

Agent Contracting Application (Personal Data)

Full name				Social Security #	
Commonly called name	Sex	Date of birth	Place of birth	FEIN # for tax reporting purposes	
Home address (complete)				Home phone	
Business address (complete)				Business phone	
Mailing address to be used for all correspondence (if different than business address)				E-mail address	

Licensing Information

States in which you are currently licensed	Agent license number in resident state
States in which you have previously been licensed	
States in which you wish to be licensed to sell Royal Neighbors of America products	

Business History (Past five years)

Please provide information about companies for whom you have sold or are presently selling life or health insurance.

<u>Company Name</u>	<u>Dates</u>

Education

<u>School</u>	<u>Year Graduated</u>	<u>Degree</u>

Circle any professional designations you have achieved CLU, ChFC, CFP, RHU, LUTCF, FLMI
 Others _____

Insurance Business References (list two)

<u>Name</u>	<u>Address</u>	<u>Phone</u>

Do you have E & O coverage? Yes _____ No _____

Any exceptions must be noted on the top of the application.

Continued on back

Check all products that you sell.

- Life
- Medicare
- Long-term care

- Annuities
- Health
- Other (list product)

_____ Approximate annualized premium

_____ Approximate annualized premium

Notice of Vector One Report

Royal Neighbors of America is a participant in the Vector One Program. Vector One is a cooperative service which provides member insurance companies information about agent debit account balances.

All agents seeking appointment with Royal Neighbors of America are screened against debit listings. In a match situation, Royal Neighbors of America may suspend further appointment procedures pending further investigation. Should such a situation occur, we will notify you immediately and give you the names of the insurance carriers reporting the debit balance information. You will be given an opportunity to settle such balance promptly.

Royal Neighbors of America also requires all debit balances with insufficient renewals to be cleared by the agent. Royal Neighbors of America utilizes the services of collection specialists and attorneys when necessary to collect outstanding balances due the Society.

Authorization to Obtain a Consumer Report

As part of the process of determining your eligibility to become contracted to sell Royal Neighbors of America's products, a Consumer Report may be obtained.

I authorize Royal Neighbors of America to obtain a current Consumer Report as a condition of receiving a contract to sell its products. I understand that all information received will be held in strictest confidence and that if I am turned down because of the information contained in this report, I will receive a copy of the report and a copy of my rights under the Fair Credit Reporting Act.

Please respond to all questions for you personally and any organization over which you have exercised control. If you answer "Yes" to any question, you must attach an explanation with all relevant information and supporting documents.

- Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by an insurance department?
 - Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency, or do you anticipate one being filed?
 - Yes No Has any claim ever been made against you, your surety Society, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
 - Yes No Are you at present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
 - Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
 - Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal or state law or are you now under indictment?
 - Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
 - Yes No Have you ever been appointed as an agent with Royal Neighbors of America?
 - Yes No Have you ever held any position of employment with Royal Neighbors of America?
- If yes to the above, please explain. _____

Conditions and Agreements

By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and Royal Neighbors of America. I agree to be bound by all of the terms and conditions of such contract, supplements, and addendums, a personalized copy of which will be subsequently forwarded to me by Royal Neighbors of America. I agree not to solicit business until I have been notified by Royal Neighbors of America that I am authorized to do so.

I represent and warrant that all information and answers to questions are true and complete. Any marketing materials which have not been provided by Royal Neighbors of America must be approved by the National Headquarters prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I further acknowledge that I am familiar with and will adhere to the Royal Neighbors of America Agent's Code of Ethics and that I have been trained and understand Royal Neighbors of America products.

Signature

Date

General Agent's Contract

This contract, with attachments executed in duplicate originals, is entered between you (the Agent) and Royal Neighbors of America, an Illinois fraternal benefit society located in Rock Island, Illinois.

Agent Name: _____

A. Designation & Appointment

1. Designation

The Agent named above is herein referred to as You or Your. Royal Neighbors of America is herein referred to as the Society or It. This General Agent's Contract and all supplements, amendments, and schedules attached are referred to as "the" or "this" Contract and are entered into between You and the Society in consideration for the mutual agreements set forth herein.

