



- 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

**INTERNAL  
EXCHANGE**

Policy Number of Contract to be Exchanged: \_\_\_\_\_

	Full Name	SSN or Tax ID #
Annuitant:		
Owner (If different):		
Joint Owner:		

**Please transfer the surrender value of the above policy and process as requested:**

- Entire surrender value    or     \$ \_\_\_\_\_
- Immediately                    or     on \_\_\_\_\_

The amount indicated above is to be applied to a new policy issued by the New Era Company noted above on the plan indicated below. I request that the annuitant, owner and beneficiary designations on the new policy be identical to those on the above policy. I understand that the new annuity will be issued with a current issue date and will contain all of the provisions outlined in the product brochure.

**Plan applied for (please check one):**

- ACCUMULATOR **3** (Form A-0022RC)                     ACCUMULATOR **5** (Form A-0021RC)

**My existing annuity contract is:**

- Enclosed**
- Lost or Destroyed** – I hereby certify that the above referenced contract has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. If the entire surrender value is to be applied to a new policy, I understand that the original contract becomes null and void, and that I, and my heirs, have no further claim against the company with respect to this contract.

I represent that my contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. I further understand and agree that the Company and the undersigned agent have made no representations concerning the tax treatment of this election. The Company assumes no responsibility for any adverse income tax consequences caused by this election.

**Certification and Signatures:** Under penalty of perjury, I certify that the tax ID or social security number furnished above is true and correct.

X

X

SIGNATURE OF OWNER

Date

SIGNATURE OF JOINT OWNER

Date

Company Officer or

Date: \_\_\_\_\_

Agent Signature

X

Agent Number: \_\_\_\_\_