commissions.)</i>					
<b>State you will be calling from: _____ Mail Contract to: Agent or Proposed Insured</b>					
<b>ID Verification:</b> 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 # _____					
<b>Proposed Insured (P.I. must be Owner and Payor)</b> <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 # _____					
<b>For California or Florida only:</b> 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 _____					
<b>Other Insurance:</b> 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: \_\_\_\_\_