2. Appointment

You are hereby appointed an agent of the Society for the purpose of soliciting personally, or through your agents, applications for the Society's insurance policies and certificates in states in which you are licensed to sell Royal Neighbors of America products. This Contract does not grant exclusive rights in any territory or for any products. This Contract is limited to the types of products offered by Royal Neighbors of America described in Exhibit "A" attached hereto and made a part hereof by reference.

B. Responsibilities & Limitations

1. General

During the continuation of this agreement, You agree to:

- (a) Be responsible for the prompt delivery of certificates sent to You or Your agents, in accordance with the Society's rules and instructions.
- (b) Follow, and be responsible for Your agents following, all Society bylaws, rules and regulations.
- (c) Solicit only in the state(s) in which You and Your agents are licensed and appointed with the Society and where the Society is authorized to do business.
- (d) Comply with all State and Federal laws, orders, rules and regulations.
- (e) Be responsible for obtaining and maintaining the necessary licenses and appointments to sell the Society's products in the states in which You operate, whether resident or nonresident.

2. Relationship

Nothing contained herein is intended to create the relationship of employer and employee between You and the Society, and You shall at all times be an independent contractor. You shall be free to exercise Your own judgment as to the time, place, and means of performing all acts hereunder, but you shall conform to the Society's rules, regulations, and instructions concerning the solicitation and delivery of insurance certificates.

3. Monies Held in Trust - Bond

All monies You or Your agents receive or collect for or on behalf of the Society shall be held in a fiduciary capacity for Its benefit and shall be immediately forwarded to the Society. You are not authorized to endorse or cash checks, drafts, or money orders payable to the Society. The Society reserves the right to require a surety bond satisfactory to the Society.

4. Conflict of Interest

Without prior written consent of the Society, You agree not to engage in any way, either directly or indirectly, in any activity or business that could have potential or actual gain to You related to Medicare Supplement or life insurance markets other than the sale of insurance.

C. Compensation & Accounting

1. Compensation

(a) You shall be paid compensation according to the terms of this Contract and the Commission Schedule described in Exhibit "A" attached hereto and made a part hereof by reference. The Commission Schedule is subject to change by the Society upon notice in writing to You, but said change shall not affect any certificates issued upon applications You solicited prior to the effective date of the change. All commissions or other compensation due under this Contract for any Royal Neighbors of America product sold by You or Your appointed agents shall be paid directly to You. You shall be solely responsible for the payment of all commissions or any other form of compensation due to Your appointed agents or anyone claiming through Your appointed agents. You agree to defend and indemnify the Society for any and all claims from Your appointed agents or anyone claiming through Your appointed agents relating to any commissions or other form of compensation due and payable to Your appointed agents.

(b) After termination, and subject to the terms and conditions of the Contract, any commissions earned by You or Your appointed agents shall be and remain fully vested and payable unless such commissions amount to less than \$600 in any one calendar year.

(c) Commissions shall not be owed or paid:

(1) On certificates continued in force under any waiver of premium provision of any certificate; or

(2) On collected premiums that are subsequently refunded by the Society, and commissions paid prior to the refund shall be refunded to the Society.

2. Accounting

The Society shall mail to Your last known address as reflected on its records or deliver to You by other reliable methods, a monthly statement showing compensation and deductions made within the accounting period. Each statement is deemed to be correct and accurate unless You object in writing thereto within thirty (30) days after it has been mailed or delivered. If commissions due You total less than \$50 in any pay period then the commission payable will be deferred until accrued commissions exceed \$50. All accounting records maintained by You relating to business conducted with the Society are subject to inspection at any reasonable time by our authorized representatives.

3. Premium Collection & Transmittal

All initial premiums collected with each application must be immediately remitted to the Society with accurate and appropriate accounting. Applications accepted and approved accompanied by premium shortages will be charged to Your account.

D. Advertising Guidelines

All representations or references to Royal Neighbors of America, its products or agents, in any advertising or marketing material shall be submitted to the Society prior to its use or distribution and shall not be utilized until You receive written approval from the Society. Advertising includes any material which is designed to create public interest in Royal Neighbors of America, its products or agents. This includes, but is not limited to, consumer material designed to induce the public to purchase, increase, modify, retain, renew, or reinstate a policy as well as agent recruiting and training materials. Examples of advertising include, but are not limited to, printed and published material, audio visual material, direct mail material, Internet sites, newspaper and magazine ads, radio and TV scripts, billboards and similar displays, flyers and ad slicks, leaflets and booklets, brochures, newsletters, form letters, prospect letters, telephone scripts, lead generating devices of all kinds, depictions and illustrations, prepared sales talks, presentations, and agent training materials. You are responsible for submitting all advertising and marketing materials to the Society for approval. Furthermore, You shall maintain a file copy of all such advertising and marketing materials utilized and provide a copy to the Society upon request.

1. Agent Only Advertising

All agent only advertising, training, or recruiting material must display the disclaimer, "FOR AGENT USE ONLY" prominently and in bold type. This includes, but is not limited to recruiting ads in industry trade publications as well as any ad, mailer, or letter that is sent to an agent to describe or promote Royal Neighbors of America or its products. Training materials such as scripts and videos must also display this disclaimer. All materials that make reference to Royal Neighbors of America products must include the full Society name and product form number. This is true if the material makes indirect reference or no reference at all when the ultimate goal of the piece is the sale of a Royal Neighbors of America product.

2. Contractual Language

Guarantees or promises beyond the guarantee in the certificate are not permitted. Any use of investment type language is not permitted. Any nationwide advertising material must display language "BENEFITS MAY VARY BY STATE" in bold type.

E. Privacy Act Notice

You herein acknowledge You have received a copy of the Privacy Notice of the Society attached hereto and made a part of this Agreement as Exhibit B. You acknowledge and agree You are acting as a third party service provider to the Society as contemplated under §503 of the Gramm-Leach-Bliley Privacy Act and are therefore bound by the stated policy of the Society regarding the release of nonpublic information derived by or for the Society in the normal course and conduct of business. You shall receive an annual notice of the Privacy Policy of the Society and at any other such time as the Privacy Policy of the Society may change.

F. Termination

1. Termination without Cause

At any time, either You or the Society may terminate this Contract without cause by giving fifteen (15) days notice in writing sent to the last known address of the other. If You are an individual, this Contract shall immediately terminate without cause upon Your death. If You are a partnership, the death of any partner shall terminate this Contract unless the surviving partners shall elect by written notice to the Society within thirty (30) days of the death of the partner to continue this Contract in force and effect. The dissolution of the partnership shall immediately terminate without cause this Contract. If You are a corporation, this Contract shall immediately terminate upon Your dissolution, sale, bankruptcy, or insolvency.

2. Termination For Cause

Without notice, this Contract shall immediately terminate for cause and all commissions and claims whatsoever accruing hereunder shall be forfeited and void if You:

- (a) Breach any provision of this Contract.
- (b) Violate any law or regulation regarding the sale of insurance or annuities or fail to comply with any court order.
- (c) Knowingly or intentionally induce or attempt to induce certificateholders of the Society to reduce or discontinue any premium payments to It.
- (d) Withhold or convert Society property.
- (e) Commit any other willful or dishonest act with the intent to injure the Society in Its public relations.
- (f) Induce or attempt to induce any agent, employee, or representative of the Society to terminate her or his relationship with the Society.
- (g) Fail, or any of your agents fail to maintain membership in the Society.

3. Forfeiture

If this Contract is terminated without cause and the Society discovers during Your association with the Society or afterwards that You have committed any of the acts described in paragraph "F2," then You shall forfeit to the Society all right, title, and interest in any compensation under this Contract. Forfeiture under this paragraph shall not constitute an election by the Society to forego any and all other claims or remedies it may have against you.

4. Limits of Authority

You are not authorized to waive, alter, or change any provision or condition of the Society's insurance certificate or certificates, agents' contracts, literature, or receipts; modify or extend the amount or time of any premium payment due to the Society; or receive any money due or to become due the Society except initial premiums *and/or* additional first-year premium collected when a certificate is delivered. You shall not enter into any contract, incur any expense or obligation of any kind or character whatsoever, or bind the Society to any coverage or risk. No coverage will be effective with respect to any application until approved by the Society. The Society reserves the right based upon its sole discretion and without liability to You, to approve or disapprove any application, limit the amount of coverage issued, or charge a higher premium based upon our evaluation of the risk.

