

DANNY FISHER, CLU, ChFC  
President

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Dallas, TX 75240-5797  
972-238-1450  
800-822-1450  
Fax: 972-680-0562

## **NEW ERA LIFE (NEI)**

### **Agent Contracting Instructions**

The following are requirements for you to become contracted as an agent with NEW ERA LIFE INSURANCE COMPANY in the State of TEXAS.

**Complete and sign the following documents (Adobe.pdf fillable forms):**

- 1) **APPLICATION FOR APPOINTMENT**
- 2) **GENERAL AGENT'S CONTRACT**
- 3) **COMMISSION SCHEDULE**
- 4) **DIRECT DEPOSIT AUTHORIZATION**
- 5) **VECTORONE AUTHORIZATION**
- 6) IRS **W-9** Form
- 7) You **must** complete the **Annuity Training for Agents** **BEFORE** you submit an Application.  
After reviewing the **Annuity Training for Agents** section, fill in the blanks on the **Certificate of Completion**, print out the **Certificate** page, sign it and return the **Certificate** page with your other documents.
- 8) **Certificate of Anti-Money Laundering Training**

**Provide copies of the following documents:**

- Current copy of your **Group 1 Texas Insurance License**.
- Provide proof that you have completed the **Annuity Certification Training Course (Texas)**.

If you have NOT completed this course, you **must** do so **BEFORE** submitting an Annuity Application. You may complete the course at [www.WebCE.com](http://www.WebCE.com) or [www.SuccessCE.com](http://www.SuccessCE.com).

As of 09/01/2011, 8 hours of annuity specific training must be completed during the agent's 2-year Group 1 licensing period. If you have completed this additional training, please provide proof of completion. If you are exempt from the additional training, please provide a copy of the exemption letter you received from the Texas Department of Insurance.

*A \$10.00 appointment fee for the Texas Department of Insurance will be deducted from your first commission check.*

Send **ALL** of the above forms to The Fisher Agency along with your first annuity application. Do Not send as a Fax. Mail or Email are acceptable.

Thereafter, send all annuity applications directly to New Era Life.

Call us if you have any questions.

Thank you!



Sales & Service Forms are available on our website: [www.MrAnnuity.com](http://www.MrAnnuity.com)

(REV 2021-02-08)

*Office Hours: 9:00 – 4:00 Monday through Thursday & 9:00 – 12:00 on Fridays*

## Appointment Checklist

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions:**

How many Medicare Supplement applications did you submit and have issued in the last 2 years? \_\_\_\_\_

What **percentage** of applications in the question above were:    \_\_\_ Underwritten            \_\_\_ Guaranteed Issue  
    \_\_\_ Open Enrollment            \_\_\_ Disability

Hierarchy	
Agent/Agency: _____	Agent #/ Code: _____
Agent/Agency: _____	Agent #/ Code: _____
Sales Rep: _____	Agent #/ Code: _____

Please check the appropriate box for your choice of appointment.			
State & Products	Co.	Fee	Appoint
Alabama (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	\$40.00	<input type="checkbox"/>
Alabama <b>WL</b>	PALIC	\$40.00	<input type="checkbox"/>
Arizona (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	N/A	<input type="checkbox"/>
Arizona <b>WL</b>	PALIC	N/A	<input type="checkbox"/>
Arkansas <b>WL</b>	PALIC	N/A	<input type="checkbox"/>
Georgia <b>WL ANNU</b>	NELIC	\$14.84	<input type="checkbox"/>
Georgia <b>WL ANNU</b>	NELICM	\$14.84	<input type="checkbox"/>
Georgia (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>ANNU</b>	PALIC	\$14.84	<input type="checkbox"/>
Idaho (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	N/A	<input type="checkbox"/>
Illinois (A, D, F, <sup>HPF</sup> , G, N)	NELICM	N/A	<input type="checkbox"/>
Illinois <b>WL MA GAP</b>	PALIC	N/A	<input type="checkbox"/>
Indiana (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>ANNU</b>	NELIC	N/A	<input type="checkbox"/>
Indiana <b>ANNU</b>	NELICM	N/A	<input type="checkbox"/>
Indiana <b>ANNU</b>	PALIC	N/A	<input type="checkbox"/>
Iowa (A, C, F, <sup>HPF</sup> , G, N) <b>WL MA GAP</b>	PALIC	\$10.00	<input type="checkbox"/>
Kansas (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	\$5.00	<input type="checkbox"/>
Kansas <b>WL</b>	PALIC	\$5.00	<input type="checkbox"/>
Louisiana <b>WL *Agent</b>	NELIC	\$30.00	<input type="checkbox"/>
Louisiana <b>WL *Agency</b>	NELIC	\$100.00	<input type="checkbox"/>
Louisiana (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>*Agent</b>	PALIC	\$30.00	<input type="checkbox"/>
Louisiana (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>*Agency</b>	PALIC	\$100.00	<input type="checkbox"/>
Maryland (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	N/A	<input type="checkbox"/>
Michigan (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	\$5.00	<input type="checkbox"/>
Mississippi (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	\$25.00	<input type="checkbox"/>
Mississippi <b>WL MA GAP</b>	PALIC	\$25.00	<input type="checkbox"/>

