



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

# Request for Policy/Account Transfer or Exchange

<b>Current Trustee/Insurance Company/Financial Institution ("FI")</b>	<b>Policy Owner/Account Owner Name(s)</b>
Street Address of Current Trustee/Ins. Co./FI	Policy/Account Number(s)
City State Zip of Current Trustee/Ins. Co./FI	Owner Social Security Number(s) or Tax I.D. Number(s)
Telephone Number of Current Trustee/Ins. Co./FI	Annuitant/Insured Name(s) (if other than owner)

**TRANSFER INSTRUCTIONS:**  
 Please transfer the policy/account values indicated below:  
 **Partial:** Transfer policy/account value totaling \$ \_\_\_\_\_ or %  
 **Complete:** Transfer all policy/account values. Surrender if an annuity policy.  
 Approximate Transfer Amount: \$ \_\_\_\_\_  
**FOR FULL 1035 EXCHANGES:** I, the owner, assign and transfer to the New Era Company all rights, title and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.  
**When should the transfer occur?**  
 Transfer policy/account values immediately.  
 Transfer policy/account On or After: \_\_\_\_\_

**QUALIFIED TYPE OF TRANSFER:**  
**From:**  IRA, SEP  Tax-Sheltered Annuity {403(b)}  401(k) Qualified Savings Plan  
**To:**  IRA, SEP  
 Other \_\_\_\_\_  Other \_\_\_\_\_  
**Type of Qualified Transfer or Rollover::**  
 Direct Transfer (Rev. Rul. 90-24)  Direct Rollover (UCA-92)  
 Trustee to Trustee Transfer  Non-Direct Rollover

**NON-QUALIFIED TYPE OF TRANSFER:**  
 **Non-Qualified Policy/Account Values, 1035 Exchange**  
 **Non-Qualified Funds, Non-1035 Exchange from:**  
 Mutual Fund  Bank CD  Other Non-Qualified Asset

**Retirement Plan to an IRA:**  
*(To be completed only if rolling a Retirement Plan to an IRA)*  
 Plan Termination  Death  Disability  
 Separation from Service  Over Age 59 1/2  Divorce

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**  
 A) Have you reached age 72 or older in this calendar year?  YES  NO (If the Answer to A, is NO, Disregard B & C.)  
 B) Have you satisfied your RMD for this taxable year from the distributing plan?  YES  NO (If the Answer to B is YES, Disregard C.)  
 C) I direct the present custodian/trustee/insurer to:  Distribute my RMD to me before transferring my Qualified funds **or**  
 Transfer the entire amount. The RMD has been or will be made from another account.

**FOR ALL TRANSFERS:** As the owner of the account indicated above, I request the above transfer to the New Era Company (NEC) noted at the top of this form. I represent and warrant that said policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to NEC. I further agree that NEC is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

**My Annuity/Life policy is:**  ENCLOSED  NOT REQUIRED to process this transaction.  NOT APPLICABLE  
 **LOST/DESTROYED:** I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

**W9: I (We) certify under penalty of perjury that the Tax ID(s) furnished on this form is/are true and correct.**

Signed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

*X* \_\_\_\_\_ *X* \_\_\_\_\_  
 Signature of Policy Owner(s) Signature Guarantee (If Required.) Signature of Agent

**ACCEPTANCE BY HOME OFFICE**  
 The New Era Company noted above acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. NEC will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.  
**Make check payable to: New Era Company noted above • PO Box 4884 • Houston, TX 77210-4884 • FBO the owner(s) noted above.**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 NEC Policy Number Authorized Signature/Title Date