



NEW ERA LIFE INSURANCE COMPANIES
Appointment Checklist



PLEASE PRINT

Agent Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check the appropriate box for your choice of appointment:

New Era (NEC)		New Era – Midwest (NEMC)		Philadelphia American Life Insurance Company (PALIC)		Philadelphia American Life Insurance Company (PALIC)	
State	Fee	State	Fee	State	Fee	State	Fee
<input type="checkbox"/> Louisiana	\$20.00	<input type="checkbox"/> Georgia	\$14.84	<input type="checkbox"/> Alabama	\$40.00 Effective 1/1/16	<input type="checkbox"/> New Mexico	\$20.00
<input type="checkbox"/> North Carolina (Medicare Supplement Only)	\$10.00	<input type="checkbox"/> Illinois (Medicare Supplement only)	N/A	<input type="checkbox"/> Arizona	N/A	<input type="checkbox"/> North Carolina (Final Expense Only)	\$10.00
<input type="checkbox"/> South Carolina	N/A			<input type="checkbox"/> Arkansas	N/A	<input type="checkbox"/> Ohio (Medicare Supplement Only)	\$15.00
<input type="checkbox"/> Tennessee	\$15.00			<input type="checkbox"/> Illinois (Life Only)	N/A	<input type="checkbox"/> Ohio (Life Only)	\$15.00
<input type="checkbox"/> Texas	\$10.00			<input type="checkbox"/> Indiana	N/A	<input type="checkbox"/> Oklahoma	\$30.00
				<input type="checkbox"/> Iowa	\$10.00	<input type="checkbox"/> Pennsylvania (Medicare Supplement, Life, Annuity and Medicare Advantage Gap)	\$15.00
				<input type="checkbox"/> Kansas	\$5.00	<input type="checkbox"/> Texas (Medicare Advantage Gap Only)	\$10.00
				<input type="checkbox"/> Mississippi	\$25.00	<input type="checkbox"/> Utah	N/A
				<input type="checkbox"/> Nebraska	\$8.00	<input type="checkbox"/> West Virginia	\$25.00
				<input type="checkbox"/> New Jersey	\$25.00		

Hierarchy (Please Print)

Agency/Agent _____ Agent #/Comm Code _____

Agent _____ Agent #/Comm Code _____

Agent _____ Agent #/Comm Code _____

Sales Reps. _____ Agent #/Comm Code _____

To avoid delay with the appointment process, please sign all required documents and include when applying:

- Application for Appointment
- Copy of Current State Insurance License (s)
- Contract per Company (NEC, NEM OR PALIC)
- Appointment Fee or completed PAC Form
- Anti-Money Laundering (AML) Form
- Certification of Completion Form
(For Texas Annuity Agents Only)



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 & H

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: _____ National Producer Number _____

NON-RESIDENT LICENSE(S) CURRENTLY IN FORCE

Table with 5 columns: STATE, LIFE, A&H, LICENSE NO., EXP. DATE

LIST COMPANIES YOU CURRENTLY REPRESENT _____

- Has your license ever been suspended or revoked?
Have you ever been charged with embezzlement, theft, or any type of felony?
Have you ever appeared before any State Insurance Board or Committee?
Has a justified complaint ever been filed against you with an Insurance Department?
Has any agency contract, to which you were a party, ever been canceled by an insurance company?
Has a suit or judgment ever been brought against you in connection with your insurance activities?
Have you ever been convicted of a crime?
Are you currently in debt to any insurance company or federal agency?

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.

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
11720 Katy Freeway #1700 • Houston, TX 77079 • P.O. Box 4884 • Houston, TX 77210-4884
(281) 368-7200 • (800) 713-4680 • Fax (281) 368- 7282



New Era Life Insurance Company
New Era Life Insurance Company of The Midwest
Philadelphia American Life Insurance Company

PRE-AUTHORIZED CHECK (PAC)
Appointment Fee Payment Form
 (BANK DRAFT)

Bank Name	Name On The Bank Account
------------------	---------------------------------

Name as it appears on your bank account:

AUTHORIZATION TO MY BANK

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of New Era Life Insurance Companies, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand this will be for the purpose of collecting state specific appointment fees upon my appointment approval and state specific appointment renewal fees. I agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, the bank or credit card company shall be under no liability.