Please check the appropriate box for your choice of appointment.			
State & Products	Co.	Fee	Appoint
Nebraska (A, C, D, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>WL MAGAP</b>	PALIC	\$10.00	<input type="checkbox"/>
Nevada (A, F, <sup>HPF</sup> , G, N)	PALIC	\$15.00	<input type="checkbox"/>
New Jersey (A, C, D, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	\$25.00	<input type="checkbox"/>
New Mexico (A, C, D, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>WL</b>	PALIC	\$20.00	<input type="checkbox"/>
North Carolina (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELICM	\$10.00	<input type="checkbox"/>
North Carolina <b>WL MA GAP</b>	PALIC	\$10.00	<input type="checkbox"/>
Ohio (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	\$15.00	<input type="checkbox"/>
Ohio <b>WL</b>	PALIC	\$15.00	<input type="checkbox"/>
Oklahoma (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	NELIC	\$30.00	<input type="checkbox"/>
Oklahoma <b>WL</b>	PALIC	\$30.00	<input type="checkbox"/>
Pennsylvania <b>WL ANNU</b>	NELIC	\$15.00	<input type="checkbox"/>
Pennsylvania (A, B, D, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>ANNU</b>	NELICM	\$15.00	<input type="checkbox"/>
Pennsylvania <b>WL MA GAP ANNU</b>	PALIC	\$15.00	<input type="checkbox"/>
South Carolina <b>WL</b>	NELIC	N/A	<input type="checkbox"/>
South Carolina (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>MA GAP</b>	PALIC	N/A	<input type="checkbox"/>
South Dakota Resident (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	\$10.00	<input type="checkbox"/>
South Dakota Non-Resident (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	\$20.00	<input type="checkbox"/>
Tennessee <b>WL</b>	NELIC	\$15.00	<input type="checkbox"/>
Tennessee (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>WL</b>	NELICM	\$15.00	<input type="checkbox"/>
Texas <b>WL ANNU</b>	NELIC	\$10.00	<input type="checkbox"/>
Texas <b>WL ANNU</b>	NELICM	\$10.00	<input type="checkbox"/>
Texas (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>MA GAP ANNU</b>	PALIC	\$10.00	<input type="checkbox"/>
Utah (A, D, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N) <b>WL</b>	PALIC	N/A	<input type="checkbox"/>
West Virginia (A, F, <sup>HPF</sup> , G, <sup>HDG</sup> , N)	PALIC	\$25.00	<input type="checkbox"/>
Wisconsin Resident (Basic MS & Riders)	PALIC	\$16.00	<input type="checkbox"/>
Wisconsin Non-Resident (Basic MS & Riders)	PALIC	\$40.00	<input type="checkbox"/>

Letters indicates Medicare Supplement plans offered in that state  
**WL** indicates that Whole Life Final Expense is offered  
**MA GAP** indicates that Medicare Advantage Gap is offered  
**ANNU** indicates that Annuity is offered



- NEW ERA LIFE INSURANCE COMPANY
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

**FOR HOME OFFICE USE ONLY**

Agent # \_\_\_\_\_

Eff. Date \_\_\_\_\_ Code \_\_\_\_\_

State \_\_\_\_\_ Contr Type \_\_\_\_\_ FEP \_\_\_\_\_

**APPLICATION FOR APPOINTMENT**

1. Print or type answers to all questions
2. Send to: New Era Life Insurance Company  
P.O. Box 4884  
Houston, Texas 77210-4884

3. Be sure to attach
  - Copy of current resident license and current non-resident license for each state you are requesting appointment.
  - W-9 form with correct tax information

AGENT NAME \_\_\_\_\_

CORPORATION NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

T.I.N. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

INDIVIDUAL LICENSED FOR:  Life  A & HCORPORATION LICENSED FOR:  Life  A & HALL MAIL SENT TO:  Home  BusinessPAY COMMISSIONS TO:  Self  Corporation or Agency (If Corporation or Agency, please include Assignment Form)**LICENSE INFORMATION**

Resident State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**NON-RESIDENT LICENSE(S) CURRENTLY IN FORCE**

STATE	LIFE	A&H	LICENSE NO.	EXP. DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST COMPANIES YOU CURRENTLY REPRESENT \_\_\_\_\_

