



For NEW ERA LIFE INSURANCE COMPANY
 New Era PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
 Company: NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

P. O. Box 4884 • Houston, TX 77210-4884
 11720 Katy Freeway, Suite 1700 • Houston, TX 77079
 281-368-7200 • 800-713-4680 • Fax: 281-368-7144 • www.NewEraLife.com

Policy
Service
Form

POLICY NUMBER:	ANNUITANT:	OWNER(S):
----------------	------------	-----------

1. <input type="checkbox"/> BENEFICIARY	I HEREBY REVOKE ALL PRIOR BENEFICIARY AND REQUEST PRESENT DESIGNATION BELOW.		
	PRIMARY BENEFICIARY:		RELATIONSHIP TO INSURED:
	CONTINGENT BENEFICIARY:		RELATIONSHIP TO INSURED:
WHEN MORE THAN ONE PRIMARY BENEFICIARY IS NAMED, PAYMENT SHALL BE MADE SHARE AND SHARE ALIKE, SURVIVORS OR SURVIVOR. THIS SIMILARLY APPLIES WHEN MULTIPLE CONTINGENT BENEFICIARIES ARE NAMED AND BECOME ENTITLED TO THE PROCEEDS OF THIS POLICY.			
2. <input type="checkbox"/> OWNER	I HEREBY REQUEST THAT ALL BENEFITS, RIGHTS, AND PRIVILEGES OF OWNERSHIP BE VESTED IN THE NEW OWNER.		
	NEW OWNER:	SOCIAL SECURITY NO.	RELATIONSHIP TO INSURED:
	STREET ADDRESS:		
	CITY, STATE, ZIP:		
	NEW OWNER SIGNATURE:		
3. <input type="checkbox"/> NAME	CHANGE NAME OF <input type="checkbox"/> INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> PAYOR <input type="checkbox"/> BENEFICIARY		
	FROM:		TO:
	REASON FOR CHANGE:		IF REASON OTHER THAN MARRIAGE, DIVORCE OR CORRECTION, ATTACH A COPY OF LEGAL EVIDENCE.
4. <input type="checkbox"/> APL	(Not Applicable for Annuities!)		
I HEREBY REQUEST THAT THE AUTOMATIC PREMIUM LOAN PROVISION BE ADDED TO THE POLICY.			
5. <input type="checkbox"/> NFO	(Not Applicable for Annuities!)		
	I HEREBY REQUEST THAT THE CASH VALUE OF THE POLICY, LESS ANY EXISTING INDEBTEDNESS TO THE COMPANY BE APPLIED TO:		
		<input type="checkbox"/> PAID UP INSURANCE	<input type="checkbox"/> EXTENDED TERM INSURANCE
6. <input type="checkbox"/> ADDRESS	CHANGE ADDRESS OF: <input type="checkbox"/> INSURED <input type="checkbox"/> OWNER <input type="checkbox"/> PAYOR		
	NEW ADDRESS & PHONE NO.:		

