



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

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CHANGE OF BENEFICIARY FORM

TO BE USED WITH ACCUMULATOR ANNUITIES ONLY!

Policy Number:	Annuitant:
Owner:	Joint Owner:

ANNUITANT'S BENEFICIARY DESIGNATIONS

The Annuitant's Beneficiary(s) receive the Annuity Values, as defined in the policy, at death of the Annuitant.

I hereby revoke all prior designations of Beneficiaries. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record at the Company.

With respect to any trust designated as Beneficiary, the insurance company shall neither be obligated to inquire into the terms of the trust, nor shall the Company be chargeable with knowledge of the terms of the trust, and the Company will be fully discharged from all liability after payment of the Death Benefit proceeds under the contract to the trustee.

(Unless otherwise designated, all survivors in a class will share equally.)

	<u>Name</u>	<u>Date of Birth or Trust Date</u>	<u>SSN or Tax ID #</u>	<u>Relationship to Annuitant</u>
Primary:				

Contingent:	
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OWNER BENEFICIARY DESIGNATION (If Applicable)

If the Annuitant is different from the Owner, you must name an Owner Beneficiary in the event the Owner predeceases the Annuitant.

	<u>Name</u>	<u>Date of Birth or Trust Date</u>	<u>SSN or Tax ID #</u>	<u>Relationship to Owner</u>

I direct that any endorsement of the policy requested be effected by return of this request with the Company along with a revised specification page. I agree that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

By signing this form, the policy owner(s), each agree and certify that the Company is authorized to make the changes to the contract as indicated on this form, and further agree to hold harmless and indemnify the Company as to any and all claims or demands which may be made by reason of the changes so made.

I/WE AGREE THAT MY/OUR SIGNATURE (S) BELOW SHALL APPLY TO EACH REQUEST ON THIS FORM.

SIGNED AT (CITY AND STATE): _____ DATE: _____

Owner Signature: {If Owned by Company or Trust – Show Title} 	Joint Owner Signature: {If Applicable}
Witness Signature: {No Relation to Owner(s) or Beneficiaries} 	Assignee Signature: {If Applicable – Show Title} <p style="text-align: center; margin-top: 10px;">NOT APPLICABLE</p>

FOR HOME OFFICE USE ONLY

The Insurance Company has recorded the change requested and retained a photocopy of the request.

Dated at Houston, Texas on _____ By _____