



The following are requirements for you to become contracted as an agent with **PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY** in the State of **Texas**:

1. Application for Appointment-Both sides completed and signed.
2. **Two (2)** Contracts- **SIGNED ONLY** (DO NOT DATE).
3. **Two (2)** Copies of the Commission Schedule - **SIGN ONLY** (DO NOT DATE).
4. IRS form W-9 (Rev. 1/2002) – Completed and Signed.
5. Copy of your Current License.

A \$10.00 appointment fee for the Texas Department of Insurance will be deducted from your first commission check.

Send All Forms to:

**THE FISHER AGENCY, INC.
13140 COIT ROAD #102
DALLAS, TX 75240**

**972-238-1450 • 800-822-1450 • FAX: 972-680-0562
DANNY@MRANNUITY.COM • WWW.MRANNUITY.COM**

P. O. Box 4884 • Houston, Texas 77210-4884
11720 Katy Freeway, Suite 1700 • Houston, Texas 77079
Telephone: (281) 368-7200 • Toll Free (800) 552-7879



- NEW ERA LIFE INSURANCE COMPANY
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

FOR HOME OFFICE USE ONLY

Agent # _____

Eff. Date _____ Code _____

State _____ Contr Type _____ FEP _____

APPLICATION FOR APPOINTMENT

1. Print or type answers to all questions
2. Send to: New Era Life Insurance Company
P.O. Box 4884
Houston, Texas 77210-4884

3. Be sure to attach
 - Copy of current resident license and current non-resident license for each state you are requesting appointment.
 - W-9 form with correct tax information

AGENT NAME _____

CORPORATION NAME _____

RESIDENCE ADDRESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX _____

PHONE NO. _____ FAX _____

SOCIAL SECURITY NO. _____

T.I.N. _____

DATE OF BIRTH _____

EMAIL _____

INDIVIDUAL LICENSED FOR: Life A & HCORPORATION LICENSED FOR: Life A & HALL MAIL SENT TO: Home BusinessPAY COMMISSIONS TO: Self Corporation or Agency (If Corporation or Agency, please include Assignment Form)**LICENSE INFORMATION**

Resident State License Number: _____ Expiration Date: _____

NON-RESIDENT LICENSE(S) CURRENTLY IN FORCE

STATE	LIFE	A&H	LICENSE NO.	EXP. DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST COMPANIES YOU CURRENTLY REPRESENT _____

- Has your license ever been suspended or revoked? Yes No
- Have you ever been charged with embezzlement, theft, or any type of felony? Yes No
- Have you ever appeared before any State Insurance Board or Committee?..... Yes No
- Has a justified complaint ever been filed against you with an Insurance Department? Yes No
- Has any agency contract, to which you were a party, ever been canceled by an insurance company? Yes No
- Has a suit judgment ever been brought against you in connection with your insurance activities? Yes No
- Have you ever been convicted of a crime?..... Yes No
- Are you currently in debt to any insurance company or federal agency?..... Yes No

Please attach an explanation for any "Yes" answers to the above question.

INSURANCE EXPERIENCE

(Life/Health Companies)

Name _____ Position _____ From _____ To _____

Address _____ Supervisor _____

Name _____ Position _____ From _____ To _____

Address _____ Supervisor _____

How many years have you been in the insurance industry? _____

Professional designations earned or indicate courses completed: CLU ChFC CFP CPCU RHU FLMI

Have you ever represented New Era Life, New Era Life of the Midwest, or Philadelphia American Life? Yes No

FAIR CREDIT REPORTING ACT DISCLOSURE

I understand that as part of the normal processing procedure, an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, or any others who are acquainted with me or my agency. This inquiry includes information regarding my character, general reputation, personal characteristics and mode of living. I have a right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

I state that to the best of my knowledge all information on the application is correct and that I am not presently, nor do I anticipate being involved in either a personal or business filing of bankruptcy.

Agent Signature

X

Date _____

Recruiter's Signature



Danny Fisher, CLU, ChFC

Date _____

THE FISHER AGENCY, INC.

13140 COIT ROAD #102 • DALLAS, TX 75240
972-238-1450 • 800-822-1450 • FAX: 972-680-0562
DANNY@MRANNUITY.COM • WWW.MRANNUITY.COM

COPY OF CURRENT LICENSE AND W-9 FORM MUST BE ATTACHED.