By typing your name in the signature box below, you agree that your digital signature shall have the same legal effect as if written by hand.

Signature	Date
ROUTING NUMBER	ACCOUNT NUMBER

SAMPLE CHECK

PAY TO THE ORDER OF

FOR

5224

Date

\$

DOLLARS

ROUTING NUMBER

1231234

ACCOUNT NUMBER

123 111 5555

CHECK NUMBER

5224



P.O. Box 4884 ♦ Houston, TX 77210-4884
 11720 Katy Freeway ♦ Suite 1700 ♦ Houston, TX 77079
 1-800-713-4680



SALES AGENT CONTRACT

SECTION 1. PARTIES

This Sales Agent Contract (referred to as "Contract") is made by and between (each Company selected below that applies). The Company is determined by the state(s) you wish to be appointed in, reference the check list.

- NEW ERA LIFE INSURANCE COMPANY (referred to as "Company" singularly or collectively)
- NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST (referred to as "Company" singularly or collectively)
- PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY (referred to as "Company" singularly or collectively)

and you, (Print Your Name Here) _____, and shall take effect on the date stated on page 3 of this document. This contract supersedes any prior contract(s) that you may have had with Company, except for terms of prior contract(s) that pertain to compensation, vesting, lien(s), and replacement of policies on business written prior to the effective date of this Contract.

SECTION 2. AUTHORITY

- A.** Appointment: We hereby appoint you to solicit applications for policies of life and health insurance and annuity contracts, to deliver the contracts, to collect the first premiums thereon, and to service the business.
- B.** Relationship: Nothing contained herein is intended or shall be construed to create the relationship of employer/employee or agent/principle between you and the Company. The relationship between you and the Company shall be at all times shall be one of independent contractor. You shall be free to exercise your own judgment as to the time and manner of performing the services authorized by this Agreement subject to such rules and regulations as may be adopted from time to time by us respecting the conduct of business and not interfering with your freedom of action. You will be an independent contractor and nothing contained herein shall be construed as creating the relationship of employer and employee between you and us.
- C.** Responsibility: You agree to abide by the terms and conditions of this Agreement and any sales manuals and/or rules and practices of NEL and agree not to solicit or submit applications unless you are properly licensed. Obtain and maintain training required by any local, state or federal law, code, rule or regulation, including but not limited to Anti-Money Laundering training, and timely provide verification of such training to the Company or upon request by the Company.
- D.** You agree to abide by all applicable local, state, and federal laws and regulations in conducting business under this Agreement.

You shall endeavor to promote our interests and those mutual interests to you and us as contemplated by this Agreement and shall at all times conduct yourself so as not to adversely affect the business reputation or good standing of either yourself or us.

You shall indemnify and hold us harmless from any and all expenses, costs, causes of action, and/ or damages resulting from or growing out of any unauthorized act by you.

SECTION 3. COMPENSATION

Commissions - We have no obligation to you for commissions, expense allowances or any form of compensation whatsoever in connection with the services anticipated under this Agreement or which you may perform and expenses incurred by you in the solicitation of applications for insurance issued by us. You understand that you are under direct contract with your General Agent/Broker who has agreed to compensate you for such services or expenses.

