



Mail to:
Austin Division
5910 Courtyard Dr., Suite 240
Austin, TX 78731
Phone: (866) 733-9758

NEIGHBORS CHOICE

Royal Neighbors of America has prepared this summary to help you understand the features and benefits of the Neighbors Choice 5-year annuity (Series #200622A).

TAX ADVANTAGES

Although an annuity does not eliminate your tax liability on interest earnings, under current tax law all interest earned accumulates on a tax-deferred basis. Tax deferred is currently available only to individual owners and certain trusts.

NO SALES CHARGES OR ANNUAL FEES

100% of your money earns interest for you.

INTEREST CREDITING

Interest is credited and compounded on a daily basis. The rate shown below is the current annual effective yield as of:

Box for interest rate with slashes and a percentage sign.

The actual rate credited will be the rate in effect at the time of issue.

The initial interest rate is guaranteed for five (5) years. Thereafter the interest rate credited may increase or decrease, but is guaranteed to never be less than 3%.

ISSUE AGES

Annuitant16 through 85
Owner16 through unlimited

MINIMUM SINGLE PREMIUM \$10,000

MAXIMUM SINGLE PREMIUM \$300,000
(without prior written approval)

SCHEDULED & UNSCHEDULED WITHDRAWALS

You may request a partial withdrawal of at least \$500 at any time prior to the maturity date as long as your Accumulation Value does not fall below \$10,000.

MONTHLY INTEREST AVAILABLE

If the Accumulation Value of your Neighbors Choice annuity is at least \$20,000, you may elect to receive your monthly interest earnings as a check or a direct deposit to your bank account.

WITHDRAWAL CHARGES

The Withdrawal Charge will apply to a full or partial surrender (withdrawal) of the premiums paid. The Withdrawal Charge is equal to the single premium amount, less any prior withdrawals of premium, multiplied by the Withdrawal Charge Percentage (%) which corresponds to the year of the withdrawal.

Table with 7 columns: CERTIFICATE YEAR (1, 2, 3, 4, 5, 6+), WITHDRAWAL CHARGE % (8.5, 7.5, 7, 6, 4, 0)

WITHDRAWAL CHARGES DO NOT APPLY TO:

- 1) Withdrawals up to the amount of accumulated interest (gain in the certificate)

- 2) Death Benefit Proceeds paid at the death of the Annuitant, or at the death of the Owner who is not the Annuitant if the Owner was age 75 or younger on the date of issue

DEATH BENEFIT PROCEEDS

If the Owner or Annuitant dies prior to the certificate maturing, death benefit proceeds will be paid.

Proceeds paid on the death of the Annuitant will equal the Accumulation Value. Proceeds paid on the death of the Owner who is not the Annuitant will equal the Cash Surrender Value. However, withdrawal charges will be waived if the Owner was age 75 or younger on the date of issue.

BENEFICIARY

At death of the Owner, the Beneficiary will be paid the death benefit proceeds. At death of the Annuitant, the Owner receives the death benefit proceeds, unless an Annuitant's Beneficiary has been named.

RIGHT TO EXAMINE YOUR ANNUITY

Your annuity certificate allows at least 20 days during which you may return the annuity and we will return 100% of your premium.

TAXATION OF WITHDRAWALS

Withdrawals may be subject to income tax. If withdrawals are made before the Owner's age 59 1/2, the taxable portion may be subject to an additional 10% IRS penalty.

NOTES:

- The Neighbors Choice annuity is not available in all states.
• All rates described in this summary are effective annual interest rates.
• This document is not a legal contract. For the exact terms and conditions, please refer to the annuity certificate.
• Annuities are products of the insurance industry and are not guaranteed by any bank or insured by the FDIC.
• Tax laws are subject to varying interpretation and possible changes. Please consult your tax advisor for further information.

Acknowledgement: I acknowledge that I have read this disclosure and I understand the description of these provisions as they apply to my application. I acknowledge that there is a 20-day right to examine this annuity.

X _____
Signature of Owner

X _____
Signature of Agent Date

Agent Name and Address





INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

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Annuity Application for: [] Royal Choice (1 year guarantee) [X] Neighbors Choice (5 year guarantee)

Form with fields for Owner (Joint Owner Not Allowed) and Annuitant (If Different Than Owner). Fields include Name, Address, Contact Information, Sex, Date of Birth, Social Security #, U.S. Citizenship, Annuity Plan, Interest Earning Options, Beneficiary(ies), and Remarks.

I represent to the best of my knowledge that the answers and statements in this application are true, complete, and correct whether written by me or not. I understand no certificate issued in reliance upon this application shall be effective and no liability of Royal Neighbors of America (RNA) shall exist until the single premium is paid.

Under penalty of perjury, I, the Proposed Owner, certify that: 1) The Social Security number provided in question 6 is my correct Social Security number; and 2) 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 3) I am a U.S. person (including a U.S. resident alien). 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. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

Signature of Proposed Owner (Trustee, if the Proposed Owner is a Trust): Signed at (City and State):

X Date:

* By my signature above, I, as the Proposed Owner and a natural person, or as the Beneficial Owner under the Trust, apply to become a member of RNA. As a member of RNA, I agree to uphold the principles of Faith, Courage, Humility, Unselfishness, and Endurance on which RNA was founded, more than 100 years ago.

Agent Report: [] I personally know, or I viewed a: [] Valid state issued drivers license [] Passport and verified the identity of the Proposed Owner: Do you have any knowledge or reason to believe that the Proposed Insured/Annuitant has in-force life insurance contracts? [] No [] Yes If yes, have you completed a replacement disclosure form in accordance with applicable state regulations? [] No [] Yes

Agent Statement: I certify that I have correctly recorded here the information furnished by the Proposed Owner.

Signature of Agent: Printed Name of Agent: Agent Number: Percent:

Home Office 230 16th Street • Rock Island, IL 61201 Printed Name of Agent: Agent Number: Percent:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

