



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 _____
 RESIDENCE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NO. _____ FAX _____
 SOCIAL SECURITY NO. _____
 DATE OF BIRTH _____
 INDIVIDUAL LICENSED FOR: Life A & H

CORPORATION NAME _____
 BUSINESS ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NO. _____ FAX _____
 T.I.N. _____
 CORPORATION LICENSED FOR: Life A & H

ALL MAIL SENT TO: Home Business

PAY 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 or 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 questions.

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? _____

Circle 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 a 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 aquatinted 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.

Signature _____ Date _____

Recruiter's Signature _____ Date _____

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
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