SECTION 4. CHANGE OR TERMINATION

- A. Changes** - We may at any time and from time to time change or modify this Agreement.
- B. Voluntary Termination** - Either of the parties hereto may terminate this Agreement, without standing any cause, by mailing to the other party at their last known address a notice of termination which shall be effective fifteen days from mailing.
- C. Automatic Termination** - This Agreement terminates automatically (1) upon your death, (2) upon revocation, termination or non-renewal of your agent's / or broker's license(s), (3) if you are a partnership, upon the death of any partner or any change in the partners composing the firm, or dissolution of the partnership for any reason, (4) if you are a corporation upon the dissolution of the corporation or disqualification of the corporation to do business under applicable state laws or (5) upon your filing a petition for bankruptcy or one being filed for you or your being adjudged a bankrupt or by your executing a general assignment for the benefit of creditors.
- D. Termination for Cause** - We may terminate this Agreement for cause by mailing notice of such termination to you at your last known address and that termination shall be effective upon mailing. Reason for termination will include but not limited to:
 - a. Failure to comply with all of the rules, regulations and instructions of the Company pertaining to the conduct of business covered in this Agreement.
 - b. Failure to obtain and maintain training required by any local, state or federal law, code, rule or regulation, including but not limited to Anti-Money laundering training, and timely provide verification of such training to the Company or upon request by the Company.

In determining cause for termination we shall use discretion in gathering facts and information and notify you of our decision in the termination letter written to you.

SECTION 5. GENERAL PROVISIONS

- A. Bonding** - You agree to furnish and maintain a satisfactory surety or indemnity bond should one be required by law or should we require it.
- B. Waiver** - Our forbearance or failure to exercise any rights hereunder or insist upon strict compliance herewith shall not constitute a waiver of any right condition or obligation of you under this Agreement.
- C. Printed Matter** - Forms, circulars and other printed matter necessary to conduct the business anticipated hereunder with respect to our policies, contracts or agent's agreements will be furnished, Advertising of any nature not supplied by us shall be used by you only after you have received our written approval. Likewise, you may use our name and trademark only with our written approval.
- D. Collection of Money** - You are not authorized to accept any premium for us except the first policy year premiums, unless we provide otherwise in writing. Receipts for premiums must be on the forms furnished by us for that purpose. You shall immediately remit to us all money received or collected on our behalf, and such money shall be considered as our funds held in trust by you. If a check upon which you are the maker is dishonored upon presentation for payment by us, you will become indebted to us for that amount.
- E. Rights of Rejection and Settlement** - We reserve the right to reject any and all applications and collections submitted hereunder, to discontinue writing any form of policy, to take up and cancel a policy and return the premium or any part thereof.
- F. Limitations of Authority** - Your authority shall extend no further than as is stated in the Agreement. You shall not (1) make, alter, modify, waive or change any question, statement or answer on any application for insurance, the terms of any receipt given thereon, or the terms of any policy or contract; (2) extend or waive any provision of any policy or contract of the time for payment of premiums; (3) guarantee dividends; (4) deliver any policy unless the applicant therefor is at the time in good health and insurable condition; (5) incur any debts or liability for or against us; or (6) receive any money for us except as herein stated or as you may be specifically authorized.
- G. Prior Agreements** - This Agreement shall supersede any and all prior agreement(s) between you and us in relation to policies issued through you after this Agreement becomes effective; it being understood, however, that all obligations to us previously incurred or assumed by you and liens created in connection therewith still exist and shall attach hereto.
- H. Rebating** - You shall not, under any circumstance whatsoever, pay or allow any rebate of premiums or commission in any manner, directly or indirectly nor shall you accept business from or pay any commissions to (1) any producer whose name does not duly and rightfully appear on the application or (2) any person not a licensed representative of us.
- I. Partnerships** - When you are a partnership, any reference made to you as an individual shall be deemed to mean the partners both jointly and severally as applicable.

- J. Services of Process** - You shall transmit to our General Counsel at our Home Office by certified mail within 24 hours after receipt, any paper served upon you in connection with any proceeding, hearing or action whether legal or otherwise by or against us. Any failure on your part to comply with this provision which causes additional loss or expense to us shall be reimbursed by you to us.
- K. Entire Agreement** - The foregoing represents the entire agreement between the parties and we shall not be bound by any other promise, agreement, understanding or representation unless it is made by an instrument in writing, signed by the parties or is in the form of a written notice from us to you which expresses by its terms an intention to modify this Agreement.
- L. Effective Date** - This Agreement shall take effects as shown below, if you have been duly licensed in the appropriate jurisdiction(s) to perform the functions anticipated herein, and if it is executed by all parties below. This Agreement shall be governed by the laws of the State of Texas.
- M. Severability and Saving Clause** - If it should appear that any term of this contract is in conflict with any rule of law, statute, or regulation in effect in any state where you write or solicit business for us, then any such term shall be deemed inoperative and null and void insofar as it may be in conflict therewith and shall be deemed modified to conform to such rule of law, statute, or regulation. The existence of any such apparent conflict shall not invalidate the remaining provisions of this contract.

