

Royal 21 Youth Protector

*Give your child or grandchild
the best head start!*

ROYAL STATE INSURANCE OFFICES

Oahu Office

819 S. Beretania Street
Honolulu, HI 96813
Phone: (808) 539-1600
1-800-890-9022 (Toll-free from the Neighbor Islands)

Hawaii Office (Hilo)

120 Pauahi Street, Suite 201
Hilo, HI 96720
Phone: (808) 935-2766

Kauai Office

4370 Kukui Grove Street, Suite 105
Lihue, HI 96766
Phone: (808) 245-4571

Maui Office

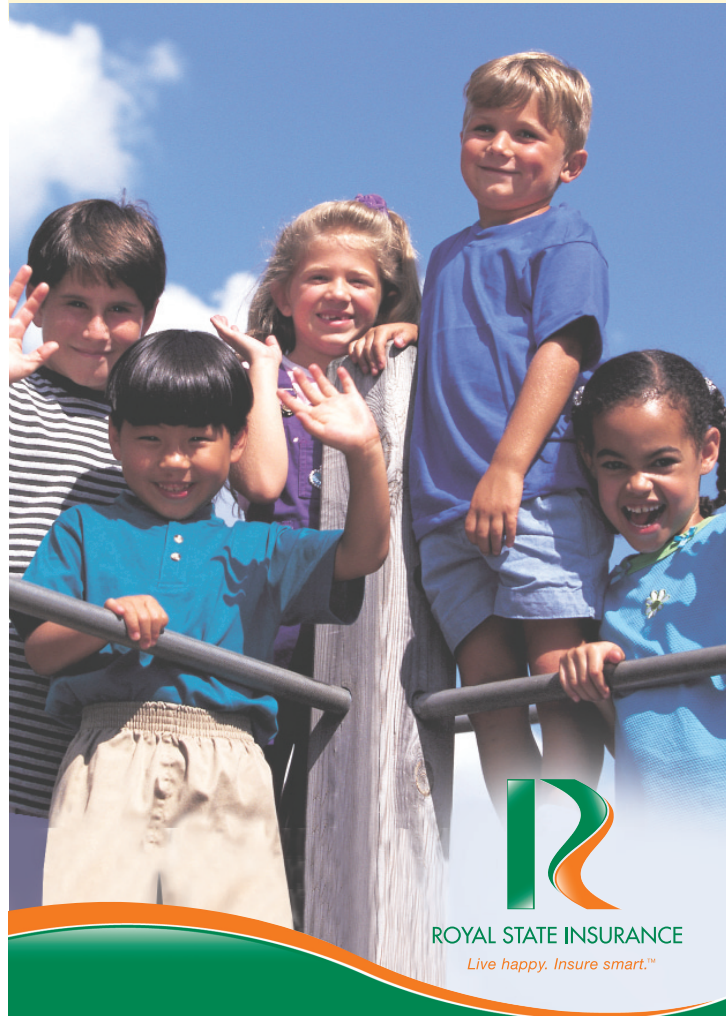
2145 Kaohu Street, Suite 205
Wailuku, HI 96793
Phone: (808) 244-7245
1-800-774-7668 (Toll-free from Molokai and Lanai)



ROYAL STATE INSURANCE

Live happy. Insure smart.™

www.royalstate.com



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Royal 21 Youth Protector

Up To
\$25,000

of Coverage

**for a one-time premium of just \$380
or 12 monthly payments of \$32.18!**

While it may not be something you've thought about, life insurance is the type of gift that can prove to be a real investment in your child's or grandchild's future. With Royal 21 Youth Protector, you can give your child or grandchild life insurance coverage that will grow to \$25,000 by the time he or she turns 21.

Royal 21 Youth Protector isn't about loss...it's about protecting the future.

Cover your child or grandchild up until the age of 21 for a low one-time premium of \$380 (or 12 monthly payments of \$32.18). Once your child or grandchild turns 21, he or she may elect to renew the policy in his or her own name for the same premium paid annually. Royal 21 Youth Protector also guarantees a child's insurability. You're making sure your child or grandchild has access in the future to reasonably priced insurance regardless of health factors, occupation or geographic circumstances.

Guaranteed insurability means you're also providing an important benefit to your child or grandchild's dependents in the years to come.

Your child or grandchild will also have six opportunities over time to purchase an additional \$5,000 in whole life insurance without evidence of insurability. Plus this plan builds cash value that your loved one can borrow against.

It's easy to apply – give your child or grandchild a lifetime of benefits.

Even the youngest members of your family can gain a lifetime of benefits from the right insurance protection. Enroll today and you'll make sure your child or grandchild has \$25,000 in life insurance by the time he or she is 21. Fill out and return the enclosed Royal 21 Youth Protector Application today. There are just two simple health questions and your premium can be paid by check, credit card, or automatic bank account deduction. You can cancel at any time.



Questions? Call today.

Oahu: 539-1600

Neighbor Islands:

1-800-890-9022

Royal 21 Youth Protector

A bold and unique concept to provide your child or children with a gift of security (a lifetime insurance program).

Your check list for future security:

- ✓ Only ONE payment of \$380 for coverage through age 21 (or 12 monthly payments of \$32.18) per child.
- ✓ Protection automatically increases each year starting from \$10,000 at attained age 0 to \$25,000 at attained age 21.
- ✓ Renewal premiums of \$380 are due at attained age 21 and each year thereafter which will provide \$25,000 level of protection... and also will provide cash and loan values.
- ✓ The plan also provides the insured the right to purchase without evidence of insurability \$5,000 of whole life insurance on each option date. There are six option dates falling on the policy anniversaries nearest to the insured's attained ages 25, 28, 31, 34, 37 and 40. Thus if all options are exercised, the insured will have \$55,000 of protection regardless of his or her health or occupation. All additional insurance policies issued would be at the company's then standard rates.

