Royal Neighbors of America

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES℠

Jet Whole Life Overview

Welcome to Royal Neighbors

- INSURANCE WITH A DIFFERENCE℠
- PRODUCT INFO
- ELECTRONIC APPLICATION
- AGENT WEBSITE
- AGENT ACCESS
- SALES SUPPORT

Insurance with a Difference℠

Mission Driven

Empowering women and serving communities

History

Founded in 1895 and going strong

Products

Insurance and Annuities

Savings

Get a free simple will and many other discounts[1]

Financial Strength

A Rating from AM Best[2]

New One Pagers

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Jet WL Highlights

	Jet Whole Life* Form Series 1811
Periods	Lifetime Pay, 20-Pay
Issue Ages	Lifetime Pay: 0 – 80 20-Pay: 0 – 65
Face Amount	Adult: $25,000 minimum Youth: $10,000 - $49,000
Risk Classes	Range for accelerated underwriting from Preferred to Substandard
Conversions	Converts to Term Life

Accelerated Death Benefit Rider

*Not available in all states.	Critical Illness* Form Series 181591CR	Chronic Illness* Form Series 181591CH	Terminal Illness* Form Series 181591T
Issue Ages	**Term 15-Yr = age 18-65** **Term 20-Yr = age 18-60** **Term 30-Yr = age 18-50** **Whole Life = 0-65**	**Term 15-Yr = age 18-65** **Term 20-Yr = age 18-60** **Term 30-Yr = age 18-50** **Whole Life = 0-70**	**Term 15-Yr = age 18-65** **Term 20-Yr = age 18-60** **Term 30-Yr = age 18-50** **Whole Life = 0-80**
Premiums	**No additional premium**	**No additional premium**	**No additional premium**
Maximum Benefit Levels	25% of death benefit or $100,000	80% of death benefit or $400,000 Annual payments will be limited to the year's per diem allocation	90% of death benefit or $450,000
Claims	Only one per lifetime	Only one per lifetime	Only one per lifetime
Qualifying Events	Cancer Heart attack Stroke Paralysis End stage renal failure Major organ transplant	Unable to perform 2 or more of the ADL's for a period of at least 90 days OR Need for substantial supervision due to severe cognitive impairment	A medical or physical condition that results in a life span of 12 months or less No longer requiring confinement to nursing home or waiting period

Jet Underwriting

Face Amount	Ages 0-17	Ages 18-50	Ages 51-60	Ages 61-80
Youth ONLY				
$10,000 - $49,999	Accelerated	N/A	N/A	N/A
Adult ONLY				
$25,000 - $250,000	N/A	Accelerated	Accelerated	Full UW
$250,001 - $500,000	N/A	Accelerated	Full UW	Full UW
$500,0001+	N/A	Full UW	Full UW	Full UW

Accelerated Underwriting features:

- *True* point-of-sale process >>> **not** reviewed by underwriting
- Sophisticated engine reduces the need for field underwriting by supplementing medical information with other personal data (MIB, MVR, Rx, Risk Classifier)
- Not all medical questions result in an automatic decline

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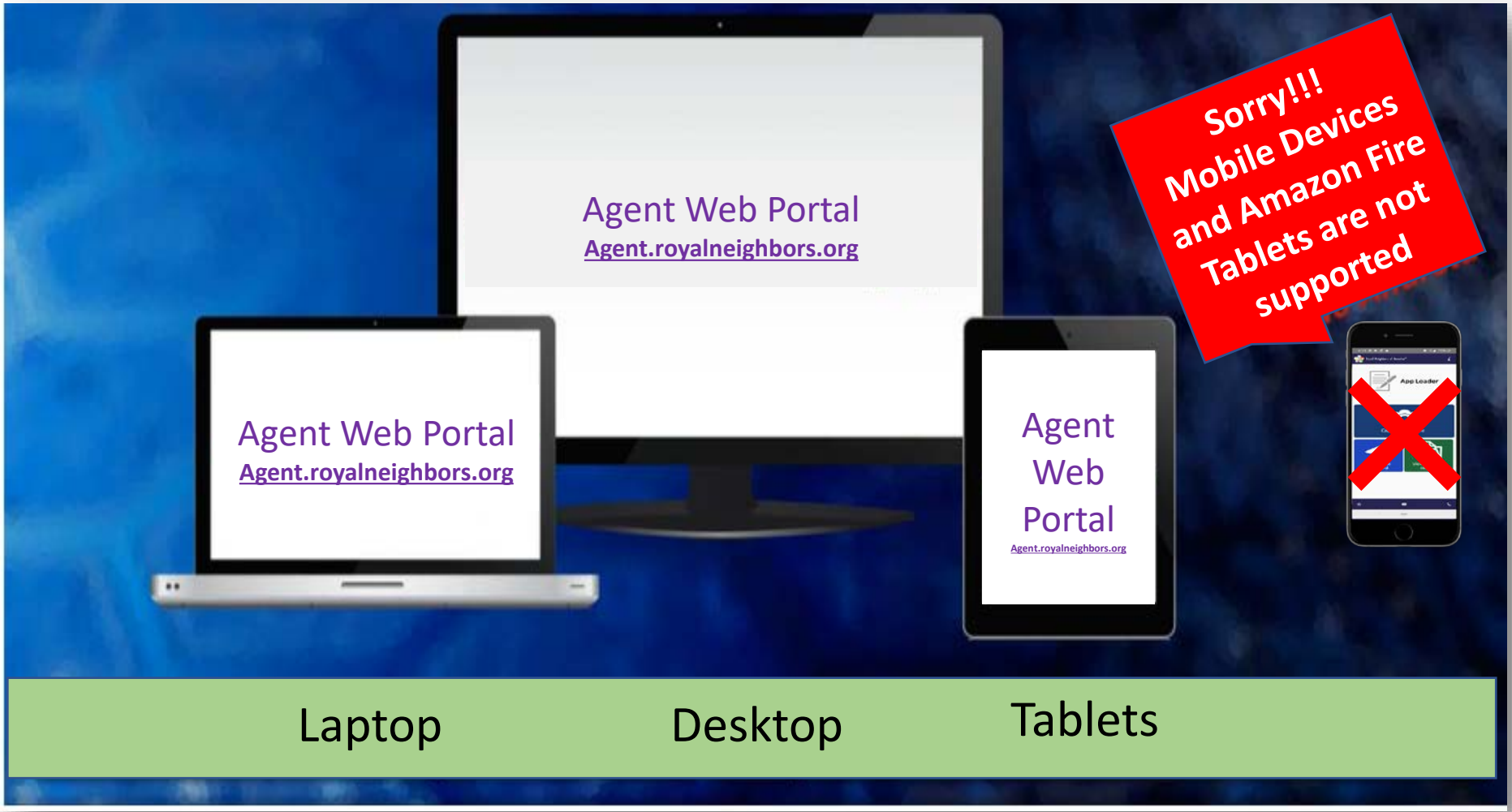
eApps Supported Devices



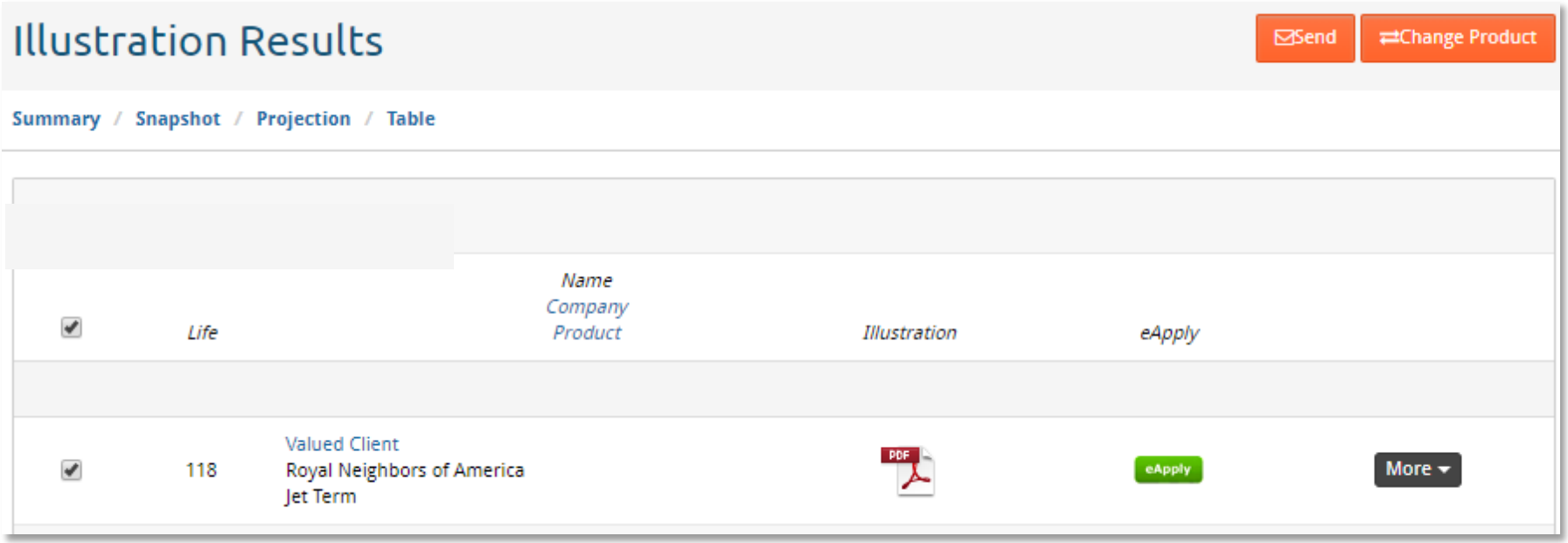
Accelerated Underwriting

Accelerated underwriting:

- Gives your clients a hassle-free, point-of-sale decision
- Minimally invasive (no blood or fluids)
- Ensures your clients get the best possible premium rate as quickly as possible
- **20 days to 20 minutes** - If referred to underwriting, decision will be provided within 2 - 5 business days

Quote-to-coverage all in one visit!!

