

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



CONTRACT CHANGE FORM FOR AGENTS ONLY

Instructions: 1. Fill out all un-shaded sections of this form clearly and completely. 2. Check the appropriate box indicating the change(s) you are requesting 3. Ensure that the agent and a disinterested witness sign and date the form. 4. Ensure that all required documentation is included (W9, driver's license, marriage license, court order, etc.) 5. Return the form to us via one of these methods: Fax to 281-368-7282 -or- Mail to the attention of Marketing at P.O. Box 4884 Houston, TX 77210-4884				
Agent Number:		Agent Name: (please print)		Agency Name: (please print)
	Change name of ☐ Agent ☐ Agency ☐ Beneficiary ·			
	From:		То:	
	Reason for change:			
NAME CHANGE				
	Please send a copy of driver's license, marriage license, court order, etc. documenting the name change with this request.			
	'This form should not be used to designate or change a beneficiary. This form can be used to update the beneficiary's name for reasons such as marriage, divorce, etc.			
□ W9	An updated W9 form is required for all Agent or Agency name changes, however is not required for beneficiary name changes.			
	Attach a completed W9 with the new information. A blank W9 form can be found on the Agent Website in the Forms section.			
□ ADDRESS/PHONE	Change address/phone of ☐ Agent ☐ Agency ☐ Beneficiary			
	Address:			
	City, State, Zip Code:			
	Telephone Number:			
SIGNATURE SECTION				
I AGREE THAT MY SIGNATURE BELOW SHALL APPLY TO ALL OF THE ABOVE REQUESTED CHANGES.				
DATED AT: THIS DAY OF, 20 (City and State)				
PRINT	E	PRINT	Γ AGENT'S FULL NAME	
SIGNATURE OF DISINTERESTED WITNESS (Must be un-related to Agent)			SIG	NATURE OF AGENT
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