Gerber Life Insurance Company

Gerber Life Guaranteed Life Insurance

Agent Instruction for Submitting New Application

The Producer Certification page is part of the Guaranteed Life application and must be submitted at same time as the application. Please note that the application for Gerber Life's Guaranteed Life does not ask any health questions. Consequently, the "Insurability of any Person proposed for Insurance" certify statement refers to the responses on the application and not the health of the proposed insured. In addition to the insurance application and producer certification, the following forms may be required at time of application and should be submitted at the same time as the application:

(CA Only)Disclosure to Seniors - If individual is age 65 or older and agent is meeting in their home, provide completed form to individual. A copy should be kept on file (Do Not send to Gerber Life).

(NY Only) Definition of Replacement - Replacements are not allowed in New York, although the Definition of Replacement form must be filled out for all life insurance applications. The document must be signed by the Applicant and the Agent, and a copy left with the Applicant. This document must be returned to the Company with the application. The signed date on the form must be the same signed date as the application.

Replacement Form*- if Gerber Life policy will replace another policy, complete appropriate state required form. Form must be submitted with application.

NAIC-Replacement Sales/Marketing Materials Form - In compliance with the NAIC Model Replacement Act, if the Gerber Life policy will replace another policy, the Replacement Sales/Marketing form must be completed. Commissions will be withheld until the document is received.

Payment Authorization Form- For automatic payment from Checking or by Credit Card, complete ACH-AP form.

Receipt for Guaranteed Issue Policies- **For Check or Money Order ONLY**. If check or money order is collected with application, provide Receipt CRGI to customer and submit copy of receipt with the application and check.

Note: Kansas- Cannot accept a check or money order with application.

Split Commissions - Split commissions are allowed between 2 agents. Check off Agent Split near the upper right hand corner of the 2nd page of application. Information regarding the secondary agent should be provided in the designated area on the Producer Certification.

• Please follow your Marketing Office procedures for application submission to Gerber Life.

* *Replacements are not accepted in following states: CA, DE, FL, ID, IL, KY, MA, MO, NY, PA, PR, TN, WA*