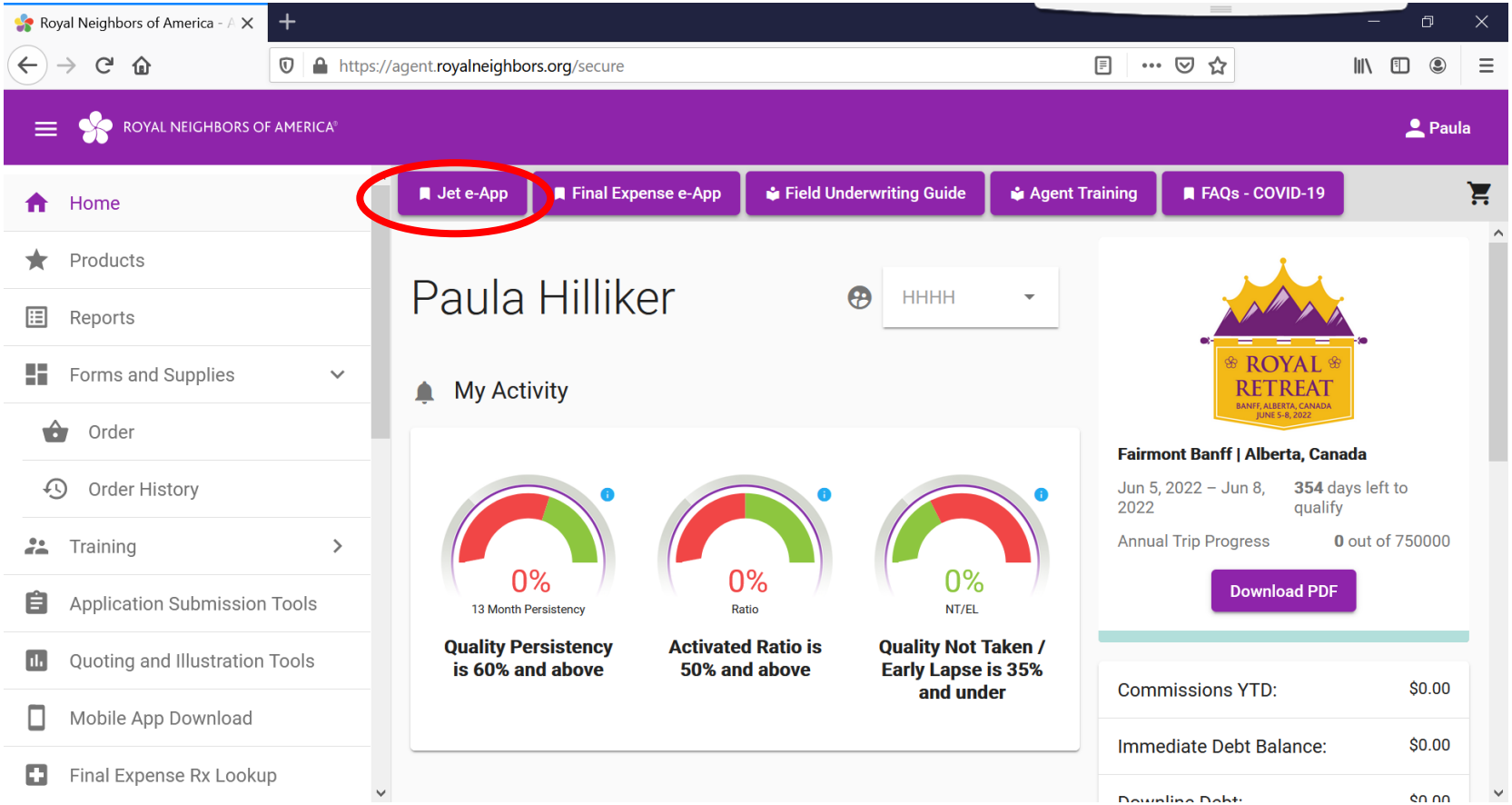
Winflex Integrated Quoting



New quoting tool: Winflex

- Familiar tool for many agents
- Pre-populates e-app

Get to the e-App



Combo Application

Insured | Plan | Risk Questions | Owner & Beneficiary | Other Insurance | Part 2 | Agent & Forms | Payment

Information Regarding Insurance Applied For

Product

Term Plus Whole Life

Plan - Term ($ 41.41)

30 Year

Face Amount

$100,000

Riders

- [x] Accelerated Death Benefit - Terminal Illness
- [x] Accelerated Death Benefit - Chronic Illness (Choosing this rider may affect eligibility for Government Programs.)
- [x] Accelerated Death Benefit - Critical Illness (Choosing this rider may affect eligibility for HDP and Government Programs.)
- [x] Child ($ 5.22)
- [ ] Cancer Waiver
- [ ] Guaranteed Insurability
- [x] Disability Waiver of Premium ($ 1.87)
- [ ] Accidental Death

What is the purpose of this Insurance?

Plan - Whole Life ($ 106.92)

LEVEL PAY (TO AGE 121)

Face Amount

$100,000

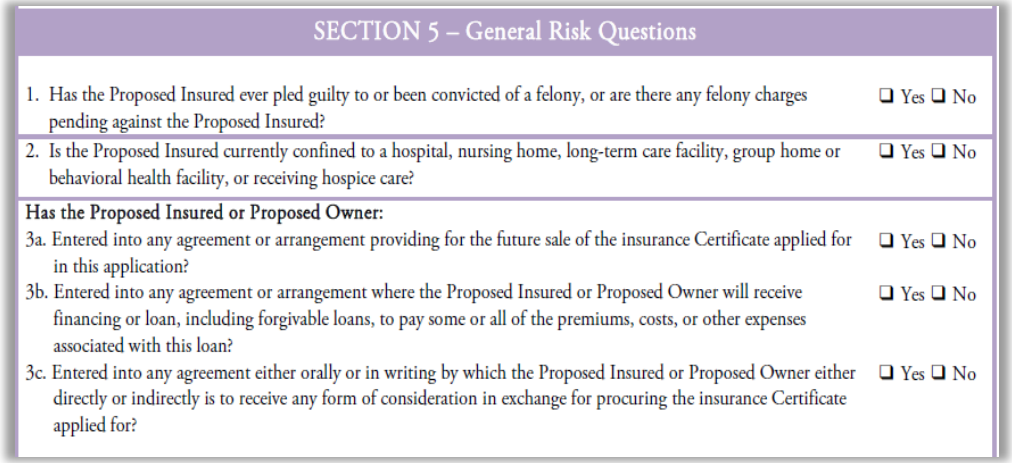
Riders

- [x] Accelerated Death Benefit - Terminal Illness
- [x] Accelerated Death Benefit - Chronic Illness (Choosing this rider may affect eligibility for Government Programs.)
- [x] Accelerated Death Benefit - Critical Illness (Choosing this rider may affect eligibility for HDP and Government Programs.)
- [x] Child ($ 5.22)
- [ ] Cancer Waiver
- [ ] Guaranteed Insurability
- [x] Disability Waiver of Premium ($ 4.49)
- [ ] Accidental Death
- [ ] Flexible Premium Deferred Annuity

General Risk Questions

Any "YES" answers to the questions on this page means the customer is ineligible

You can also call underwriting for a risk assessment

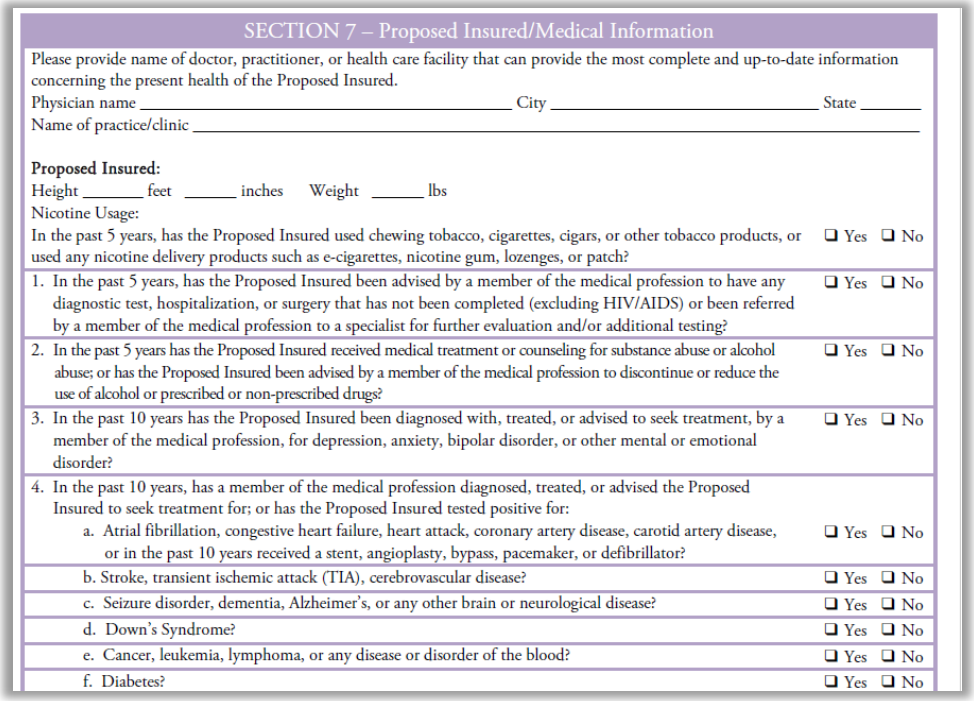


SECTION 5 – General Risk Questions	
1. Has the Proposed Insured ever pled guilty to or been convicted of a felony, or are there any felony charges pending against the Proposed Insured?	❑ Yes ❑ No
2. Is the Proposed Insured currently confined to a hospital, nursing home, long-term care facility, group home or behavioral health facility, or receiving hospice care?	❑ Yes ❑ No
Has the Proposed Insured or Proposed Owner:	
3a. Entered into any agreement or arrangement providing for the future sale of the insurance Certificate applied for in this application?	❑ Yes ❑ No
3b. Entered into any agreement or arrangement where the Proposed Insured or Proposed Owner will receive financing or loan, including forgivable loans, to pay some or all of the premiums, costs, or other expenses associated with this loan?	❑ Yes ❑ No
3c. Entered into any agreement either orally or in writing by which the Proposed Insured or Proposed Owner either directly or indirectly is to receive any form of consideration in exchange for procuring the insurance Certificate applied for?	❑ Yes ❑ No

- Felony convictions
- Premium financing situation
- Confined to hospital or nursing home
- DUI/OWI in last 5 years
- Advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed.

Proposed Insured Medical Info

- Drill-down design
- Captures enough information to understand customers' health conditions and provide decision
- Compares to MIB, MVR and prescription data



SECTION 7 – Proposed Insured/Medical Information

Please provide name of doctor, practitioner, or health care facility that can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.

Physician name _____ City _____ State _____

Name of practice/clinic _____

Proposed Insured:

Height _____ feet _____ inches Weight _____ lbs

Nicotine Usage:

In the past 5 years, has the Proposed Insured used chewing tobacco, cigarettes, cigars, or other tobacco products, or used any nicotine delivery products such as e-cigarettes, nicotine gum, lozenges, or patch? ❑ Yes ❑ No

1. In the past 5 years, has the Proposed Insured been advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed (excluding HIV/AIDS) or been referred by a member of the medical profession to a specialist for further evaluation and/or additional testing? ❑ Yes ❑ No
2. In the past 5 years has the Proposed Insured received medical treatment or counseling for substance abuse or alcohol abuse; or has the Proposed Insured been advised by a member of the medical profession to discontinue or reduce the use of alcohol or prescribed or non-prescribed drugs? ❑ Yes ❑ No
3. In the past 10 years has the Proposed Insured been diagnosed with, treated, or advised to seek treatment, by a member of the medical profession, for depression, anxiety, bipolar disorder, or other mental or emotional disorder? ❑ Yes ❑ No
4. In the past 10 years, has a member of the medical profession diagnosed, treated, or advised the Proposed Insured to seek treatment for; or has the Proposed Insured tested positive for:
   a. Atrial fibrillation, congestive heart failure, heart attack, coronary artery disease, carotid artery disease, or in the past 10 years received a stent, angioplasty, bypass, pacemaker, or defibrillator? ❑ Yes ❑ No
   b. Stroke, transient ischemic attack (TIA), cerebrovascular disease? ❑ Yes ❑ No
   c. Seizure disorder, dementia, Alzheimer's, or any other brain or neurological disease? ❑ Yes ❑ No
   d. Down's Syndrome? ❑ Yes ❑ No
   e. Cancer, leukemia, lymphoma, or any disease or disorder of the blood? ❑ Yes ❑ No
   f. Diabetes? ❑ Yes ❑ No

Don't be afraid to answer "YES" to the health questions.

Reflexive Medical Questions

Diabetes?

(●) Yes ( ) No

Please identify which of these the Proposed Insured was diagnosed with:

- [ ] Type 1 (insulin dependent diabetes)
- [x] Type 2 (non-insulin diabetes)
- [ ] Impaired Glucose Tolerance (IGT)
- [ ] Gestational Diabetes

Please answer the following questions regarding 'Diabetes Type 2 (non-insulin diabetes)'/'IGT'

When did a licensed medical professional first diagnose the Proposed Insured's condition?

01/2018 Enter a value in [mm/yyyy] format.

Has the Proposed Insured been diagnosed by a licensed medical professional with any of the following complications:

- [ ] Albumin or protein In the urine
- [ ] Problems related to the kidneys
- [ ] Eye problems as a result of diabetes
- [ ] Numbness/tingling/pain in the feet and legs
- [x] None of the Above

How often does the Proposed Insured visit a licensed medical professional for diabetes checkups?

- ( ) Monthly
- ( ) Every 3 months
- ( ) Every 6 months
- (●) Annually
- ( ) Only as needed, no regular schedule.
- ( ) None of the Above

Payment Page

Proposed Insured:	Plan:	Face Amount:	Premium Amount:	Case Status:
test case	20-PAY LIFE	$ 100,000	$ 12.34	Not Submitted

Insured | Plan | Risk Questions | Owner & Beneficiary | Other Insurance | Part 2 | Agent & Forms | Payment

Payment Information

The first payment will be withdrawn immediately upon issuance of this certificate.

Payor same as

(•) Insured ( ) Owner ( ) Other

Authorization for Electronic Funds Transfer (EFT)

Name of Financial Institution

vibrant

Account Number

(•) Checking ( ) Savings

Debit and credit card numbers are not acceptable. Valid routing and account numbers required.

Routing Number

271183646

1156456

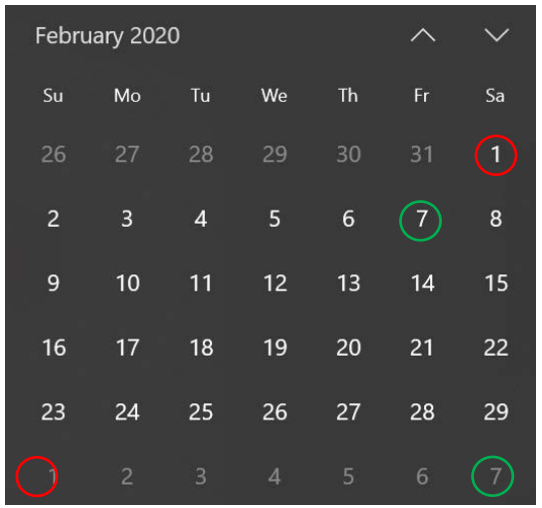
Other Info

Note: If you elect monthly withdrawals and select a withdrawal day other than the issue day you will have a second withdrawal in the first month.

Initial payment will be withdrawn on the issue date. Future withdrawals will process the same day each month unless a different day is selected below.

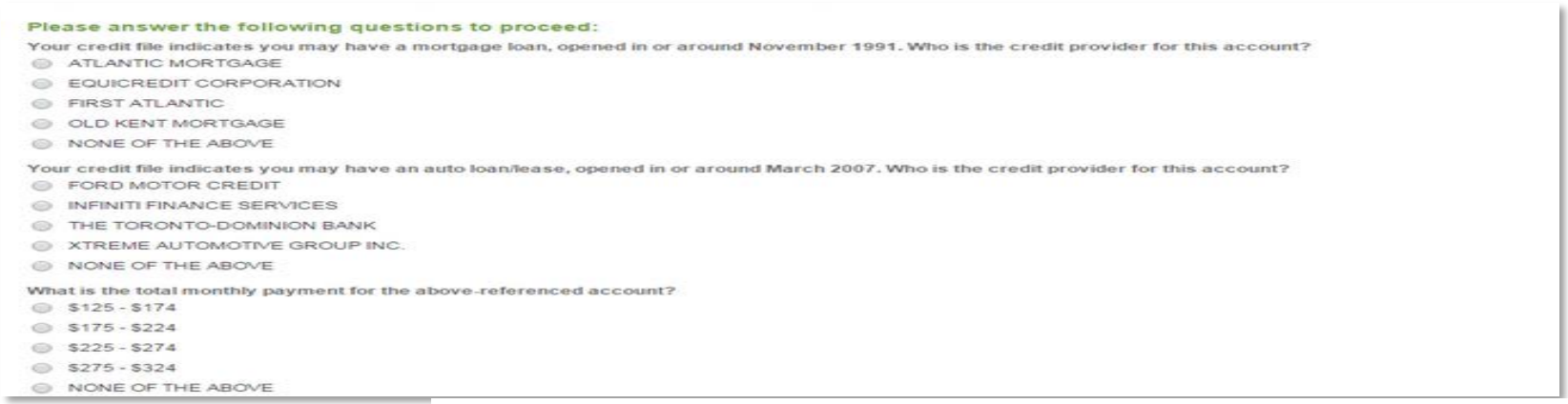
02

Previous | Cancel | Save as Draft | Sign and Submit



Authentication

All signers (Insured, Owner, Payor, Agent) MUST be present to sign



SMS Authentication Method:

- **The SMS Code is sent to the insured, owner, or payor**
- **The agent needs to enter the code into the box on the screen to complete the authentication process**

Point-of-Sale Requirements

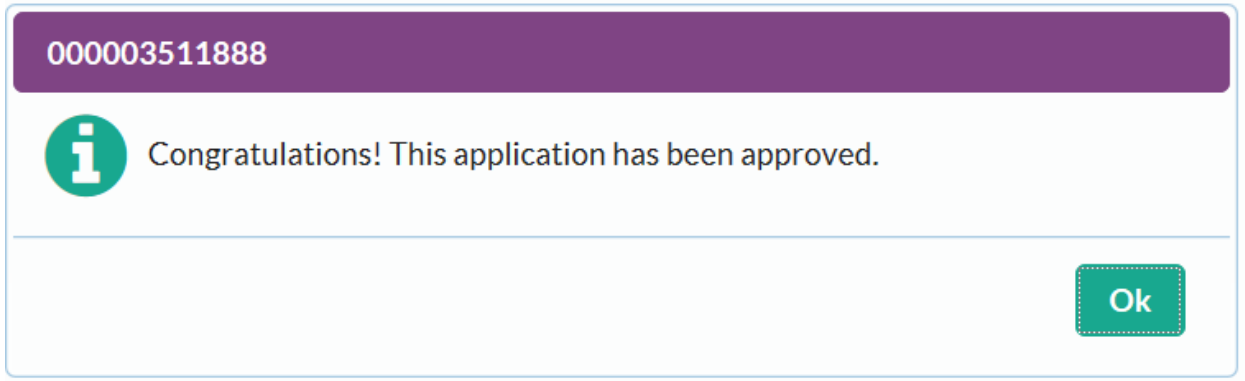
000003512150,000003512151 - Requirements Ordering

Processing... this might take some time to complete. Please do not close or reload this page.

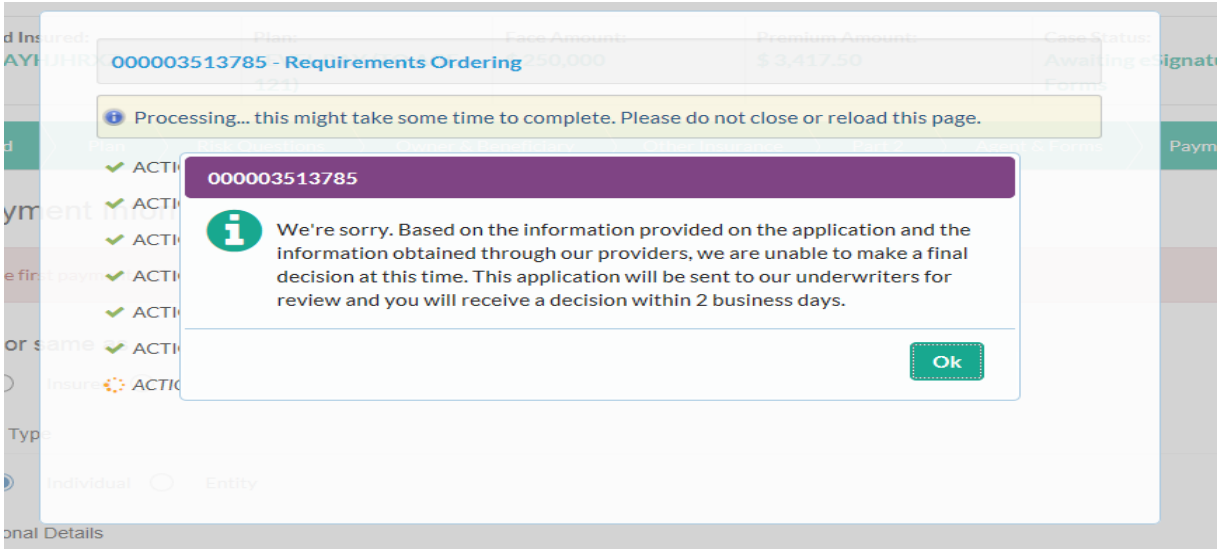
- ✔ ACTION: Ordering requirements - MIB
- ✔ ACTION: Ordering requirements - LRC
- ✔ ACTION: Ordering requirements - Rx
- ✔ ACTION: Preparing for decision
- *ACTION: Requesting for decision*

Point-of-Sale Decision

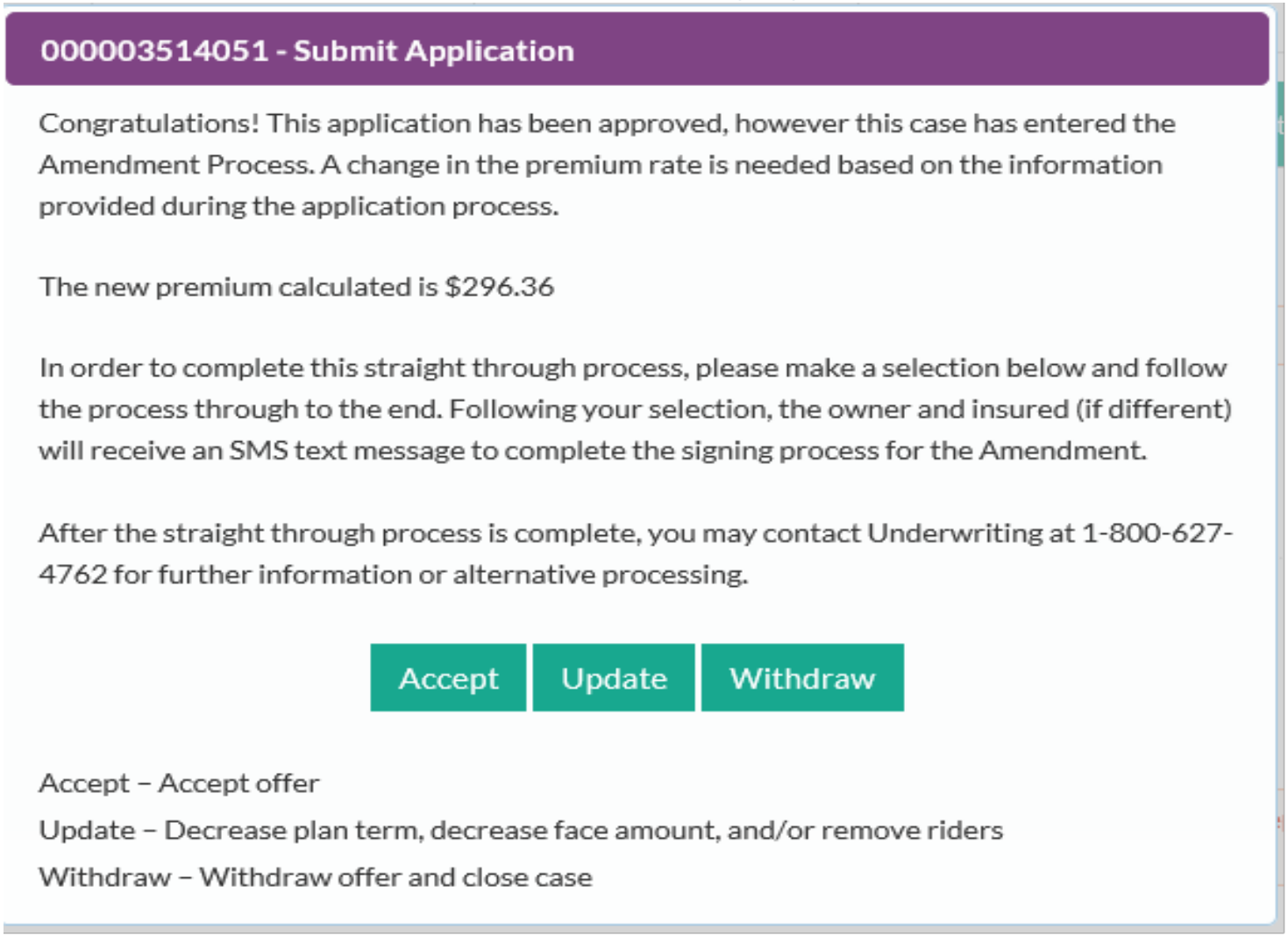
Approved



Refer to Underwriting



Amendment & Supplement



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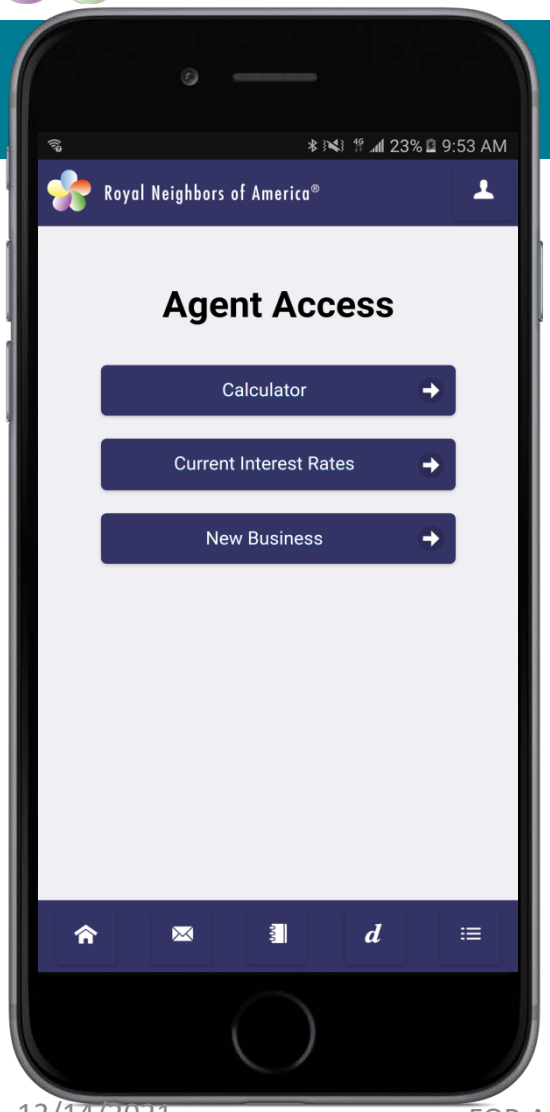
Quoting Made Easy and Convenient

AGENT ACCESS



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Get quotes in an instant for:

- Whole Life
- Term Life
- Single Premium Whole Life
- SIWL / GDB

Ability to check the status of your pending business

Don't have your mobile device with you? You can access the same information from your laptop or desktop computer at www.rnaquickquote.org

SALES SUPPORT

AVAILABLE MONDAY – FRIDAY
8 a.m. – 5 p.m. CENTRAL TIME

SALES SUPPORT
(800) 770-4561
Option 1,Option 5

salessupport@royalneighbors.org

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