



NEW ERA LIFE INSURANCE COMPANY A-0025R.NE.TX  
 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY A-0025R.PL.TX  
 NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST A-0025R.MW.TX

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

**SECURE CHOICE**

**3**

Disclosure Form

**This disclosure form highlights key features and benefits of the SECURE CHOICE 3 annuity.**

**TAX ADVANTAGES – TAX DEFERRED PLAN**

Although an annuity does not eliminate your tax liability on interest earnings, under current tax law all interest earned accumulates on a tax-deferred basis. Tax deferral is currently available only to individual owners and certain trusts, not to corporations or other non-individuals.

**A SINGLE PREMIUM DEFERRED ANNUITY**

The SECURE CHOICE 3 is a single premium deferred annuity. Additional premiums may not be added in the future.

**NO SALES CHARGES OR FEES**

There are with no annual maintenance fees and no front-end sales loads. **100% of your money works for you!** However, if applicable, a premium tax will be deducted from your premium. **(Not Applicable in Texas!)**

**INTEREST CREDITING**

Interest is credited and compounded on a daily basis. The rates shown below are the current effective annual yields.

MINIMUM GUARANTEED RATES		
Amount	Years 1 – 3	Years 4+
\$ 10,000+	%	%

Rates in effect on: \_\_\_\_\_  
 Subject to change without notice!

The interest rate is fixed for 3 years upon the effective date. After the 3-year period, you will continue to earn interest. The rate may go up or down, but will never be less than the minimum guaranteed rate as defined in your contract.

**ISSUE AGES**

The maximum issue age for the Owner and/or Annuitant is 100.

**MINIMUM/MAXIMUM PREMIUMS**

The minimum premium is \$10,000. Premiums in excess of \$500,000 require prior company approval.

**RIGHT TO EXAMINE ANNUITY**

Within the first 10 days after you receive your annuity, you may return the annuity and receive 100% of your premium, minus any prior withdrawals.

**NOTICE OF ANNUITY VALUES**

We will send you an annual report of the current annuity values.

**RIGHT TO CHANGE ANNUITANT**

As the owner of a non-qualified SECURE CHOICE 3 annuity, you may change the annuitant at any time before annuity payments begin.

**FINANCIAL SECURITY**

The New Era Companies are conservatively managed and financially strong life insurance companies, required by state regulation to maintain reserves equal to or greater than guaranteed surrender values.

**WITHDRAWALS/SURRENDER CHARGES**

The following surrender charges as % of Cash Value will be deducted from a withdrawal or full surrender:

Year:	1	2	3	4+
Charge:	5%	5%	5%	None

**EXCEPTIONS TO SURRENDER CHARGE**

- 1) You may withdraw 100% of your accumulated interest *free* of all charges at any time.
- 2) If you desire, we will mail you or direct deposit a check based on the daily nominal interest rate and subject to a minimum amount of \$125. If the monthly payment is less than \$125, the payment will be made on a quarterly basis.
- 3) Surrender charges are waived in the event of death of the Owner.
- 4) You may elect to annuitize at any time after one year from a wide range of options. Surrender charges are waived with a payout period of 5 years or longer.
- 5) If the Owner dies after electing to annuitize, but before all guaranteed income payments are received, the remaining guaranteed payments will be paid to the beneficiary.
- 6) If the Annuitant is different from the Owner and the Annuitant dies before the Owner elects to annuitize, the Owner may name a new Annuitant.
- 7) Required Minimum Distributions from qualified plans are not subject to surrender charges.

**TAXATION OF WITHDRAWALS**

When you make withdrawals from or surrender the contract, you may be subject to federal income tax on a portion of the amount withdrawn. Please consult with your tax advisor regarding taxation of your annuity.

**NOTES**

- The SECURE CHOICE 3 annuity is not available in all states; certain restrictions, conditions, and state variations may apply.
- This document is not a legal contract. For the exact terms and conditions, please refer to the annuity policy/contract.
- All rates described in this summary are effective annual interest rates/yields.
- Annuities are products of the insurance industry and are not guaranteed by any bank or insured by the FDIC.
- Tax laws are subject to varying interpretations and possible changes. Please consult your tax advisor for further information.

**ACKNOWLEDGEMENT:**

I acknowledge that I have read this disclosure and I understand the description of these provisions as they apply to my application. I acknowledge that there is a 10-day right to examine this annuity.

X

Signature of Owner(s)

X

Signature of Agent

Date

Agent Name and Address



NEW ERA LIFE INSURANCE COMPANY A-0025R.NE.TX  
 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY A-0025R.PL.TX  
 NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST A-0025R.MW.TX  
 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

SECURE CHOICE

3

ANNUITY APPLICATION

<i>Please Print in Ink</i>	<b>A. OWNER</b> (All Correspondence is Sent to Owner)	<b>B. ANNUITANT</b> (Complete if different from Owner)	<b>*C. JOINT OWNER</b> (Non-Qualified Funds Only)
Name:			
Mail Address:			
City, State Zip Code:			
Tax ID #:			
Date of Birth or Trust:			
Sex:			
Home Phone #:			
<b>D. ANNUITY PREMIUM:</b> Paid with Application \$ _____ Anticipated Rollover/Transfer Amount \$ _____ <b>(Make checks payable to the company checked at the top of this application.)</b>			
<b>E. LINE OF BUSINESS:</b> <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA – SEP <input type="checkbox"/> IRA Rollover/Transfer Tax Year of New Qualified Contribution _____			
<b>F. INTEREST INCOME CHOICE:</b> (check one) <input type="checkbox"/> Left to Accumulate (Tax Deferred Growth) <input type="checkbox"/> Interest Paid Monthly Withhold Income Tax: <input type="checkbox"/> No <input type="checkbox"/> Yes @ _____ %			
<b>G. OWNER'S BENEFICIARY DESIGNATIONS:</b> (Unless otherwise designated, all survivors in a class will share equally.) PRIMARY: Name _____ Date of Birth or Trust Date _____ SSN or Tax ID # _____ Relationship to Owner _____ CONTINGENT: _____			
*NOTE: If the Joint Owner predeceases the Owner, full ownership shall pass to the Owner, unless Written Notice to the contrary is provided before death.			
<b>H. REPLACEMENT:</b> Does the annuitant have any existing life insurance or annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete and forward any replacement forms as required in the state of application. Is the contract being applied for intended to replace or exchange any insurance or annuity now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>I. REMARKS AND/OR SPECIAL INSTRUCTIONS:</b>			

I represent that my answers in this application are true and complete and that this application shall be part of an annuity contract issued by the Company. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

Application Completed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

X

X

SIGNATURE OF OWNER

SIGNATURE OF JOINT OWNER

**AGENT:** Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force?  Yes  No  
 If Yes, I presented and read the applicant a notice regarding the replacement.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

X

SIGNATURE OF AGENT(S)

AGENT NUMBER(S)

STATE LICENSE NUMBER OF AGENT(S)

Agent Name & Mail Address:

Agent Phone, Fax, & Email:

A-0025R.APP.TX

Original to Home Office – Copies to Policy Owner and Agent

DOC-7656