- Has your license ever been suspended or revoked? .....  Yes  No
- Have you ever been charged with embezzlement, theft, or any type of felony? .....  Yes  No
- Have you ever appeared before any State Insurance Board or Committee?.....  Yes  No
- Has a justified complaint ever been filed against you with an Insurance Department? .....  Yes  No
- Has any agency contract, to which you were a party, ever been canceled by an insurance company? .....  Yes  No
- Has a suit judgment ever been brought against you in connection with your insurance activities? .....  Yes  No
- Have you ever been convicted of a crime?.....  Yes  No
- Are you currently in debt to any insurance company or federal agency?.....  Yes  No

*Please attach an explanation for any "Yes" answers to the above question.*

## INSURANCE EXPERIENCE

(Life/Health Companies)

Name \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

How many years have you been in the insurance industry? \_\_\_\_\_

Professional designations earned or indicate courses completed:  CLU  ChFC  CFP  CPCU  RHU  FLMI

Have you ever represented New Era Life, New Era Life of the Midwest, or Philadelphia American Life?  Yes  No

### FAIR CREDIT REPORTING ACT DISCLOSURE

I understand that as part of the normal processing procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, or any others who are acquainted with me or my agency. This inquiry includes information regarding my character, general reputation, personal characteristics and mode of living. I have a right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

*I state that to the best of my knowledge all information on the application is correct and that I am not presently, nor do I anticipate being involved in either a personal or business filing of bankruptcy.*

Agent Signature \_\_\_\_\_

*X*

Date \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_



Danny Fisher, CLU, ChFC

Date \_\_\_\_\_

**THE FISHER AGENCY, INC.**

13140 COIT ROAD #102 • DALLAS, TX 75240  
972-238-1450 • 800-822-1450 • FAX: 972-680-0562  
DANNY@MRANNUITY.COM • WWW.MRANNUITY.COM

**COPY OF CURRENT LICENSE AND W-9 FORM MUST BE ATTACHED.**

Recruiter's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Era Life Insurance Company • Philadelphia American Life Insurance Company • New Era Life Insurance Company of the Midwest  
11720 Katy Freeway, Suite 1700 • Houston, TX 77079 • P.O. Box 4884 • Houston, TX 77210-4884  
(281) 368-7200 • (800) 713-4680 • Fax (281) 368-7282



P.O. Box 4884 ♦ Houston, TX 77210-4884  
 11720 Katy Freeway ♦ Suite 1700 ♦ Houston, TX 77079  
 1-800-713-4680



## GENERAL AGENT CONTRACT

### **SECTION 1. PARTIES**

This General Agent Contract (referred to as "Contract") is made by and between (select each Company below that applies),

- NEW ERA LIFE INSURANCE COMPANY (referred to as "Company" singularly or collectively)
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST (referred to as "Company" singularly or collectively)
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY (referred to as "Company" singularly or collectively)

and you, (Print Your Name or Entity Here) \_\_\_\_\_, and shall take effect on the date stated on page 5 of this document. This contract supersedes any prior contract(s) that you may have had with Company, except for terms of prior contract(s) that pertain to compensation, vesting, lien(s), and replacement of policies on business written prior to the effective date of this Contract.

### **SECTION 2. APPOINTMENT**

The Company (ies) selected above appoints the person or entity named above as its General Agent (referred to as "GA") as its agent, for the purpose of soliciting, personally or through Agents and/or Brokers recruited by or assigned to the GA, applications for the Company's insurance policies and annuity contracts, and forwarding them to the Home Office of the Company for acceptance or rejection. The GA and the Agents or Brokers recruited by or assigned to the GA may operate within the territory in which they are properly licensed, but this Agreement does not grant exclusive rights in any territory or for any products.

### **SECTION 3. RESPONSIBILITIES AND LIMITATIONS**

During the continuation of this Agreement, the GA agrees to:

- (a) Be responsible for the proper delivery of policies issued by the Company on applications solicited by the GA and Agents or Brokers recruited by or assigned to the GA.
- (b) Operate only in states where the GA and Agents or Brokers recruited by or assigned to the GA are licensed to do business and solicit applications only for those products offered by the Company in each such state.
- (c) Comply with all rules, regulations and instructions of the Company pertaining to the conduct of business covered by this Agreement, and be responsible for the supervision of the Agents recruited by or assigned to the GA, in complying with such rules, regulations, and instructions.
- (d) Comply with all state, federal and local laws, regulations and orders to which the GA and the Agents or Brokers recruited by or assigned to the GA may be subject or bound.
- (e) Maintain adequate professional liability (Errors & Omissions) insurance coverage respecting the conduct of the GA's business under this Agreement and furnish proof of such coverage to the Company upon request.
- (f) Pay all his or her expenses in the performance of this Agreement.
- (g) Indemnify and hold the Company harmless from losses, expenses, costs and damages resulting from any acts by the GA or the GA's employees which breach any of the terms of this Agreement.
- (h) Immediately forward to the Company by cash or check all premiums received by the GA or the Agents and/or Brokers recruited by or assigned to the GA at the time of application or upon delivery of an insurance policy.
- (i) Obtain and maintain training required by any local, state or federal law, code, rule or regulation, including but not limited to Anti-Money Laundering training, and timely provide verification of such training to the Company or upon request by the Company.