Gerber Life Insurance Company

Gerber Life Guaranteed Life

Male and Female Rates

Guaranteed Life Monthly ACH Premiums*

**Premiums deducted directly from a Checking or Savings Account.*

Issue Age	Male $5,000	Male $10,000	Male $15,000	Male $20,000	Male $25,000	Issue Age	Female $5,000	Female $10,000	Female $15,000	Female $20,000	Female $25,000
50	$19.66	$38.41	$57.15	$75.90	$94.65	50	$14.53	$28.14	$41.75	$55.37	$68.98
51	$20.21	$39.51	$58.80	$78.10	$97.40	51	$15.17	$29.43	$43.68	$57.93	$72.19
52	$20.90	$40.88	$60.87	$80.85	$100.83	52	$15.86	$30.80	$45.74	$60.68	$75.63
53	$21.77	$42.63	$63.48	$84.33	$105.19	53	$16.59	$32.27	$47.94	$63.62	$79.29
54	$22.64	$44.37	$66.09	$87.82	$109.54	54	$17.42	$33.92	$50.42	$66.92	$83.42
55	$23.51	$46.11	$68.70	$91.30	$113.90	55	$18.38	$35.84	$53.30	$70.77	$88.23
56	$24.34	$47.76	$71.18	$94.60	$118.02	56	$19.30	$37.68	$56.05	$74.43	$92.81
57	$25.25	$49.59	$73.93	$98.27	$122.61	57	$20.30	$39.69	$59.08	$78.47	$97.85
58	$26.40	$51.88	$77.37	$102.85	$128.33	58	$21.36	$41.80	$62.24	$82.68	$103.13
59	$27.59	$54.27	$80.94	$107.62	$134.29	59	$22.50	$44.09	$65.68	$87.27	$108.86
60	$28.78	$56.65	$84.52	$112.38	$140.25	60	$23.70	$46.48	$69.25	$92.03	$114.81
61	$29.79	$58.67	$87.54	$116.42	$145.29	61	$24.57	$48.22	$71.87	$95.52	$119.17
62	$30.85	$60.78	$90.70	$120.63	$150.56	62	$25.48	$50.05	$74.62	$99.18	$123.75
63	$31.95	$62.98	$94.00	$125.03	$156.06	63	$26.35	$51.79	$77.23	$102.67	$128.11
64	$33.23	$65.54	$97.85	$130.17	$162.48	64	$27.27	$53.63	$79.98	$106.33	$132.69
65	$34.60	$68.29	$101.98	$135.67	$169.36	65	$28.19	$55.46	$82.73	$110.00	$137.27
66	$35.84	$70.77	$105.69	$140.62	$175.54	66	$29.24	$57.57	$85.89	$114.22	$142.54
67	$37.58	$74.25	$110.92	$147.58	$184.25	67	$30.48	$60.04	$89.60	$119.17	$148.73
68	$39.78	$78.65	$117.52	$156.38	$195.25	68	$31.81	$62.70	$93.59	$124.48	$155.38
69	$42.17	$83.42	$124.67	$165.92	$207.17	69	$33.28	$65.63	$97.99	$130.35	$162.71
70	$44.41	$87.91	$131.41	$174.90	$218.40	70	$34.83	$68.75	$102.67	$136.58	$170.50
71	$47.21	$93.50	$139.79	$186.08	$232.38	71	$36.67	$72.42	$108.17	$143.92	$179.67
72	$50.42	$99.92	$149.42	$198.92	$248.42	72	$38.59	$76.27	$113.94	$151.62	$189.29
73	$54.08	$107.25	$160.42	$213.59	$266.75	73	$40.65	$80.39	$120.13	$159.87	$199.61
74	$58.21	$115.50	$172.79	$230.09	$287.38	74	$42.99	$85.07	$127.14	$169.22	$211.29
75	$62.79	$124.67	$186.54	$248.42	$310.29	75	$45.60	$90.29	$134.98	$179.67	$224.36
76	$69.67	$138.42	$207.17	$275.92	$344.67	76	$50.78	$100.65	$150.52	$200.38	$250.25
77	$77.92	$154.92	$231.92	$308.92	$385.92	77	$56.65	$112.38	$168.12	$223.85	$279.58
78	$88.00	$175.08	$262.17	$349.25	$436.34	78	$62.98	$125.03	$187.09	$249.15	$311.21
79	$99.00	$197.08	$295.17	$393.25	$491.34	79	$69.58	$138.23	$206.89	$275.55	$344.21
80	$110.92	$220.92	$330.92	$440.92	$550.92	80	$76.54	$152.17	$227.79	$303.42	$379.04

***Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: www.gerberlifeagency.com**

Guaranteed Life is issued in all states except MT. State requirements may vary somewhat. Maximum face amount is $15,000 in South Dakota. Please refer to the policy for limitations and exclusions that may apply. Policy form series ICC12-GWLP and GWLP-12.

Gerber Life's guarantee to accept all applicants age 50 to 80 is made possible by a two year graded death benefit limitation. If death occurs within the first two policy years for any reason other than an accident, all premiums shall be paid to the beneficiary, plus 10% interest on earned premiums. If death is due to accidental causes, the full death benefit will be paid. After the two-year Graded Death Benefit period, if the insured dies for any reason the full face amount of the policy shall be paid to the beneficiary. If the insured dies by suicide within two years from the Issue Date (one year in ND), the only amount payable will be the premiums paid for the policy plus 10% interest on earned premiums.

