



REQUEST FOR POLICY SERVICE – BENEFICIARY CHANGE

PLEASE TYPE OR PRINT

POLICY NUMBER	NAME OF INSURED/ANNUITANT	NAME OF POLICY OWNER (if other than insured)
POLICY OWNER ADDRESS	POLICY OWNER PHONE NUMBER	POLICY OWNER SSN

PLEASE MAKE THE FOLLOWING CHANGE(S) ON THE POLICY IDENTIFIED ABOVE

I hereby revoke all prior beneficiary designations and request the designation below.

BENEFICIARY DESIGNATION	Name _____ Relationship _____ Address _____ SSN _____ % _____ Name _____ Relationship _____ Address _____ SSN _____ % _____ <div style="text-align: right;">Total % must equal 100%</div>
A. PRIMARY	<p>If the beneficiary is a Trust, complete the following: To expedite processing at the time of a claim, please include a copy of the Trust with this request.</p> Trust Name _____ Tax ID Number _____ Date of Trust _____ Trustee Name(s) _____
B. CONTINGENT	Name _____ Relationship _____ Address _____ SSN _____ % _____ Name _____ Relationship _____ Address _____ SSN _____ % _____ <div style="text-align: right;">Total % must equal 100%</div>

It is understood and agreed that, unless otherwise directed, benefits will be paid in equal shares to any Primary Beneficiaries who survive the Insured; but if none survives, benefits will be paid in equal shares to any Contingent Beneficiaries who survive the insured, unless otherwise specified

I understand that if I name an irrevocable beneficiary, I cannot exercise all the usual rights under my policy without the irrevocable beneficiary's consent. An irrevocable beneficiary's right cannot be canceled by the policyowner unless the irrevocable beneficiary consents.

I/We agree that my/our signature(s) below shall apply to each request on this form.

_____	_____
Date	Signature of Insured
_____	_____
Signature of Witness	Beneficiary Signature (if Irrevocable Beneficiary)
_____	_____
Printed Name of Witness	Signature of Owner (if other than Insured)

FOR NEW ERA LIFE INSURANCE COMPANY USE ONLY

ACKNOWLEDGEMENT OF REQUEST FOR CHANGE – PLEASE ATTACH TO POLICY
 NEW ERA LIFE INSURANCE COMPANY HAS RECEIVED THE CHANGE REQUEST AND MADE IT PART OF OUR RECORDS.

DATED AT HOUSTON, TX _____ BY _____

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY CHANGE FORM

I understand that if I name an irrevocable beneficiary, I cannot exercise all the usual rights under my policy without the irrevocable beneficiary's consent. An irrevocable beneficiary's right cannot be canceled by the policyowner unless the irrevocable beneficiary consents.

Note: If there are more than two primary beneficiaries or two contingent beneficiaries please list all pertinent information on a separate sheet of paper.

Examples of wording that can be used to designate a beneficiary on this form are set forth below.

Type of Beneficiary	Sample Wording
1. Executor or administrator	"Insured's estate"
2. Two or more named persons in equal shares	"John Doe, father, and Mary Doe, mother, in equal shares"
3. Two or more named persons in unequal shares	"40% to John Doe, father, and 60% to Mary Doe, mother" - Do not use dollar amounts
4. Unnamed children of a specified marriage (excluding children by a previous marriage, foster children or stepchildren)	"Children of the marriage of the Insured and Jane Doe"