Table of Loan Values

The following schedule shows the guaranteed values at the end of the policy year for the \$25,000 Ultimate Face Amount. These values assume that premiums have been paid through the end of the year and that there are no loans on the policy. Values for intermediate periods will be determined with allowance for lapse of time and the payment of fractional premiums beyond the last policy anniversary. Values for the policy years subsequent to those shown below will be furnished upon request. There are no cash values prior to attained age 21.

Attained Age	Cash Value	Attained Age	Cash Value
21	0	44	\$ 4,886
22	\$ 83	45	\$ 5,192
23	\$ 218	46	\$ 5,506
24	\$ 360	47	\$ 5,827
25	\$ 510	48	\$ 6,158
26	\$ 668	49	\$ 6,496
27	\$ 834	50	\$ 6,842
28	\$1,008	51	\$ 7,197
29	\$1,190	52	\$ 7,559
30	\$1,381	53	\$ 7,927
31	\$1,580	54	\$ 8,301
32	\$1,787	55	\$ 8,681
33	\$2,002	56	\$ 9,066
34	\$2,225	57	\$ 9,456
35	\$2,456	58	\$ 9,852
36	\$2,695	59	\$10,254
37	\$2,943	60	\$10,660
38	\$3,198	61	\$11,072
39	\$3,461	62	\$11,487
40	\$3,732	63	\$11,904
41	\$4,011	64	\$12,323
42	\$4,297	65	\$12,741
43	\$4,587		

Issue ages are 30 days (after birth) through 20 years. The protection increases automatically according to the following table:

Age at Death	Death Benefit
0	\$10,000
1	\$10,700
2	\$11,400
3	\$12,100
4	\$12,800
5	\$13,500
6	\$14,200
7	\$14,900
8	\$15,600
9	\$16,300
10	\$17,000
11	\$17,700
12	\$18,400
13	\$19,100
14	\$19,800
15	\$20,500
16	\$21,200
17	\$21,900
18	\$22,600
19	\$23,300
20	\$24,000
21+	\$25,000

Attained Age: The insured's age at anniversary of the policy.

Note: In the interest of the simplicity, the Royal 21 – The Youth Protector plan is described only in general terms. The extent of each member's insurance is at all times governed by the terms of the insurance policy issued by Royal State National Insurance Company, Limited.

1. Proposed Insured (Child under age 21):

Name (First, M.I., Last): _____ Address: _____
 SSN: _____ Date of Birth: _____ Male or Female

2. Applicant information (must be the parent, grandparent, or legal guardian) (maximum 1 policy may be issued per child):

Name: _____ SSN*: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to the proposed insured (check one): Parent Grandparent Legal Guardian Phone Number: () _____

3. Beneficiary: The Parents or Guardian shall be the beneficiary of the insured child, if living, otherwise the Estate of the Insured child shall be the beneficiary.

Name of Beneficiary (if different from Applicant): _____ Address: _____

4. To the best of your knowledge and belief:

- a) Within the past 5 years has the Proposed Insured had any chronic illness or condition which requires periodic medical care? Yes No
 b) Within the past 5 years has the Proposed Insured ever been medically diagnosed or treated by a Physician for Acquired Immune Deficiency Syndrome (AIDS)? Yes No

Use this space to give details to any "Yes" answers.

Question #	Condition	Date Began	Date Ended	Treatment or Care of Problem, Injury or Illness	Physician Consulted Name and Address

5. Will you replace or change any of your Life Insurance policies or annuity contracts in connection with this application?

Yes No If yes, list company name: _____

6. PARENT OR GUARDIAN AUTHORIZATIONS:

I hereby authorize any physician, medical practitioner, hospital, clinic, or other medical or medically related facility; any insurance company; the Medical Information Bureau, Inc.; the Consumer Reporting Agency; and any other organization, institution or person that has information, records or knowledge of the above named child's medical or mental health history to give Royal State National Insurance Co., Ltd., its reinsurers or its representatives any such information. I agree that such information shall be used to determine if the child qualifies for this insurance. I agree that this authorization shall be valid for 30 months from the application date. I agree that a photocopy of this authorization shall be as valid as the original.

If application is made by Grandparents of the Proposed Insured: I hereby give permission to the premium payor to apply for life insurance for my child named above.

Parent or Guardian Name (please print): _____

Signature of Parent or Guardian: _____ Date: _____

7. APPLICANT AUTHORIZATIONS:

- \$380 single premium (if cash, **attach check**) OR 12 monthly premium payments of \$32.18 (for bank account or payroll deduction only)
 Charge my Visa or MasterCard (single premium only): # _____ Exp. Date _____
 Deduct from my bank account (**attach a deposit slip**). **Must** use bank account deduction if choosing to pay in 12 monthly premium payments.
 Account #: _____ Institution's Name: _____ Checking or Savings
 Deduct from my payroll (HGEA members only). I authorize my employer to make the necessary post-tax deductions to my wages for the contribution required of me for the Royal 21 insurance plan.

I am applying for the Royal 21 Youth Protector plan stated above and authorize the necessary charges for the proposed insured to my account. I understand that the insurance I am applying for will become effective on the date this application is approved by Royal State National Insurance Company, Ltd. I also understand that coverage will become effective only if there are sufficient funds in my account to pay the premium at the time of deduction.

I represent that all responses and statements provided on this application are true and complete to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____