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Gerber Life Insurance Company

Gerber Life Guaranteed Life

Male and Female Rates

Guaranteed Life Monthly Premiums for Direct Bill, Debit or Credit Card Payments*

Male						Female					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000	Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000
50	$21.45	$41.90	$62.35	$82.80	$103.25	50	$15.85	$30.70	$45.55	$60.40	$75.25
51	$22.05	$43.10	$64.15	$85.20	$106.25	51	$16.55	$32.10	$47.65	$63.20	$78.75
52	$22.80	$44.60	$66.40	$88.20	$110.00	52	$17.30	$33.60	$49.90	$66.20	$82.50
53	$23.75	$46.50	$69.25	$92.00	$114.75	53	$18.10	$35.20	$52.30	$69.40	$86.50
54	$24.70	$48.40	$72.10	$95.80	$119.50	54	$19.00	$37.00	$55.00	$73.00	$91.00
55	$25.65	$50.30	$74.95	$99.60	$124.25	55	$20.05	$39.10	$58.15	$77.20	$96.25
56	$26.55	$52.10	$77.65	$103.20	$128.75	56	$21.05	$41.10	$61.15	$81.20	$101.25
57	$27.55	$54.10	$80.65	$107.20	$133.75	57	$22.15	$43.30	$64.45	$85.60	$106.75
58	$28.80	$56.60	$84.40	$112.20	$140.00	58	$23.30	$45.60	$67.90	$90.20	$112.50
59	$30.10	$59.20	$88.30	$117.40	$146.50	59	$24.55	$48.10	$71.65	$95.20	$118.75
60	$31.40	$61.80	$92.20	$122.60	$153.00	60	$25.85	$50.70	$75.55	$100.40	$125.25
61	$32.50	$64.00	$95.50	$127.00	$158.50	61	$26.80	$52.60	$78.40	$104.20	$130.00
62	$33.65	$66.30	$98.95	$131.60	$164.25	62	$27.80	$54.60	$81.40	$108.20	$135.00
63	$34.85	$68.70	$102.55	$136.40	$170.25	63	$28.75	$56.50	$84.25	$112.00	$139.75
64	$36.25	$71.50	$106.75	$142.00	$177.25	64	$29.75	$58.50	$87.25	$116.00	$144.75
65	$37.75	$74.50	$111.25	$148.00	$184.75	65	$30.75	$60.50	$90.25	$120.00	$149.75
66	$39.10	$77.20	$115.30	$153.40	$191.50	66	$31.90	$62.80	$93.70	$124.60	$155.50
67	$41.00	$81.00	$121.00	$161.00	$201.00	67	$33.25	$65.50	$97.75	$130.00	$162.25
68	$43.40	$85.80	$128.20	$170.60	$213.00	68	$34.70	$68.40	$102.10	$135.80	$169.50
69	$46.00	$91.00	$136.00	$181.00	$226.00	69	$36.30	$71.60	$106.90	$142.20	$177.50
70	$48.45	$95.90	$143.35	$190.80	$238.25	70	$38.00	$75.00	$112.00	$149.00	$186.00
71	$51.50	$102.00	$152.50	$203.00	$253.50	71	$40.00	$79.00	$118.00	$157.00	$196.00
72	$55.00	$109.00	$163.00	$217.00	$271.00	72	$42.10	$83.20	$124.30	$165.40	$206.50
73	$59.00	$117.00	$175.00	$233.00	$291.00	73	$44.35	$87.70	$131.05	$174.40	$217.75
74	$63.50	$126.00	$188.50	$251.00	$313.50	74	$46.90	$92.80	$138.70	$184.60	$230.50
75	$68.50	$136.00	$203.50	$271.00	$338.50	75	$49.75	$98.50	$147.25	$196.00	$244.75
76	$76.00	$151.00	$226.00	$301.00	$376.00	76	$55.40	$109.80	$164.20	$218.60	$273.00
77	$85.00	$169.00	$253.00	$337.00	$421.00	77	$61.80	$122.60	$183.40	$244.20	$305.00
78	$96.00	$191.00	$286.00	$381.00	$476.00	78	$68.70	$136.40	$204.10	$271.80	$339.50
79	$108.00	$215.00	$322.00	$429.00	$536.00	79	$75.90	$150.80	$225.70	$300.60	$375.50
80	$121.00	$241.00	$361.00	$481.00	$601.00	80	$83.50	$166.00	$248.50	$331.00	$413.50

***Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: www.gerberlifeagency.com**

Guaranteed Life is issued in all states except MT. State requirements may vary somewhat. Maximum face amount is $15,000 in South Dakota. Please refer to the policy for limitations and exclusions that may apply. Policy form series ICC12-GWLP and GWLP-12.

