



**INSURING LIVES
SUPPORTING WOMEN
SERVING COMMUNITIESSM**

INFORMATION REQUEST

This request for information will be processed within 45 days of receipt in the Royal Neighbors home office. We will provide you with the categories of information we collect and the type of information we maintain in our system about you. We can only provide information to you based on your relationship to the Certificate listed below. (As an example, if you are the owner of the certificate, we can only provide the information we collected and maintain about you; we cannot provide you with the information we collected and maintain on any other party to the Certificate.) Because the information you are requesting is sensitive information, this form must be signed and notarized in order for us to consider this a valid request for information.

REQUESTOR INFORMATION

Name: _____ Certificate/Member Number _____
 Prior Name (if applicable): _____ Phone: _____
 Address: _____ City, State, Zip: _____
 Email Address: _____ Email Address: _____

You are: General Member Insured (Beneficial Member)

DOB: _____ Last 4 digits SSN _____ County/State of Birth _____

Owner Beneficiary Guardian Parent/Petitioner

DOB: _____ Last 4 digits SSN _____ Relationship to insured: _____

Payor DOB: _____ Last 4 digits SSN _____

Agent Writing No. _____ Active: Yes No

INFORMATION REQUESTED

Information Requested: _____

ATTESTATION

Important: The completed original executed form must be notarized and the original document must be returned to the Royal Neighbors of America home office at 230 16th Street, Rock Island, Illinois 61201

I, _____, the undersigned, attest by my signature below, that I have truthfully provided the above information on myself and that I am authorized to have access to this information.

 (Requestor Signature)

Subscribed and sworn to before me this _____
 _____ Day of _____, 20____

Notary Seal

 Notary Public

Commission Expires: _____

Internal Use Only Completed by: _____ Date: _____