



Supplemental Questionnaire for Individual Life Insurance

SECTION 1 – PROPOSED INSURED

This is a supplement to the application for life insurance for:

Proposed Insured Name: _____

Simplified Issue Whole Life Single Premium Whole Life Jet Whole Life Jet Term Life

Date of Application for Life Insurance: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City, State, ZIP: _____

SECTION 2 – PROPOSED INSURED MEDICAL INFORMATION

- In the past 30 days, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for COVID-19 (the SARS Co-V-2 virus)? YES NO
- In the past 30 days, has a member of the medical profession administered a test on you for COVID-19, for which the results have not been received, or recommended that you be tested for COVID-19 (the SARS Co-V-2 virus)? YES NO
- In the past 30 days, have you been advised by a medical professional to self-quarantine? YES NO
- In the past 30 days, have you been treated, examined or advised by a member of the medical profession, whether in person, by phone or by other electronic means, for fatigue, fever, cough, or shortness of breath? YES NO

NOTICE

Only for products offering Graded Death Benefits, the following language is stricken from the application:
"If question 8 and 9 are answered YES, only Graded Death Benefit is available."

AGREEMENT / ACKNOWLEDGMENT

This Supplemental Questionnaire is made part of my application for life insurance. I have read this Supplemental Questionnaire, and to the best of my knowledge and belief, all answers are true and correct. I understand and agree that (1) any insurance shall be issued by Royal Neighbors of America is dependent on these answers being complete and correct; and (2) the answers given in the application, this Supplemental Questionnaire, and any other amendments to the application will be the basis of any insurance issued.

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.

SIGNATURES

Signature of Proposed Insured: _____ Date: _____

Signature of Agent: _____ Date: _____