Gerber Life's guarantee to accept all applicants age 50 to 80 is made possible by a two year graded death benefit limitation. If death occurs within the first two policy years for any reason other than an accident, all premiums shall be paid to the beneficiary, plus 10% interest on earned premiums. If death is due to accidental causes, the full death benefit will be paid. After the two-year Graded Death Benefit period, if the insured dies for any reason the full face amount of the policy shall be paid to the beneficiary. If the insured dies by suicide within two years from the Issue Date (one year in ND), the only amount payable will be the premiums paid for the policy plus 10% interest on earned premiums.

Gerber Life Guaranteed Life

Guaranteed Life Rate Calculator

Product Overview

Issue Ages: 50 – 80
Face Amounts: $5,000 to $25,000
Payment Options:
ACH – *Discount up to 8% – Preferred method*
Credit Card: Visa and MasterCard
Direct Express

Highlights

- One Page Application
- Guaranteed Approval
  - No Health Questions
  - No Medical Exam

Two Year Graded Death Benefit:

Gerber Life's guarantee to accept all applicants age 50 to 80 is made possible by a two year graded death benefit limitation. If death occurs within the first two policy years for any reason other than an accident, all premiums shall be paid to the beneficiary, plus 10% interest on earned premiums. Earned premium refers to the portion of paid premium that has been applied to the policy. For example, if an annual premium payment is made, six months into the policy year, half of the total premium is considered "earned. If death is due to accidental causes, the full death benefit will be paid. After the two-year Graded Death Benefit period, if the insured dies for any reason the full face amount of the policy shall be paid to the beneficiary.

Commission Chargebacks:

If the insured dies within the first policy year, 100% of the commission paid shall be returned to the company. If the insured dies within the second policy year, 50% of the commission shall be returned to the company.

Annual Premium per $1,000

(rates do not include $11.00 annual policy fee)

Issue Age	Male	Female
50	$44.99	$32.67
51	$46.31	$34.21
52	$47.96	$35.86
53	$50.05	$37.62
54	$52.14	$39.60
55	$54.23	$41.91
56	$56.21	$44.11
57	$58.41	$46.53
58	$61.16	$49.06
59	$64.02	$51.81
60	$66.88	$54.67
61	$69.30	$56.76
62	$71.83	$58.96
63	$74.47	$61.05
64	$77.55	$63.25
65	$80.85	$65.45
66	$83.82	$67.98
67	$88.00	$70.95
68	$93.28	$74.14
69	$99.00	$77.66
70	$104.39	$81.40
71	$111.10	$85.80
72	$118.80	$90.42
73	$127.60	$95.37
74	$137.50	$100.98
75	$148.50	$107.25
76	$165.00	$119.68
77	$184.80	$133.76
78	$209.00	$148.94
79	$235.40	$164.78
80	$264.00	$181.50

How to Calculate Premium

Example

Age:	60
Gender:	Female
Face Amount:	$25,000
Premium Mode:	Monthly ACH

1. Locate the annual premium per $1,000 rate under the female column for age 60.
   $54.67
2. Multiply the number of per thousand units requested by the annual premium per thousand rate.
   $54.67 x 25 = $1,366.75
   (round to 2 decimal places)
3. Add the annual policy fee of $11.00 to the base annual premium.
   $1,366.75 + $11.00 = $1,377.75
   (round to 2 decimal places)
4. Multiply the total annual premium by the requested modal factor.
   $1,377.75 x 0.083334 = $114.81
   (round to 2 decimal places)

Modal Factors

Monthly ACH	Annual Rate x 0.083334
Monthly	Annual Rate x 0.090909
Quarterly	Annual Rate x 0.263637
Semi-Annually	Annual Rate x 0.518182

Guaranteed Life is issued in all states except MT. State requirements may vary somewhat. Maximum face amount is $15,000 in South Dakota. Please refer to the policy for limitations and exclusions that may apply. Policy form series ICC12-GWLP and GWLP-12.

