



**INSURING LIVES  
SUPPORTING WOMEN  
SERVING COMMUNITIES<sup>SM</sup>**

**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: \_\_\_\_\_