#### **SECTION 4. AGENT AND/OR BROKER**

The Company agrees to appoint as its agents such licensed persons (Agents and/or Brokers) recruited by the GA as meet standards then generally applied by the Company in appointment of Agents and/or Brokers; provided, however, that:

- (a) No such person shall be authorized to represent the Company until an Agent's or Broker's contract is properly executed by the Company and such Agent or Broker is properly licensed and appointed by the Company to solicit business for the Company.
- (b) The Company reserves the right, in its sole discretion, to refuse to appoint any Agent or Broker recruited by the GA, and to terminate the appointment of any such Agent or Broker, without any liability to the GA.
- (c) If both the GA and another Agent of the Company request appointment of the same person, the Company shall appoint that person in whatever capacity is mutually agreed upon by all parties.

#### **SECTION 5. ASSIGNMENT**

No sale, transfer or assignment of this Agreement or of any interest therein, shall be valid without the consent of the Company made in writing and signed by an Officer of the Company and dated at its Home Office.

#### **SECTION 6. LIMITS OF AUTHORITY**

The GA is not authorized to obligate or bind the Company to any contract of insurance, to waive, alter or change any provision or condition of the Company's insurance policies or annuity contracts or any application for such contracts, any Agent's or Broker's contract, sales literature, illustrations, or receipts; modify or extend the amount of time of any premium payment due to the Company; or receive any money due or to become due the Company except initial premiums and additional first year premium collected when a policy is delivered. The GA shall not enter into any contract, incur any expense or obligation of any character whatsoever, or cause or permit the insertion or distribution in any publication or otherwise, of any advertising or publicity matter in any way involving the Company without the prior written approval of the Company. The GA is not to prepare, publish, print or circulate, or cause to be prepared, published, printed, or circulated any advertising or sales promotion materials, illustrations, circulars, leaflets, booklets, form letters, radio, telephone or television scripts, or any other information used in the solicitation of insurance, nor advertise its policies or services without the Company's prior written approval.

#### **SECTION 7. APPLICATIONS AND POLICIES**

The Company may, in its discretion, and without liability to the GA, reject applications or refund premiums for insurance policies or annuity contracts submitted by the GA or Agent and/or Broker recruited by or assigned to the GA without specifying the cause; and withdraw, substitute, or change any insurance policy, annuity contract, or premium rate used by the Company.

#### **SECTION 8. INDEBTEDNESS**

The GA will be responsible for the payment to the Company on demand of all monies which

- (a) The GA or Agent and/or Broker recruited by or assigned to the GA collects on the Company's behalf;
- (b) are due it because of compensation paid to the GA or Agent and/or Broker recruited by or assigned to the GA upon premiums or other consideration paid for any insurance policy or annuity contract which the Company thereafter refunded or returned; or
- (c) are paid or advanced to the GA or Agent and/or Broker recruited by or assigned to the GA which are not due under this Agreement. Until the Company receives all such monies from the GA or Agent and/or Broker recruited by or assigned to the GA, the same shall be a debt payable on demand and for which he/she is personally liable.

#### **SECTION 9. LIEN**

As additional security for the payment of any indebtedness under this Agreement or any other Agreement with the Company, the Company shall have a first and prior lien against the compensation due the GA under this Agreement. The Company's lien is superior to all other liens under this Agreement. The Company may, at any time offset any such indebtedness against compensation due the GA under this Agreement or any agreement he/she has with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other remedies to collect the indebtedness.

## **SECTION 10. LITIGATION**

- a) If any legal action is brought against the Company, its employees, the GA or Agents and/or Brokers recruited by or assigned to the GA, either jointly or severally, by reason of any alleged act, fault, omission, negligence, or failure of the GA's or Agents and/or Brokers recruited by or assigned to the GA, in connection with activities hereunder, the Company may require the GA to defend such action. However, at its sole option, the Company may elect to defend such action and expend such sums as are reasonably necessary in connection with such defense including attorneys' fees. On demand, the GA shall repay all such costs incurred in such defense. In the event judgment is obtained against the Company or its employees in any such action, the GA shall indemnify the Company for such judgment as well as all attendant costs as stated above. The GA shall have the same rights in connection with suits brought by third parties and arising from alleged wrongdoing on the part of the Company involving the GA and Agent and/or Broker recruited by or assigned to the GA. In any event, compromise settlements shall be considered and shall be accepted as may be reasonable.
- b) The GA shall not commence any litigation between the GA and any other agent of the Company, or applicant to or policyholder of the Company upon any matter relating to the business of the Company, without first obtaining the written consent thereto by the President of the Company, which consent shall not be unreasonable withheld.

## **SECTION 11. COMPANY PROPERTY**

Sales brochures, applications, rate books, policyholder cards and all other supplies furnished by it will remain Company property. They are to be accounted for and returned by the GA on demand. The GA agrees to be responsible for any damage or misuse thereof. Company property is subject to examination during normal business hours and without notice by a duly authorized representative of the company.

## **SECTION 12. PERSONAL DEVELOPMENT AND SERVICE**

The GA agrees to become fully informed as to the provisions and benefits of each product offered by the Company for which the GA or Agents and/or Brokers recruited by or assigned to the GA solicit applications, and to insure that such Agents and Brokers are so informed. The GA further agrees to represent such products adequately and fairly to prospects, and to use his or her best efforts to provide service to customers and to maintain in force any business placed with the Company.

## **SECTION 13. COMPENSATION**

Subject to all provisions of this Agreement, the Company agrees to pay the GA compensation for services rendered hereunder on insurance policies and annuity contracts issued on applications solicited by the GA or Agents and/or Brokers recruited by or assigned to the GA in accordance with the attached Commission Schedules.

- (a) Change in Schedule  
The Commission Schedule attached to this Agreement may be changed by the Company at any time by notice to the GA, provided, however, such change shall be applicable only to policies of insurance thereafter issued.
- (b) Reinsurance  
If all or any portion of a policy of insurance issued by the Company through the solicitation of the GA or Agent and/or Broker recruited by or assigned to the GA is reinsured by the Company, the right is reserved by the Company to change the compensation provided for in the attached Commission schedules to the extent deemed advisable by the Company to provide for the reinsurance.
- (c) Renewal Commissions on Termination, Death or Total Disability of the General Agent  
If this Agreement is terminated for any reason including death or, if, in the sole judgment of the Company, the GA is totally disabled by reason of physical or mental impairment, renewal commissions (but not service fees) on business produced by the GA at the rates and for the periods specified in the attached Commission Schedule shall, subject to the other provisions of this Agreement, be paid as they accrue to the account of the GA or the heirs or legal representatives or the GA in accordance with this Agreement.
- (d) Termination of Service Fees  
In no event shall service fees be payable after the death or, as determined by the Company, the total physical or mental disability of the GA or after the termination of this Agreement for any other reason.
- (e) Conversion, Chances and Replacements  
The compensation on conversions of term policies, changes in plan and replacement policies shall be governed by the rules and practices adopted by the Company.

## **SECTION 14. TERMINATION**

At any time either the GA or the Company may terminate this Agreement without cause by giving thirty (30) days notice in writing sent to the last known address of the other. This Agreement shall terminate immediately upon the date of the GA's death, bankruptcy, or insolvency, or, in the event the GA is a corporation or partnership, upon the dissolution thereof, or upon the termination or nonrenewal of the GA's license to represent the Company. Without notice this Agreement shall immediately terminate for cause if the GA:

- (a) Fails to comply with or commits any material violation of any provision of this Agreement.
- (b) Violates any law or regulation regarding the sale of insurance or annuities or fails to comply with any court or administrative agency order.
- (c) Forfeits his or her license to write insurance in any State by reason of action commenced against the GA by the Insurance Department of that State, whether as part of a revocation of such license or in an effort to compromise or settle such proceedings.
- (d) Induces or attempts to induce any policyholder of the Company to surrender or lapse any policy of insurance or annuity contract with the Company or to reduce or discontinue any premium payments to it.
- (e) Withholds, converts, or fails to account for and remit promptly any monies, funds, policies, or other property belonging to or returnable to the Company.
- (f) Does any act which injures the business or reputation of the Company.
- (g) Induces or attempts to induce any Agent, employee or representative of the Company to terminate his/her relationship with the Company.
- (h) Threatens or acts in an abusive manner toward the Company or any of its employees.
- (i) Fails to comply with all of the rules, regulations and instructions of the Company pertaining to the conduct of business covered in this Agreement.
- (j) Fails to obtain and maintain training required by any local, state or federal law, code, rule or regulation, including but not limited to Anti-Money laundering training, and timely provide verification of such training to the Company or upon request by the Company.

If this Agreement is terminated for cause as provided in this paragraph or if this Agreement is terminated without cause but the Company later discovers that during the GA's association with the Company or afterwards that the GA has committed any of the acts described in this paragraph then the GA shall forfeit to the Company all right, title and interest in any compensation due the GA under this Agreement. A forfeiture under this paragraph shall not constitute an election by the Company to forego any claim it may have against the GA.

## **SECTION 15. NOTICE**

Any notice given under any provision of this Agreement shall be complete upon deposit, postage prepaid, in the U.S. mail addressed to the GA at the GA's address according to the Company's records or to the Company at its home office, whichever applies.