5. Applications & Certificates

The Society may, at Its discretion and without liability to You, reject applications or refund premiums for insurance certificates submitted by You or Your agents without specifying the cause; withdraw, substitute, or change any insurance certificate, or premium rate used by the Society. All certificates issued by the Society must be delivered to the certificateholder within ten (10) days of Your receipt. You shall obtain a signed delivery receipt for the certificate and return it to the Society. The failure to return certificate delivery receipts may result in a service charge against your commission account. If the health condition of the applicant has changed since the application date, then no issuance or delivery will occur and you shall return the certificate to the Society.

6. Indebtedness

You shall be responsible for the payment to the Society of all monies which,

(1) You or Your agents collect on the Society's behalf;

(2) Are due the Society because of compensation paid to You or Your agents upon premiums which the Society returned;

(3) Are paid to You or Your agents which are not due You or Your agents under this Contract. Until the Society receives all such monies from You, the same shall be a debt payable on demand and for which You are liable and at the Society's option, no commissions are payable to You or Your agents until such indebtedness is satisfied.

7. Lien

As additional security for the payment of any indebtedness under this Contract or any other contract with the Society, the Society shall have a first and prior lien against the compensation due You under this Contract. The Society's lien is superior to all other liens under this Contract. The Society may, at any time, offset any such indebtedness against compensation due You under the Contract or any contract You have with the Society. If the Society does elect to offset, the offset shall not constitute an election by the Society to forego any other available remedies to collect the indebtedness.

8. Reimbursement & Indemnification

You shall reimburse the Society, and/or indemnify the Society, for any loss including attorney's fees resulting from actions by You or Your agents and for all costs, expenses, and attorney's fees that the Society may incur in recovering from You any property or indebtedness belonging to or due the Society. You agree to indemnify and hold the Society harmless for any claim, loss, expense, cost or liability, which It may incur resulting from Your breach of the terms of this Contract or violation of any law or regulation or failure to comply with any court order. You shall not institute any legal proceedings in the Society's name. Should any claims or lawsuits be made by any third party against You or the Society as a result of alleged wrongdoings by You then You shall hold the Society harmless from and indemnify It for any claim, loss, expense, cost, or liability which It may incur defending the action and for any settlement of or judgment resulting from such action. The Society may, at Its sole discretion, defend or settle any such claim.

9. Society Property

Sales brochures, applications, rate cards, and booklets, policyholder or certificateholder cards and all other supplies furnished by the Society will remain Society property. They are to be accounted for and returned by You on demand. You agree to be responsible for any damage or misuse thereof.

G. Membership

You are required to maintain at all times membership in a local camp/chapter of the Society. If you are a corporation, all officers are required to maintain memberships. If you are a limited liability company, all members are required to maintain memberships. If you are a partnership, all general partners are required to maintain memberships.

H. Non-solicitation Agreement

For a period of two (2) years immediately following the date of termination of this Contract for any reason, You shall not directly or indirectly do the following:

Induce or attempt to induce any Non-AIMC employee or field representative or agent of the Society to (a) terminate his or her employment or sales contract with the Society, or (b) solicit or sell or replace insurance or annuities for any other society, insurance company or entity. A "Non-AIMC employee, field representative or agent of the Society" means any person or entity under contract with the Society except for those employees, field representatives or agents of the Society who were referred to the Society by American Insurance Marketing Corporation or its agents.

I. Miscellaneous Provision

1. Injunction

You agree that if during this Contract, or within two (2) years after termination, You do any of the acts described in paragraph "F2" subparagraphs (c), (d), (e), or (f) of this Contract, that damages, if any, and remedies at Law for such acts will be inadequate. Therefore, in the event You do any such acts, the Society shall be entitled to an injunction, without the necessity of furnishing bond, restraining You from any such act. You agree that any such act would result in continuing irreparable harm and damage to the Society, but nothing contained herein shall be construed as prohibiting the Society from pursuing any other remedies available to It, including the recovery of damages from You.

2. Assignment & Modification

No assignment of this Contract or any compensation due hereunder shall be valid unless in writing and approved, in advance, by the Society. No modification of this Contract shall be binding on the Society unless in writing and signed and approved by an authorized officer of the Society.

3. Bankruptcy

If You should file for or be placed in bankruptcy in any manner, to the extent of any amount due the Society under this or any other contract with the Society, no compensation shall be payable under this Contract and such compensation shall immediately become the Society's property.

4. Place of Payment, Enforceability & Dispute Resolution

This Contract is governed under and by the laws of the State of Illinois, and all compensation payable hereunder shall be payable at the National Headquarters. In consideration of the execution of this Contract and other valuable considerations, You agree that any dispute arising between You and the Society regarding the terms, the applicability or the enforcement of this Contract which cannot be resolved amicably shall be first submitted to mediation, and if mediation fails, to binding arbitration brought in Rock Island County, Illinois. The dispute shall be submitted to the American Arbitration Association for binding resolution. The rules of the American Arbitration Association shall govern any dispute under this paragraph. The prevailing party shall be entitled to recovery of reasonable attorney's fees and costs including the cost of the mediation and/or arbitration. The arbitrator shall determine the prevailing parties, the costs and the amount of the attorneys' fees.

5. Supersede & Waiver

This Contract supersedes and replaces any contract or agreement previously entered into between You and the Society on behalf of the Society with respect to any future transactions. However, any rights You and the Society have under any previous contract are otherwise unaffected except as expressly provided in this Contract. The Society's failure to enforce any provision of this Contract shall not constitute a waiver of any other provision of this Contract.

6. Savings Clause

If any provision of this Contract shall be contrary to the laws of the particular state, county, or jurisdiction where used, such contrary provision shall not entirely invalidate this Contract, and this Contract shall be construed as not containing the particular provision held to be invalid in such state, county, or jurisdiction and the rights and obligations of You and the Society shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.

7. Notice

All notice to the Society shall be delivered to Royal Neighbors of America, 230 16th Street, Rock Island, Illinois 61201. Notice to You shall be delivered to your last known mailing address as provided below. You shall be responsible for maintaining a current physical and mailing address on file with the Society annually.

Address _____ City, State, ZIP code _____

8: Entire Contract

This Contract contains the entire agreement between You and the Society and which has been approved by the Society. The Contract shall become effective only when first executed by You and thereafter accepted by the Society at Rock Island, Illinois.

9. Electronic Retention of the Contract

You agree that the Society may retain this Contract solely as an imaged or electronic version and may destroy any original signed version of this Contract; provided the imaged or electronic version of this contract accurately represents this Contract including the parties' signatures. You agree that a facsimile or other electronic reproduction of this Contract shall be deemed, where necessary, the functional equivalent of the original and may be admitted into evidence as an original of this Contract in any court or other proceeding in which an original document may be required.

10. Effective Date

This Contract becomes effective on the date it is accepted by the Society.

By: _____ Executed this _____ day of _____, _____
General agent signature Month Year

By: _____ Executed this _____ day of _____, _____
Sponsoring agent signature (if applicable) Month Year

Accepted: this _____ day of _____, _____
Month Year

By: _____ (for Royal Neighbors of America)



Know Your Worth®... Know Royal Neighbors

General Agent Commission Schedule

Medicare Supplement Commissions

PENNSYLVANIA

Commission Percent Payable*

All Plans

	<u>1 - 6</u>			<u>7 - 10</u>			<u>11 +</u>		
	< 64	65 - 80	81 +	< 64	65 - 80	81 +	< 64	65 - 80	81 +
Med Supp	2%	20%	4%	2%	2%	0%	0%	0%	0%

The effective date of this schedule is the date of the contract to which this schedule is attached unless a later date is stated.

*Commissions are applied to commissionable premium only. Commissionable premium is the original gross premium less both the initial policy fee and the Part B Deductible amount if applicable to the plan purchased. Commissions are not paid on any increases in premium.

In order to sell the Royal Neighbors Medicare Supplement product, agents must maintain membership in a local chapter/camp of Royal Neighbors of America, a fraternal benefit society. The annual general membership fee is \$14.95 and will be deducted from your commission account each January.

Agency / Agent (print name)

By (Signature) _____

Royal Neighbors of America

By: _____

Date: _____

Privacy Notice

Privacy notice to our members

We provide this notice because you have a right to know how we protect the privacy of the personal information you share with us. We welcome the opportunity to describe how RNA and our affiliates protect your personal information. Our affiliates are RNA camps/chapters and American Fraternal Financial Services (AFFS).

What information do we collect?

We collect personal information needed only to service and administer your business with us. The type of information that we collect depends on the type of product or service you request. This includes:

- Information you provide on an application or other form (for example, name, address, Social Security number, or income)
- Information from credit reporting agencies and information to verify employment or income.
- Information about your past transactions with us.
- Medical or health information you permit us to receive from doctors or other health care providers.
- Information from our affiliates.

How do we use and disclose your information?

- We do not sell information about you.
- We do not share your information with anyone else for marketing purposes.
- We use your personal information only to help transact the business you have with us.

We use your information to:

- Underwrite certificates.
- Process claims.
- Confirm your identity.
- Service your certificates with us.

Information may be disclosed to other entities that perform services for us related to our transactions with you. This includes underwriting, claims, and member services. Before we disclose your information, these entities must agree to keep it private. Information may be disclosed to entities with whom we have a joint marketing agreement that offer products we believe may be of interest to you, as permitted by law. We may also share information with our affiliates to provide services and products to you.

We may disclose information when it is permitted or required by law.

Examples are:

- To accountants or auditors.
- In response to a subpoena.
- To our attorneys.
- To prevent fraud.
- To comply with a request from a regulatory agency.

We may receive health information about you. We do not share that health information without your proper written authorization or as permitted or required by law.

How do we protect the security of your information?

Access to personal information is available only to those people who need to know it in order to service your business. This includes our employees and agents who are trained to abide by our privacy policy. We have physical, electronic, and procedural safeguards to ensure privacy of your information.

Should your relationship with us end, we will continue to follow the privacy policies described in this notice to the extent that we retain information about you. If we no longer need to retain that information, we will dispose of it in a secure manner.

Commitment to privacy

We will send our members a current privacy policy at least annually. RNA is committed to protecting the privacy of your information. We also strive to keep our records accurate and will make appropriate corrections when you notify us. We value the trust that you, as a member of RNA, have placed in us.



RNA
Royal Neighbors of America®

...for women and those they care aboutsm

230 16th Street • Rock Island, IL 61201
Phone: (309) 788-4561 • (800) 627-4762
www.royalneighbors.org

Royal Neighbors of America Code of Ethics

Royal Neighbors of America believes that serving the needs of our customers with integrity is of utmost importance. All National Headquarters employees and agents are expected to conduct themselves at all times with the highest degree of ethical business practices and in accordance with all state insurance laws and Society regulations.

As a Royal Neighbors of America agent I agree to:

- Adhere to all provisions contained in the Agent's contract.
- Fully comply at all times with all laws and regulations regarding the solicitation and sale of any Royal Neighbors of America's products.
- Make a conscientious effort to ascertain and understand the needs and financial circumstances of my clients, and make every effort to render the same quality of service to my clients which in the same circumstances, I would expect myself.
- Not place the Society under any legal obligation that is not within the scope of my authority.
- Not accept risks of any kind; make, modify, or discharge contracts; extend the time for paying the premium; waive forfeitures or any of the Society's rights or requirements; bind the Society by any statement, promise, or representation; or collect any monies other than as provided in the Agent's contract.
- To use only appropriate sales material approved by the Society and include all appropriate disclaimers.
- Make sure all signatures on applications or other documents submitted by me are authentic.
- Deliver all certificates and contracts to the respective owner in an expedient manner.
- Not enter into any contracts for the solicitation of insurance or to share commissions with anyone not licensed and under contract with the Society.
- Not represent the Society in any manner whatsoever before any state insurance department or official thereof, or any governmental agency without the knowledge and approval of the Society.

Printed Name

Signature

Date

Direct Deposit Electronic Funds Transfer (EFT) Authorization Agreement

We offer an easy and convenient way for you to receive your commission checks. Within 24 banking hours of issuing your business, we electronically transmit your commission information to our bank, which in turn transmits to your bank by the following morning. Banks will vary, but most will post your funds at the close of that business day.