COMPLETE SIGNATURE SECTION ON REVERSE SIDE

<p>7.</p> <p><input type="checkbox"/></p> <p>LOAN</p>	<p>MAKE A LOAN FOR:</p> <p><input type="checkbox"/> FULL LOAN VALUE</p> <p><input type="checkbox"/> GROSS LOAN OF \$ _____ (BEFORE INTEREST DEDUCTION OR FULL AMOUNT AVAILABLE IF LESS)</p> <p><input type="checkbox"/> NET LOAN OF \$ _____ (AFTER INTEREST DEDUCTION OR FULL AMOUNT AVAILABLE IF LESS)</p> <p><input type="checkbox"/> PAY MODE _____ PREMIUM DUE (DATE) _____</p> <p>(Not Applicable for Annuities!)</p> <p>IT IS UNDERSTOOD AND AGREED THAT THE TERMS AND CONDITIONS OF THIS LOAN SHALL INCLUDE THE LOAN PROVISION OF SAID POLICY WHICH IS ASSIGNED AS SOLE SECURITY THEREOF AND THAT INTEREST SHALL BE PAYABLE AS SPECIFIED IN THE POLICY. IF INTEREST IS NOT PAID WHEN DUE, IT SHALL BE ADDED TO THE PRINCIPAL AND BEAR INTEREST AT THE SAME RATE SUBJECT TO THE POLICY LIMITATION OF INDEBTEDNESS. I CERTIFY THAT NO BANKRUPTCY PROCEEDINGS, ATTACHMENT, TAX OR OTHER LIEN OR CLAIM IS NOW PENDING AGAINST THE OWNER.</p>
<p>8.</p> <p><input type="checkbox"/></p> <p>DUPLICATE POLICY</p>	<p>I HEREBY CERTIFY THAT THE POLICY HAS BEEN LOST OR DESTROYED AND I HAVE NO KNOWLEDGE OF ITS WHEREABOUTS, AND THAT SAID POLICY HAS NOT BEEN GIVEN, TRANSFERRED OR ASSIGNED AS COLLATERAL FOR ANY DEBT OR OTHER OBLIGATION.</p> <p>I HEREBY REQUEST THE ISSUANCE OF A DUPLICATE OF SAID POLICY OR CERTIFICATE OF INSURANCE SHOULD DUPLICATE POLICY FORMS NOT BE AVAILABLE, AND HEREBY AGREE THAT ANY CERTIFICATE OF DUPLICATE POLICY ISSUED SHALL CREATE NO LIABILITY ON THE PART OF THE COMPANY OTHER THAN THAT SET OUT IN THE ORIGINAL POLICY. IF AT ANY TIME THE ORIGINAL POLICY IS FOUND, SUCH CERTIFICATE OR DUPLICATE POLICY WILL BE NULL AND VOID AND IMMEDIATELY RETURNED TO THE COMPANY.</p>
<p>9.</p> <p><input type="checkbox"/></p> <p>SURRENDER</p>	<p>SURRENDER THE POLICY FOR THE NET CASH SURRENDER VALUE IN ACCORDANCE WITH THE PROVISIONS AND CONDITIONS OF THE POLICY. THIS WILL BE ACCEPTED IN FULL PAYMENT OF AND RELEASE OF ALL CLAIMS UNDER THE POLICY. NO BANKRUPTCY PROCEEDINGS, ATTACHMENT, TAX OR OTHER LIEN OR CLAIM IS NOW PENDING AGAINST THE OWNER.</p> <p><input type="checkbox"/> POLICY ENCLOSED</p> <p><input type="checkbox"/> THE ORIGINAL POLICY AND ANY DUPLICATES OR CERTIFICATES THEREOF HAVE BEEN LOST OR DESTROYED.</p> <p>I UNDERSTAND THAT THE SURRENDER MAY BE SUBJECT TO FEDERAL INCOME TAX WITHHOLDING.</p> <p><input type="checkbox"/> I ELECT TO HAVE 10% WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p> <p><input type="checkbox"/> I ELECT TO HAVE 20% WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p> <p><input type="checkbox"/> I ELECT NOT TO HAVE WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p>
<p>10.</p> <p><input type="checkbox"/></p> <p>ADDITIONAL REQUESTS</p>	<p><input type="checkbox"/> REQUEST FOR WITHDRAWAL OF REQUIRED MINIMUM DISTRIBUTION.</p> <p><input type="checkbox"/> REQUEST TO MAKE A WITHDRAWAL IN THE AMOUNT OF \$ _____.</p> <p>DO YOU WANT AUTOMATIC DISTRIBUTION? _____ YES _____ NO. IF YES, INDICATE DATE _____</p> <p><input type="checkbox"/> I ELECT TO HAVE 10% WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p> <p><input type="checkbox"/> I ELECT TO HAVE 20% WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p> <p><input type="checkbox"/> I ELECT NOT TO HAVE WITHHOLDING ON MY TAXABLE DISTRIBUTION.</p>

SIGNATURE SECTION

I/WE AGREE THAT MY/OUR SIGNATURE (S) BELOW SHALL APPLY TO EACH REQUEST WHICH HAS BEEN CHECKED ON BOTH SIDES OF THIS FORM.

DATED AT: _____ THIS _____ DAY OF _____, 20 ____.

(CITY AND STATE)

X _____ X _____

SIGNATURE OF DISINTERESTED WITNESS SIGNATURE OF OWNER(S) - (IF OWNED BY COMPANY, SHOW TITLE)

SIGNATURE OF DISINTERESTED WITNESS SIGNATURE OF ASSIGNEE OR AUTHORIZED REPRESENTATIVE (SHOW TITLE)

FOR HOME OFFICE USE ONLY

ACKNOWLEDGEMENT OF REQUEST FOR CHANGE - PLEASE ATTACH TO POLICY

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

DATED AT HOUSTON, TEXAS _____ BY _____

Original to New Era Companies Home Office • Copy to Policy Owner • Copy to Agent

AGENT INFORMATION: