



**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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