## **SECTION 16. RELATIONSHIP**

Nothing contained herein is intended or shall be construed to create the relationship of employer/employee or agent/principle between the GA, the Agent and/or Broker, and the Company. The relationship between the GA, the Agent and/or Broker, and the Company shall be at all times shall be one of independent contractor. The GA and the Agent or Broker shall be free to exercise their own judgment in the details of their work, the persons from whom they will solicit applications for insurance policies and annuity contracts, and the manner, time and place of such solicitation, The Company may, from time to time, prescribe rules, regulations or instructions respecting the conduct of the its business covered herein. Such rules, regulations or instructions shall not interfere with the freedom of action of the GA and any Agent or Broker recruited by or assigned to the GA, although each shall nevertheless be subject to and required to comply with such rules, regulations, and instructions. The GA and any Agent or Broker recruited or assigned to the GA shall at all times be free to contract with, be appointed by or solicit business on the behalf of other insurance companies.

## **SECTION 17. REPLACEMENT**

This Agreement terminates and supersedes any and all other agreements made between the GA and the Company to represent the Company.

## **SECTION 18. RIGHTS OF COMPANY**

The Company may make such changes as it deems advisable in the conduct of its business or discontinue at any time issuing any of its forms of policy contracts or other instruments issued in the pursuance of its business and no liability to the General Agent will attach to the Company by reason of its so doing. The Company shall have the right to test-market any of its products or policies on a select basis at the discretion of the Company.



**SECTION 19. INJUNCTION**

The GA agrees that if, during this Agreement, or within two years after termination thereof; if the GA does any of the acts described in SECTION 14. TERMINATION, subparagraph (d), (e), (f), or (g) of this Agreement, that damages, if any, and remedies at law for doing such acts would be inadequate. Therefore, in the event the GA does any such acts, the Company shall be entitled to an injunction, without the necessity of furnishing bond restraining the GA from any such act. The GA agrees that any such act would result in continuing irreparable harm and damage to the Company but nothing contained herein shall be construed as prohibiting the Company from pursuing any other remedies available to the Company, including the recovery of damages from the GA.

**SECTION 20. LAW GOVERNING AND JURISDICTION**

This Agreement is made and entered into upon its acceptance by the Company at its Home Office in Houston, Texas, and shall be governed by the laws of the State of Texas. All compensation payable hereunder by the Company shall be payable at Houston, Texas. The GA agrees that any actions or legal proceedings arising out of or in any way relating to this Agreement, whether initiated by the GA or the Company, shall be brought in the courts of Harris County, Texas, which shall have jurisdiction and venue over any litigation resulting from any violation or interpretation of the terms and conditions of this Agreement.

**SECTION 21. SAVINGS CLAUSE**

If any provision of this Agreement shall be contrary to the laws of the particular state, county, or jurisdiction where used, such contrary provision shall not entirely invalidate this Agreement, and this Agreement shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of the GA and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Agreement.

**SECTION 22. WAIVER**

The forbearance or neglect of the Company to insist upon the performance of this Agreement or its failure to take advantage of its rights and privileges in case of any violation hereof by the agent, shall not constitute a waiver of any such rights and privileges. No waiver or modifications of any of the terms or conditions of this Agreement shall be binding upon the Company unless made in writing and signed by an officer of the Company and dated at its Home Office.

**SECTION 23. ENTIRE CONTRACT**

This Agreement and the attached Commission Schedules, along with all supplements and amendments, if any, constitute the entire contract between the parties.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Effective Date: \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Last 4 digits) Social Security Number

\_\_\_\_\_  
General Agent Signature

\_\_\_\_\_  
By Authorized Officer of Houston, Texas

\_\_\_\_\_  
Title



## VERIFICATION OF ANTI-MONEY LAUNDERING TRAINING

Money laundering has been identified as a serious threat to the United States economy and financial system such that Congress has enacted numerous laws governing and criminalizing this activity. These laws and regulations apply to banks and financial institutions, which include insurance companies engaged the sale of certain products defined as “covered products.” “Covered Products” include permanent life insurance, annuities and other insurance products with “cash value” or “investment features.” Group policies or annuities are not covered products.

New Era Life Insurance Company, Philadelphia American Life Insurance Company and New Era Life Insurance Company of the Midwest (hereafter, collectively, “Company”) is committed to combating money laundering. In an effort to prevent such practices, we will actively search for suspicious activity. If suspected, the Company will review all documentation and make a determination as to whether a Suspicious Activity Report (SAR) should be filed with the appropriate agency or authority.

The Company has a Compliance Officer as required by the Anti-Money Laundering statutes (“AML Officer”). The AML Officer is responsible for reviewing recommendations and determining if a SAR should be filed.

