

Dear Agent,

If you are a NY resident agent or if you have a NY non-resident license please read carefully.

Effective February 1, 2020 we must be compliant with the NY department of insurance regulation 187. If you have not completed your training you must do so prior to writing business in NY. If you have already completed the required regulation 187 training please forward me a copy of your training certificate. It is a state requirement that we track all agents who are compliant and non-compliant for the department of insurance. We will not be able to accept any new business unless you have had the training.

If you have yet to complete your training I have attached a couple of links that you could use to get your training done. Royal Arcanum is not affiliated with any training provider and we are not compensated by agents taking a particular training session.

<https://secure.reged.com/TrainingPlatform/>

It is also required that when writing an annuity or life insurance you also complete the attached NY annuity or life insurance disclosures. These must be completed and sent in with all applications for NY going forward. We will also have these forms added and available on our website in the next couple of days.

Thank you!

-Royal Arcanum

# SUPREME COUNCIL OF THE ROYAL ARCANUM

61 Batterymarch Street Boston MA 02110

1-888 ARCANUM

## LIFE SUITABILITY BEST INTEREST 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 you application.**

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

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

Life Product Name \_\_\_\_\_

Death Benefit \_\_\_\_\_

### 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"/> 32%
<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> 12% <input type="checkbox"/> Other
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000 - 249,000	<input type="checkbox"/> 22%
<input type="checkbox"/> 100,000+	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> 24%

### Financial Objectives

Your objectives in purchasing the above-named life policy are for (*check all that apply*):

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Pay Final Expenses     | <input type="checkbox"/> Pass to Beneficiary | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gift to Dependents     | <input type="checkbox"/> Charitable giving   |                                       |
| <input type="checkbox"/> Preservation of Estate | <input type="checkbox"/> Education planning  |                                       |

Do you plan to use the cash value within the Life Policy?

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 the policy premium?

- Annuity  Savings  CDs  Income  Other: \_\_\_\_\_

Are you considering using funds from existing life insurance policies, annuity contracts, or certificates of deposit to purchase the policy? 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: \_\_\_\_\_

# SUPREME COUNCIL OF THE ROYAL ARCANUM

61 Batterymarch Street Boston MA 02110

1-888 ARCANUM

## ANNUITY SUITABILITY BEST INTEREST 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 you 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% _____

### 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? Note Annuities may have a surrender charge for a period of time.

- |   |  |
|---|--|
| <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: \_\_\_\_\_