



Royal Neighbors of America
230 16th Street
Rock Island, IL 61201
Toll-free (800) 627-4762
A Fraternal Benefit Society

Application for Annuities

To be used for qualified and non-qualified Flexible Premium Deferred Annuity (FPDA) and Single Premium Deferred Annuity (SPDA)

SECTION 1 – Proposed Owner/Annuitant (Annuitant must be Owner if the Annuity is an IRA, Roth, or SEP)

Name Micheline Meyers Street 10502 Beacon Ridge Drive
City Bowie State Md ZIP 20721
SSN/Tax ID 580-21-2471 Marital status [X] S [] M [] W [] D Sex [] M [X] F
Phone number () 202-421-8009 DOB 12-14-1973 State/Country of birth St. Thomas USVI
[X] U.S. driver's license [] Green Card [] Passport ID number M-620-603-546-949 ID issuer Maryland
[] Other ID issue date 12/6/17 ID expiration date 12/14/25
E-mail address mlmeyers14@yahoo.com
Are you a U.S. citizen? [X] Yes [] No If No, are you a legal U.S. resident? [] Yes [] No Resident ID #

SECTION 2 – [] Proposed Annuitant or [] Payor other than Owner (if Applicable)

Name SSN/Tax ID
[] Address same as Proposed Owner/Annuitant
Street Phone number () DOB
City State ZIP Relationship to Proposed Owner
E-mail address Sex [] M [] F

SECTION 3 – Proposed Owner's Other Insurance

1. EXISTING INSURANCE

Does the Proposed Insured have any existing life insurance or annuity contracts with this or any other company? [] Yes [] No
If Yes, complete and submit state replacement forms, if required, with this application.

2. REPLACEMENT

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 Yes, complete and submit a replacement questionnaire AND any other state required replacement forms with this application.

Company [] Life Insurance [] Annuity Year of issue

SECTION 4 – Beneficiary(ies)

Multiple Beneficiaries will receive an equal percentage of proceeds unless otherwise instructed.

[X] PRIMARY Percent of proceeds 100 % [] PRIMARY [] CONTINGENT Percent of proceeds %
Name Michael A. P. Meyers Name
Street 10616 Quarterstaff Road Street
City Columbia State MD ZIP 21044 City State ZIP
DOB 2/17/77 SSN/Tax ID 580-21-8066 DOB SSN/Tax ID
Relationship to Proposed Owner brother Relationship to Proposed Owner

SECTION 5 – Type of Annuity

Name of Annuity: choice 5 [] Flexible Premium Deferred Annuity (FPDA) [X] Single Premium Deferred Annuity (SPDA)
[] Non-Qualified [X] Qualified (Check one): [] IRA [] ROTH-IRA [] Simplified Employee Pension (SEP)

If Non-Qualified:

New money received with application \$
IRC §1035 Exchange \$
Organization transferring funds:

If Qualified:

New money received with application: \$ For Tax Year:
Rollover funds received with application \$ 30,076.38 (approx)
Trustee to Trustee (Direct Transfer) \$
Name of Trustee transferring funds:

FOR FLEXIBLE PREMIUM DEFERRED ANNUITIES ONLY

[] Planned Premium Amount \$ Premium Payment Frequency: [] Annual [] Semi-Annual [] Quarterly [] Monthly PAC



Suitability Statement for Proposed Owner

FINANCIAL INFORMATION (Please initial box if you do not want to disclose information)

Annual Gross Income \$ 95000
 Total net worth (excluding home, home furnishings, and auto) \$ 223000
 Liquid assets (checking account, savings account, CDs, etc.) \$ 18000

FEDERAL INCOME TAX BRACKET: Less than 15% 15% to 28% Greater than 28%

FINANCIAL OBJECTIVES – Your financial objective in purchasing this annuity certificate (check all that apply)

Tax deferred growth Accumulation for retirement income Transfer of funds to beneficiaries Guaranteed interest rate
 Protection of principal Provide monthly income of interest earnings Receive immediate income

DECISION TO PURCHASE ANNUITY – Other than your agent, who, if anyone, assisted you in your decision to purchase an annuity? (Check all that apply) – Accountant Attorney Family member Financial planner No one Other: _____

AVAILABLE FUNDS – Do you have sufficient cash or other liquid funds for living expenses and emergencies, such as unexpected medical expenses, in addition to the money you plan to use to purchase this annuity? Yes No If you checked “No” this annuity may not be suitable for you.

SURRENDER CHARGES, WITHDRAWAL FEES OR PENALTIES – If you will incur surrender charges, withdrawal fees or penalties on any existing product used to fund the purchase of this annuity, do you feel comfortable incurring such charges, fees or penalties?

Yes No Not applicable If No, please explain why you want to proceed with the purchase: _____

I understand that the proposed annuity certificate contains withdrawal and surrender charges. I have determined to the best of my knowledge and belief that the annuity, as applied for, is suitable for my investment time horizon, goals and objectives, and financial situation and needs.

Please check the statement that is applicable:

- I elect not to provide some or all of the information requested.
 I acknowledge that I have read this annuity suitability statement and that the information I have provided is true and complete to the best of my knowledge and belief.

Agreement/Acknowledgement

- I have read all of the foregoing answers and statements contained in this application, adopt them as my own, whether written by me or not, and to the best of my knowledge and belief, all answers and statements are true, complete, and correctly recorded.
- This application and any amendment(s) and supplement(s) to this application will be attached to, and along with the articles of incorporation and bylaws of Royal Neighbor of America (Royal Neighbors) become part of the new certificate.
- I understand and hereby agree that no certificate issued in reliance upon this application shall be effective and no liability of Royal Neighbors shall exist unless and until the certificate shall be issued and delivered to me and the required premium is paid.
- Corrections, additions, or changes to this application may be made by Royal Neighbors. Any such changes will be shown under “Corrections and Amendments.” Acceptance of a certificate issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age and gender at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.
- If not a current member, I the Proposed Owner if an individual or beneficial holder of trust, hereby apply to become a member of Royal Neighbors as indicated by my signature below. As a member, I agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors was founded more than 100 years ago.

Taxpayer Identification Number Certification

Under penalties of perjury, I, the Proposed Owner, certify that:

The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:

- a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; **OR**
 b) the IRS has notified me that I am not subject to backup withholding. *(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)*

I am a U.S. citizen or a U.S. resident alien for tax purposes. **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

FRAUD NOTICE/WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Corrections and Amendments (For Home Office Use Only)

SIGNATURES:



Signed at city, state Lanham, Md Date 01/09/2019

Proposed Owner/Trustee Micheline Meyers

Beneficial Holder of Trust _____ Date _____



Agent's Report

REPLACEMENT:

Do you have any knowledge or reason to believe that the Proposed Owner has in-force life insurance or annuity contracts that may be replaced as a result of this transaction? Yes No

If Yes, have you completed a replacement questionnaire and/or any other state required replacement forms? Yes No

Did you use only written sales material approved for use by Royal Neighbors of America? Yes No

I personally viewed documentation verifying the identity of the Proposed Owner and Payor, as applicable.

Valid state issued driver's license Passport Other (specify) _____

I certify that I have made a reasonable effort to attain all relevant information necessary to recommend the purchase of the proposed annuity certificate, which I believe is suitable for the applicant based upon the information provided by the applicant regarding her or his needs and financial objectives.

Agent no. _____ Agent license no. MD 3000121137 Agent chapter no. _____



Signature of Writing Agent *TaNoah Morgan* Date 01/09/2019

Printed name of Writing Agent TaNoah Morgan

Complete for agent split (if applicable): Agent no. _____ Percent _____



Signature Certificate

Folder Ref: fe9bd6a1e0ccd4a0fac0442a8f585fb292fde75e



Author: TaNoah Morgan Creation Date: 08 Jan 2019, 23:27:01, EST Completion Date: 09 Jan 2019, 18:54:28, EST

Document Details:



Name: MMeyers 1856-NAIC-Rev0706

Type:

Document Ref: d9a5db3aca19b8bcb98d8476d3bda0d8a535fc398473e404e495c234f2430666



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Type:

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Name: MMeyers TIAA 2365-Rev-11-2015-Request-for-Transfer-or-Exchange

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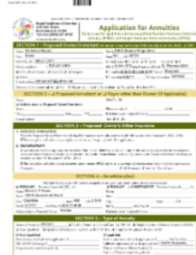
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Type:

Document Ref: 232e2d479494c162b9cb95586d2c9ecae69d14cb226cd4aa9c44ff8d96ed686d



Name: MMeyers2 Royal Neighborhood Annuity App

Type:

Document Ref: bb7a3566d5c8e934b8cd2530ce5c07cf50567f4b78f60d18df0e75556734ee4a

Document Signed By:



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Micheline Meyers

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Document History:

Folder Created	TaNoah Morgan created this folder on 08 Jan 2019, 23:27:01, EST
Invitation Sent	Invitation sent to TaNoah Morgan on 08 Jan 2019, 23:36:07, EST
Invitation Sent	Invitation sent to Micheline Meyers on 08 Jan 2019, 23:36:07, EST
Invitation Accepted	Invitation accepted by TaNoah Morgan on 08 Jan 2019, 23:36:07, EST
Invitation Accepted	Invitation accepted by Micheline Meyers on 09 Jan 2019, 10:55:06, EST
Signed By Micheline Meyers	Micheline Meyers signed this folder on 09 Jan 2019, 10:58:16, EST
Signed By TaNoah Morgan	TaNoah Morgan signed this folder on 09 Jan 2019, 18:54:28, EST
Executed	Document(s) successfully executed on 09 Jan 2019, 18:54:28, EST