

# THE SUPREME COUNCIL OF THE ROYAL ARCANUM

61 Batterymarch Street, Boston, MA 02110  
1-888-272-2686

## A FRATERNAL BENEFIT SOCIETY

### APPLICATION FOR DEFERRED ANNUITY CONTRACT

Please print clearly. Do not use white out. All corrections must be initialed by Applicant.

Amount Collected \$ 50,000

Agent # 123ABC

Is Applicant a Member?  Yes; Council Name and #: \_\_\_\_\_  No ; Applicant hereby applies for membership.

1. Name in Full of Applicant (Last First Middle) JOHN R. SAMPLE  Male  Female

2. Residence Address 99 FRANKLIN ST.

City SACRAMENTO

State CALIFORNIA

Zip Code 00000

3. Billing Address if different \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

4. Social Security # 000-00-0000

5. Phone (Day) (561) 000-0000

(Evening) (561) 111-1111

6. Date of Birth 05/20/1964

7. Age Last Birthday 51

8. Dividend Option:  Cash

Add to Account Value

9. E-mail Address jrsmple51@anywhere.com

10. Please select:  Single Premium

Flexible Premium

Initial Deposit: \$50,000

11. Settlement options (select one):

\_\_\_\_ (initials) Option 1: **Life Income**. The annuity payments of \$ \_\_\_\_\_ will begin on \_\_\_\_\_ and will be paid in equal monthly installments for the remainder of my lifetime. Upon my death all payments will end.

J.R.S.

\_\_\_\_ (initials) Option 2: **10 years certain with Life thereafter**. The annuity payment of \$ \_\_\_\_\_ will begin on \_\_\_\_\_ and will be paid in equal monthly installments for 10 years and life thereafter. I understand that if I die within the initial 10 years, my beneficiary will receive the present value of the remaining payments in the 10 years period, otherwise upon my death the payments will end. Present value will be determined at an effective annual interest rate of 1% or the interest rate at which that payment was calculated whichever is greater.

\_\_\_\_ (initials) Option 3: **15 years certain with Life thereafter**. The annuity payment of \$ \_\_\_\_\_ will begin on \_\_\_\_\_ and will be paid in equal monthly installments for 15 years and life thereafter. I understand that if I die within the initial 15 years, my beneficiary will receive the present value of the remaining payments in the 15 years period, otherwise upon my death the payments will end. Present value will be determined at an effective annual interest rate of 1% or the interest rate at which that payment was calculated whichever is greater.

\_\_\_\_ (initials) Option 4: **20 years certain with Life thereafter**. The annuity payment of \$ \_\_\_\_\_ will begin on \_\_\_\_\_ and will be paid in equal monthly installments for 20 years and life thereafter. I understand that if I die within the initial 20 years, my beneficiary will receive the present value of the remaining payments in the 20 years period, otherwise upon my death the payments will end. Present value will be determined at an effective annual interest rate of 1% or the interest rate at which that payment was calculated whichever is greater.

#### Beneficiary

If a Fixed Period Annuity option or either the 10, 15 or 20 Years Certain & Life Annuity option is selected, then the Annuitant should name a beneficiary. The beneficiary will receive the remaining payment (the present value of the remaining payments) in the fixed/certain period in the event that the Annuitant dies during the fixed/certain period. No payments will be made to any beneficiary if the Life Only option is selected or if death occurs after the fixed/certain period.

Beneficiaries (List additional beneficiaries on a separate sheet of paper). Right to change the Beneficiary is reserved to the owner.  
The Applicant shall be the Owner of any contract issued.

Primary  
Beneficiary(ies)  
MARIE L. SAMPLE

Address Include email  
If Available  
99 FRANKLIN ST.

Relationship  
To Annuitant  
WIFE

%  
100

Social  
Security #  
000-00-0000

SACRAMENTO, CA 99999

Contingent  
Beneficiary(ies)  
DONNIE M. SAMPLE

Address Includje email  
If Available  
99 FRANKLIN ST.

Relationship  
To Annuitant  
SON

%  
100

Social  
Security #  
000-00-0000

SACRAMENTO, CA 99999

Election Authorization

I, the Annuitant, understand that the election made in this document may be revoked or changed by writing to the Supreme Council of the Royal Arcanum prior to the date the first payment is made to me. After the first payment is made, I understand that no changes can be made (except for right to change the beneficiary(ies)) and that I cannot receive the present value of any future payments in a lump sum

**You may wish to consult with a tax advisor regarding this transaction.**

12. Name and Address of optional Secondary Addressee N/A

13. Will this replace or change any existing life insurance or annuities in this or any other company?

Yes  No If Yes, give details and name of companies and complete replacement form.

I represent that the information shown in this application is complete and true, to the best of my knowledge and belief. I agree that this application shall be the basis for and a part of any contract issued. I understand that (1) any change in this contract or waiver of any of the Order's rights or requirements must be authorized in writing by the Supreme Regent and Supreme Secretary; (2) the contract applied for will be effective on its date of issue; and (3) the Order's Charter, Constitution and Laws will be binding upon the Applicant and Beneficiary.

SACRAMENTO, CA

JUNE 1<sup>ST</sup>, 2015

(SIGNATURE JOHN R. SAMPLE)

Dated at \_\_\_\_\_ on \_\_\_\_\_

(City or Town, State/Province)

Signature of Applicant

SIGN HERE

**To the Agent/Recommender:** To the best of your knowledge and belief, will the contract applied for replace or change any existing insurance or change any existing insurance or annuity?  Yes  No If Yes, complete replacement form.

