



- NEW ERA LIFE INSURANCE COMPANY
- PHILADELPHIA AMERICAN LIFE INSURANCE 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

## CHANGE OF BENEFICIARY FORM

**TO BE USED WITH **SECURE CHOICE, TOP CHOICE, EXCHANGE CHOICE OR TOP EXCHANGE ANNUITIES ONLY!****

Policy Number:	Annuitant:
Owner:	Joint Owner:

### OWNER'S BENEFICIARY DESIGNATIONS

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

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.)

	Name	Date of Birth or Trust Date	SSN or Tax ID #	Relationship to Owner
Primary:				
Contingent:				

**NOTE:** If the Annuitant is different from the Owner and the Annuitant dies before the Owner elects to annuitize; 1) the Owner may name a new Annuitant 2) If the Owner is a Non-Natural Person, such as a company or trust, death proceeds, as defined in the policy are payable to the Owner's Beneficiary at death of the Annuitant.

### JOINT OWNER BENEFICIARY DESIGNATION (If Applicable)

If the Joint Owner predeceases the Owner, death proceeds as defined in the policy, are payable to the Owner, unless otherwise noted below.

	Name	Date of Birth or Trust Date	SSN or Tax ID #	Relationship to Owner

I direct that any endorsement of the policy requested be effected by return of this request by 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.

**The Beneficiary Designations are Revocable.**

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

SIGNED AT (CITY AND STATE): \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Owner Signature:</b> {If Owned by Company or Trust – Show Title} 	<b>Joint Owner Signature:</b> {If Applicable} 
<b>Witness Signature:</b> {No Relation to Owner(s) or Beneficiaries} 	

### 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 \_\_\_\_\_