You are valuable to the Company. Likewise, insurance agents and brokers are an integral part of the Company’s anti-money laundering plan. They are typically involved in sales operations and are therefore in direct contact with customers. As a result, the agent or broker will often be in a critical position of knowledge as to the source of investment assets, the nature of the clients, and objectives for which the insurance products are being purchased. Agents and brokers have an important role to play in assisting the Company to prevent money laundering.

The Company has a written Anti-Money Laundering and Suspicious Activity Reporting Policy. It contains those events considered to be “Red Flag” events of Suspicious Activity. In an effort to ensure that the Company is in compliance with the mandates, rules and regulations of the Anti-Money Laundering statute, it is necessary that you receive the requisite Anti-Money Laundering training associated with the sale of “covered products.” If you have received such training from another financial institution that markets “Covered Products” under its AML Program or from a qualified vendor or third party, please execute this verification. If you have not received such training to date from an authorized source, please obtain such training within sixty (60) days and return the executed verification to the attention of the Marketing Department at the address shown below. If you fail to receive such training and/or provide verification, you may be subject to having your rights to write for Company revoked.

For your convenience, Company has posted a copy of its Anti-Money Laundering and Suspicious Activity Reporting Policy on its website under the agent account for your review. Please review the Company’s Policy at your earliest convenience so as to become familiar with those events considered to be “Red Flag” events and “Suspicious Activity” which requires further inquiry and possible reporting. Please note that the review of the Policy is not a substitute for formal training.

I, \_\_\_\_\_, hereby affirm that I received Anti-Money Laundering Training from another institution who issues insurance products identified as “Covered Products” or from a qualified third party on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I also agree to monitor all insurance and/or annuity transactions for evidence of potential money laundering and refer any suspect transactions to the Company for further review and action.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

New Era Life Insurance Companies • P.O. Box 4884 • Houston, TX 77210

**NEW ERA LIFE INSURANCE COMPANY**  
 **NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST**  
 **PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**

Houston, TX

**June 1, 2012**

Contract # **3718**

I) Attached to and made a part of NEW ERA LIFE INSURANCE COMPANY Agent Contract.

II) Commission Schedule

Plan Description	Owner Age	At Issue	End of Year Trail Commissions (If Applicable)					
			1	2	3	4	5	6+
Secure Choice 5 year Annuity	0-85	2.00%						
Secure Choice 5 year Annuity	86-90	1.00%						
Secure Choice 3 year Annuity	0-85	1.75%						
Secure Choice 3 year Annuity	86-99	0.88%						
Exchange Choice 5 year Annuity	0-85	1.00%	0.10%	0.10%	0.10%	0.10%	0.10%	
Exchange Choice 5 year Annuity	86-90	0.50%	0.10%	0.10%	0.10%	0.10%	0.10%	
Exchange Choice 3 year Annuity	0-85	0.88%	0.10%	0.10%	0.10%			
Exchange Choice 3 year Annuity	86-99	0.44%	0.10%	0.10%	0.10%			

- ◆ Commissions and service fees equal to the percentages shown shall be paid on commissionable premiums actually received in cash and accepted by New Era Life Insurance Company.
- ◆ Commissions are based on the attained age (age last birthday) of the Policy Owner.
- ◆ For all annuity withdrawals within the first policy year, commission will be charged back accordingly.
- ◆ Trail commissions will be payable only on internal exchanges from existing 3 year or 5 year annuity contracts into The Exchange Choice 3 year or 5 year annuities.
- ◆ Exchange Choice trail commissions will be applied to the account value at the end of each policy year (EOY); for 3 years on the Exchange Choice 3 and for 5 years on the Exchange Choice 5.
- ◆ Cut off date for commission is the 15th and end of the month. Check will be mailed bi-monthly provided accumulated total commission is \$50.00 or more.

Name of Agent (Please Print Clearly): \_\_\_\_\_

*X*

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**WANT TO GET PAID FASTER?** Sign up for direct deposit today!  
 Simply complete the information below and return to home office.



**BENEFITS  
 OF GOING  
 DIRECT**

**NO DELAYS**

Paper checks run you the risk of encountering delays in mailing, holiday closures, and other extenuating circumstances that may arise.



**SECURITY**

Direct wiring to your account eliminates the opportunity for lost, stolen, damaged or misplaced checks.



**CONVENIENCE**

Avoid waiting for checks in the mail or having to stand in line at the bank. Direct deposit ensures commissions are deposited automatically, hassle-free!

**AUTHORIZATION**

**I am signing up for direct deposit**

- In order to begin direct deposit, please complete the authorization portion below.
- For existing agents, until your request has been fully processed, you will still receive a check for any commission earned. E-mail confirmation will be sent once your direct deposit set-up is complete.

**I am updating my existing bank account information for direct deposit**

- To update your banking information, please complete the authorization portion below.
- Return to home office immediately to avoid any delays in your commission.

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Agent No./Nos. \_\_\_\_\_ E-mail \_\_\_\_\_

*\*If you do not know your agent number, please contact Marketing Services by dialing 877-368-4692.*

**Select One:**

**Checking Account**

**Savings Account**

Financial Institution \_\_\_\_\_

Branch/City/State \_\_\_\_\_

Routing & Transit No. \_\_\_\_\_

Account No. \_\_\_\_\_

I authorize New Era Life Insurance Company, and its subsidiary companies, to initiate electronic credit entries for commissions due. I understand that debit entries will only be made if a bank error or a commission processing error has occurred. This authority will remain in effect until I have canceled in writing.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return completed forms to [marketing@neweralife.com](mailto:marketing@neweralife.com), or fax to 281-368-7282.**



**New Era Life Insurance Company**  
**New Era Life Insurance Company of the Midwest**  
**Philadelphia American Life Insurance Company**

**PRE-AUTHORIZED CHECK (PAC)**  
**Appointment Fee Payment Form**  
 (BANK DRAFT)

<b>Bank Name</b>	<b>Name On The Bank Account</b>
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**Name as it appears on your bank account:**

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**AUTHORIZATION TO MY BANK**

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of New Era Life Insurance Companies, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand this will be for the purpose of collecting state specific appointment fees upon my appointment approval and state specific appointment renewal fees. I agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, the bank or credit card company shall be under no liability.

By typing your name in the signature box below, you agree that your digital signature shall have the same legal effect as if written by hand.

Signature	Date
<b>ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>

**SAMPLE CHECK**

**PAY TO THE ORDER OF** \_\_\_\_\_

**FOR** \_\_\_\_\_

**5224**

Date \_\_\_\_\_

\$

**DOLLARS**

**ROUTING NUMBER**

1231234

**ACCOUNT NUMBER**

123 111 5555

**CHECK NUMBER**

5224



## Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

**Access to Debit-Check Information:** You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

### AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

**BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):**

(A) \_\_\_\_\_ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) \_\_\_\_\_ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) \_\_\_\_\_ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) \_\_\_\_\_ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

**Agent/Agency Printed Name:** \_\_\_\_\_

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

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

**FOR COMPANY USE ONLY**

**AGREED AND ACKNOWLEDGED BY COMPANY:**

Name of Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**BENEFICIARY DESIGNATION FORM FOR AGENTS ONLY**

Instructions:  
 1. Fill out all un-shaded sections of this form clearly and completely.  
 2. Check the appropriate box for an original designation, or to change an existing designation.  
 3. Ensure that the agent and a disinterested witness sign and date the form.  
 4. Return the form to us via one of these methods:  
 Fax to 281-368-7282 -or-  
 Mail to the attention of Marketing at P.O. Box 4884 Houston, TX 77210-4884

<b>Agent Number:</b>	<b>Agent Name: (please print)</b>	<b>Agency Name: (please print)</b>
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<p><b>CHECK ONE</b></p> <p><input type="checkbox"/> ORIGINAL BENEFICIARY DESIGNATION</p> <p><input type="checkbox"/> BENEFICIARY DESIGNATION CHANGE</p>	<b>I HEREBY REQUEST UPON MY DEATH THAT ALL FUTURE PROCEEDS BE PAID AS FOLLOWS:</b>
	<b>PRIMARY BENEFICIARY</b>
	Name:
	Address:
	City, State, Zip Code:
	SSN:
	Relationship to Agent:
	<b>CONTINGENT BENEFICIARY (If the Primary Beneficiary predeceases the Agent)</b>
	Name:
	Address:
	City, State, Zip Code:
	SSN:
	Relationship to Agent:
	The commission proceeds of the deceased agent will typically be paid to one payee. The designated payee will receive a 1099 at the end of each year if applicable.

**SIGNATURE SECTION**

<p>I AGREE THAT MY SIGNATURE BELOW SHALL APPLY TO THE ABOVE REQUESTED CHANGE.</p> <p>DATED AT: _____ THIS _____ DAY OF _____, 20____</p> <p style="text-align: center;">(City and State)</p>	
<p>_____          PRINT WITNESS'S FULL NAME</p>	<p>_____          PRINT AGENT'S FULL NAME</p>
<p>_____          SIGNATURE OF DISINTERESTED WITNESS          (Must be un-related to Agent)</p>	<p>_____          SIGNATURE OF AGENT</p>

**NEW ERA LIFE INSURANCE COMPANIES USE ONLY**

<p>ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO AGENT CONTRACT</p> <p>NEW ERA LIFE INSURANCE COMPANIES HAVE RECEIVED THIS CHANGE REQUEST AND MADE IT PART OF OUR RECORDS</p> <p>DATED AT HOUSTON, TX _____ BY _____</p>
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