 PRINT NAME OF SALES REPRESENTATIVE
 (Name as it appears on Insurance License)

Individual Partnership Corporation

 SIGNATURE OF SALES REPRESENTATIVE / BROKER
 (Officer, if a Corporation)

 SIGNATURE OF PARTNER OR CORPORATE
 SECRETARY (as appropriate)

 SIGNATURE DATE

 NAME OF GENERAL AGENT / BROKER

 SIGNATURE OF GENERAL AGENT

 SIGNATURE DATE

 EFFECTIVE DATE OF AGREEMENT

 By Authorized Office of Houston, TX

 TITLE



VERIFICATION OF ANTI-MONEY LAUNDERING TRAINING

Money laundering has been identified as a serious threat to the United States economy and financial system such that Congress has enacted numerous laws governing and criminalizing this activity. These laws and regulations apply to banks and financial institutions, which include insurance companies engaged the sale of certain products defined as “covered products.” “Covered Products” include permanent life insurance, annuities and other insurance products with “cash value” or “investment features.” Group policies or annuities are not covered products.

New Era Life Insurance Companies (NELIC) is committed to combating money laundering. In an effort to prevent such practices, we will actively search for suspicious activity. If suspected NELIC will review all documentation and make a determination as to whether a Suspicious Activity Report (SAR) should be filed with the appropriate agency or authority.

New Era has a Compliance Officer as required by the Anti-Money Laundering statutes. (“AML Officer”). The AML Officer is responsible for reviewing recommendations and determining if a SAR should be filed.

You are valuable to NELIC. Likewise insurance agents and brokers are an integral part of NELIC’s anti-money laundering plan due to their contact with customers. They are typically involved in sales operations and are therefore in direct contact with customers. As a result, the agent or broker will often be in a critical position of knowledge as to the source of investment assets, the nature of the clients, and objectives for which the insurance products are being purchased. Agents and brokers have an important role to play in assisting the insurance company to prevent money laundering.

NELIC has a written Anti-Money Laundering and Suspicious Activity Reporting Policy. It contains those events considered to be “Red Flag” events of Suspicious Activity. In an effort to ensure that NELIC is in compliance with the mandates, rules and regulations of the Anti-Money Laundering statutes it is necessary that you received the requisite Anti-Money Laundering training associated with the sale of “covered products.” If you have received such training from another financial institution that markets “covered products” under its AML Program or from a qualified vendor or third party, please execute the following verification and return to NELIC to the Department noted below. Please do so within sixty (60) days from the date noted below. If you have not received such training to date from an authorized source, please obtain such training during the sixty (60) day period and return this verification. If you fail to receive such training and/or provide verification, you may be subject to having your rights to write for NELIC revoked.

For your convenience, NELIC has posted a copy of its Anti-Money Laundering and Suspicious Activity Reporting Policy on its website under the agent account for your review. Please review the NELIC’s Policy at your earliest convenience so as to become familiar with those events considered to be “Red Flag” events and “Suspicious Activity” which requires further inquiry and possible reporting. Please note that the review of the Policy is not a substitute for formal training.

Therefore, I, _____, the undersigned, hereby affirms that I received Anti-Money Laundering Training from another institution who issues insurance products identified as “covered products” or from a qualified third party on or about the ____ day of _____, _____.

I also agree to monitor all insurance and/or annuity transactions for evidence of potential money laundering and refer any suspect transactions to the Company for further review and action.

By: _____
Signature

Printed Name: _____

New Era Life Insurance Companies • P.O. Box 4884 • Houston, TX 77210