More and more of our agents and agencies are using this program for these reasons:

- The hassle of waiting for your check to arrive is gone, **increasing your time** available to sell.
- EFT Direct Deposit is **Free!** There is a \$2.50 charge for all paper checks.
- Needless trips to the bank are eliminated.
- **Overnight express fees are eliminated.**

EFT Direct Deposit is easy to get started. Simply complete this form and submit along with a voided check. EFT Direct Deposits will begin two weeks after we receive your authorization and check.

I hereby authorize Royal Neighbors of America to initiate credits to my checking or savings account with the financial institution indicated below. If the Society determines that funds were deposited to my account in error, I authorize the bank to return funds to the Society upon request by the Society.

Bank name _____ Branch _____

Address _____

City _____ State _____ ZIP _____

Account number _____ Routing transit number _____

This authority is to remain in effect until you have received written notification from me of its termination.

Bank account name _____

Agent name _____

Signature _____ Date _____

You must enclose a voided check for us to process this form.

Please do not send a deposit slip.

Attn.: Commission Accounting Department
 33 North Garden Ave., Suite 1100
 Clearwater, FL 33755-6606

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

List account number(s) here (optional)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								

or

Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.**

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



RNA

Royal Neighbors of America®

...for women and those they care about™

230 16th Street • Rock Island, IL 61201

Phone: (309) 788-4561 • (800) 627-4762

www.royalneighbors.org

Application for General Membership

This portion to be completed by the applicant				
Camp/Chapter no.	Camp/Chapter location	(City or Town)	(State)	Mailing address of applicant (incl. ZIP code)
Name of applicant		(Last name)	(First name)	(Middle name)
Date of birth (Mo.)	(Day)	(Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number
				Phone number (incl. area code)

I apply for membership in this camp/chapter and in the Society, Royal Neighbors of America. I support the purposes of the Society and will comply with its laws.

Signature of applicant

Camp/Chapter recorder: See instructions on reverse side.

Regional fraternal coordinator & ID No.

This portion for office use only				
Camp/Chapter no.	Name (Last name first)	Sex	Date of birth	Age
Mailing address		Register date	Payment received	
		Phone no.		
		Social Security no.	Other certificates	

Do not fill in or detach this receipt unless a payment is received with the application

Royal Neighbors of America
Rock Island, IL

Received of _____ this _____ day of _____ 20____
(Name of applicant)

the sum of _____ dollars (\$ _____) in connection with an
application for general membership in Royal Neighbors and camp/chapter no. _____
located at _____.

(Signature of camp/chapter recorder or regional fraternal coordinator)



Instructions for use of this form

Field representatives, regional fraternal coordinators, chapter secretaries, and camp recorders are provided this form for use by anyone who wishes to become a general member of a camp/chapter. This form should be completed by the applicant. The applicant should make the initial payment of membership fee at the time the application is completed. The receipt should be completed, detached, and given to the applicant. If the application is secured by a field representative or regional fraternal coordinator, it should be forwarded, along with the initial payment, to the recorder/secretary of the camp/chapter to which application is being made.

After the application and the payment have been received by the camp/chapter recorder/secretary, the procedure is as follows:

1. The applicant should be balloted upon and adopted as a general member of the camp/chapter in accordance with the bylaws of the Society. If the applicant is rejected for membership, the camp/chapter recorder/secretary should so inform the applicant and return the initial payment to the applicant.
2. If the applicant is elected to membership in the camp/chapter, the camp recorder/chapter secretary should complete the "Report of Adoption of New General Member" below. The completed form and the initial payment should then be sent by the camp recorder/chapter secretary to the National Headquarters.
3. If the camp/chapter wishes to collect an adoption fee of \$1.00, it should be requested from the general member at the time of adoption, and retained by the camp/chapter.

Report of adoption of new general member

I hereby certify that _____ was balloted upon at a legal camp/chapter meeting
Name of applicant

on the _____ day of _____, 20____, and that said applicant was elected to membership in said camp/chapter and the Society.

I further certify that said applicant was adopted as a member of this camp/chapter.

The initial payment of \$_____ to cover the annual membership fee of \$_____ is included with this application.

Date

Camp/Chapter no.

Signature of camp recorder/chapter secretary