Recruiter's Comments: _____

New Era Life Insurance Company • Philadelphia American Life Insurance Company • New Era Life Insurance Company of the Midwest
11720 Katy Freeway, Suite 1700 • Houston, TX 77079 • P.O. Box 4884 • Houston, TX 77210-4884
(281) 368-7200 • (800) 713-4680 • Fax (281) 368-7282



PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

GENERAL AGENT'S CONTRACT

For

Name

Of

Address

City State Zip

P.O. Box 4884 • Houston, Texas 77210-4884
200 Westlake Park Blvd. • Suite # 1200 • Houston, Texas 77079

1-800-713-4680 • 281-368-7200

19. LAW GOVERNING AND JURISDICTION

This Agreement is made and entered into upon its acceptance by the Company at its Home Office in Houston, Texas, and shall be governed by the laws of the State of Texas. All compensation payable hereunder by the Company shall be payable at Houston, Texas. The General Agent agrees that any actions or legal proceedings arising out of or in any way relating to this Agreement, whether initiated by the General Agent or the Company, shall be brought in the courts of Harris County, Texas, which shall have jurisdiction and venue over any litigation resulting from any violation or interpretation of the terms and conditions of this Agreement.

20. SAVINGS CLAUSE

If any provision of this Agreement shall be contrary to the laws of the particular state, county, or jurisdiction where used, such contrary provision shall not entirely invalidate this Agreement, and this Agreement shall be construed as not containing the particular provision held to be invalid in such state, county or jurisdiction and the rights and obligations of the General Agent and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Agreement.

21. WAIVER

The forbearance or neglect of the Company to insist upon the performance of this Agreement or its failure to take advantage of its rights and privileges in case of any violation hereof by the agent, shall not constitute a waiver of any such rights and privileges. No waiver or modifications of any of the terms or conditions of this Agreement shall be binding upon the Company unless made in writing and signed by an officer of the Company and dated at its Home Office.

22. ENTIRE CONTRACT

This Agreement and the attached Commission Schedules, along with all supplements and amendments, if any, constitute the entire contract between the parties.

Executed this _____ day of _____, 20 _____.

Effective Date: _____, 20 _____.

Social Security Number

General Agent Signature

By Authorized Officer of Houston, Texas

Title



PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

GENERAL AGENT'S CONTRACT

For

Name

Of

Address

City State Zip

P.O. Box 4884 • Houston, Texas 77210-4884
200 Westlake Park Blvd. • Suite # 1200 • Houston, Texas 77079

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Executed this _____ day of _____, 20 _____.

Effective Date: _____, 20 _____.

Social Security Number

General Agent Signature

By Authorized Officer of Houston, Texas

Title

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Houston, TX

July 2008

Contract # 3718

I. Attached to and made a part of PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY Agent Contract.

II. Schedule


Commissions and service fees equal to the percentages shown shall be paid on commissionable premiums actually received in cash and accepted by Philadelphia American Life Insurance Company for each policy year.

Cut off date for commission is the 15th and end of the month. Check will be mailed bi-monthly provided accumulated total commission is \$50.00 or more.

COMMISSION PERCENTAGE PAYABLE

<u>PLAN DESCRIPTION</u>	<u>Age</u>	<u>year:</u>	<u>1</u>	<u>2-5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9-10</u>	<u>11+</u>
The Secure Choice 5 year Annuity - A23R	0-85		2.00						
The Secure Choice 5 year Annuity - A23R	86-90		1.00						
The Secure Choice 3 year Annuity - A24R	0-85		1.75						
The Secure Choice 3 year Annuity - A24R	86-99		0.88						

For all annuity withdrawals within the first policy year, commission will be charged back accordingly.



Agent's Signature

Date

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Houston, TX

July 2008

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The Secure Choice 5 year Annuity - A23R	86-90		1.00						
The Secure Choice 3 year Annuity - A24R	0-85		1.75						
The Secure Choice 3 year Annuity - A24R	86-99		0.88						

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Agent's Signature

Date

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number
+

or

Employer identification number
+

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.