(AGENT'S SIGNATURE)

Signature of Recommender

Recommender Print Name

Date

# SUPREME COUNCIL OF THE ROYAL ARCANUM

61 Battery March Street Boston MA 02110  
1-888 ARCANUM

## ANNUITY SUITABILITY QUESTIONNAIRE

Thank you for your interest in a Royal Arcanum annuity. Royal Arcanum would like to ensure that the annuity you are purchasing is suitable for you with consideration to your financial status and investment objectives. Therefore, this form must be completed and submitted with the application before we can process your policy. **Any information provided will remain confidential and will not be used for any other purpose. Note: If this form is not completed, signed, and dated, we cannot consider your application.**

Consumer's Name (Print) \_\_\_\_\_

Consumer's Current Age \_\_\_\_\_

Annuity Product Name \_\_\_\_\_

Initial Deposit amount \_\_\_\_\_

### Owner Financial Status

Annual Income	Net Worth	Federal Tax Status
<input type="checkbox"/> \$0 - 24,999	<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> 10% <input type="checkbox"/> 33%
<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> 15% <input type="checkbox"/> 35%
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000 - 249,000	<input type="checkbox"/> 25% <input type="checkbox"/> Other: _____
<input type="checkbox"/> 100,000+	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> 28%
	<input type="checkbox"/> \$500,000-\$749,999	
	<input type="checkbox"/> \$750,000-\$999,999	
	<input type="checkbox"/> \$1,000,000+	

### Investment Objectives

Your investment objectives in purchasing the above-named annuity are for (check all that apply):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Income Flow               | <input type="checkbox"/> Flexibility              | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tax Deferral              | <input type="checkbox"/> Pass on to Beneficiaries |                                       |
| <input type="checkbox"/> Growth, possible income   | <input type="checkbox"/> Charitable giving        |                                       |
| <input type="checkbox"/> Preservation of Principal | <input type="checkbox"/> Education planning       |                                       |

With the exception of any withdrawals,

How do you expect to take money out of this annuity?  Regular income stream  Lump Sum  N/A

When do you expect to take money out of this annuity?

- |   |  |
|---|--|
| <input type="checkbox"/> Under one year             | <input type="checkbox"/> Ten or more years |
| <input type="checkbox"/> Between one and five years | <input type="checkbox"/> N/A               |
| <input type="checkbox"/> Between six and nine years |  |

Do you now own, or have previously owned, the following financial products? (Check all that apply.)

- CDs  Fixed Annuities  Variable Annuities  Stocks/Bonds/Mutual Funds

What is your source for this annuity's premium?

- Annuity  Life Insurance  CDs  Other investments  Other: \_\_\_\_\_

Are you considering using funds from existing life insurance policies, annuity contracts, or certificates of deposit to purchase the annuity? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have the policy(ies), contract(s) or certificates of deposit(s) been in force \_\_\_\_\_ # years

Are there any surrender charges associated with the above mentioned policy(ies), contract(s) or certificates of deposit Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

If yes what are the surrender charges? \_\_\_\_\_

- Client refused to provide some or all of the information on this questionnaire.

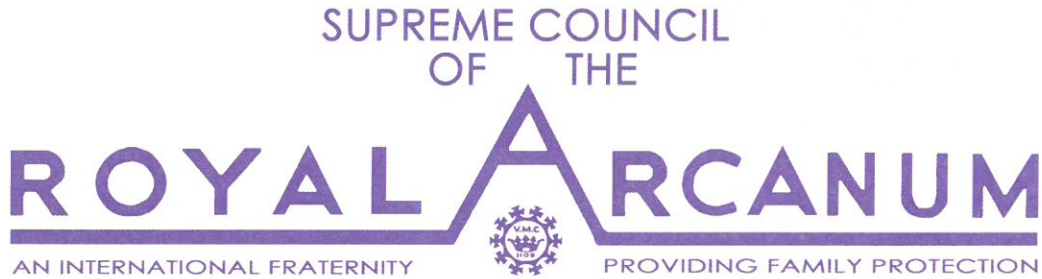
By signing this form, I agree that the information on this form was obtained before the purchase of the annuity and that the information is correct. I also understand that the Supreme Council of the Royal Arcanum encourages me to discuss this proposed investment with my personal financial advisor.

Consumer's Signature \_\_\_\_\_

Date \_\_\_\_\_

For Home Office Use Only

Date Reviewed \_\_\_\_\_  
Reviewed by: \_\_\_\_\_



INSURANCE DEPARTMENT OF THE STATE OF NEW YORK  
DEFINITION OF REPLACEMENT

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- (1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes \_\_\_ No
- (2) Changed or modified into paid-up insurance; continued as extended term insurance or under another form of non-forfeiture benefit; or otherwise reduced in value by the use of a non-forfeiture benefit, dividend accumulations, dividend cash values or other cash value? Yes \_\_\_ No
- (3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes \_\_\_ No
- (4) Reissued with a reduction in amount such that any cash values are released, including all transactions where dividend accumulations or paid-up additions are released on one or more of the existing policies? Yes \_\_\_ No
- (5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or within on one or more existing policies? Yes \_\_\_ No
- (6) Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes \_\_\_ No

If you have answered yes to any of the above questions, a replacement as defined by New York insurance department regulation number 60 has occurred or is likely to occur and your agent is required to provide you with a completed "Disclosure Statement: and the "Important notice regarding replacement or change of life insurance policies or annuity contracts".



**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:**  
YES \_\_\_ NO



**DATE:** \_\_\_\_\_ **SIGNATURE OF AGENT:** \_\_\_\_\_