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Gerber Life Insurance Company
445 State Street • Fremont, Michigan 49412
www.gerberlife.com

Agency Application

Agent Name_____ **Agency Name**_____ **Agent #**_____

Agent Phone #_____ **Agent Email** _____ ☐ **Agent Split**

PERSONAL INFORMATION — GUARANTEED LIFE

APPLICATION FOR: INDIVIDUAL LIFE INSURANCE

PROPOSED INSURED: (Give full legal name)

First Name_____ Last Name_____ Middle Initial_____

Gender ☐ Male ☐ Female Date of Birth_____ (Month Day Year) Social Security Number_____

Legal Residence Address_____

City _____ State_____ Zip_____

Email Address_____

Primary Phone_____ Cell: ☐ Yes ☐ No Secondary Phone_____ Cell: ☐ Yes ☐ No

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status?..... ☐ **Yes** ☐ **No**

CHECK ☑ THE AMOUNT OF LIFE INSURANCE WANTED:

☐ $5,000 ☐ $7,000 ☐ $10,000 ☐ $15,000 **or** Other (must be from $5,000–$25,000) ..... $_____,000

OWNERSHIP INFORMATION: (Complete this section only if the policy will be owned by someone other than the insured listed above.)

First Name_____ Last Name_____

Relationship to Insured_____ Social Security Number_____

Legal Residence Address _____

City _____ State_____ Zip_____

Email Address_____ Phone_____ Cell: ☐ Yes ☐ No

BENEFICIARY INFORMATION: (Insurance proceeds shall be divided equally among Primary Beneficiaries. If none survive, then Contingent Beneficiaries)

Primary Beneficiary(ies)_____ Relationship to the Insured_____

_____ _____

Contingent Beneficiary(ies)_____ Relationship to the Insured_____

_____ _____

OTHER COVERAGE

Does the Proposed Insured have any life insurance or annuities in force or is any application for life insurance or reinstatement now pending? . . ☐ **Yes** ☐ **No**

Will the coverage applied for replace any life insurance or annuity coverage now in force or pending on the life of the Proposed Insured?. . . ☐ **Yes** ☐ **No**

If "Yes", please complete below.

Company Name_____ Face Amount_____ Month/Year Issued_____

Company Name_____ Face Amount_____ Month/Year Issued_____

ACKNOWLEDGEMENT OF INFORMATION PROVIDED

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

X Signature of Proposed Insured_____ Date_____

X Signature of Policyowner (if other than Proposed Insured)_____ Date_____

Signed at (City, State)_____

ICC12-AGWLP

Graded Death Benefit Limitation

Our guarantee to accept all applicants age 50 to 80 is made possible by a Graded Death Benefit Limitation. It applies to the first two years of coverage when the policy is issued. If death occurs within the first two policy years for any reason other than an accident, all premiums plus 10% interest shall be paid to the beneficiary. If death is due to accidental causes within the first two policy years, the full death benefit shall be paid to the beneficiary. Applicant may qualify for a full death benefit policy that provides full benefits from inception.

After the two-year Graded Period, if the insured dies for any reason, the full face amount of the policy shall be paid to the beneficiary. If the insured dies by suicide within two years from the Issue Date, the only amount payable will be the premiums paid for the policy plus 10%, less any debt against the policy.

Exclusions and Limitations

Accidental Death: Death is considered accidental if it occurs as a direct result of, and within 180 days of, an accidental bodily injury. In order to qualify as a death from accidental causes, the death must occur while the policy is in force and within 180 days following the date of the accidental injury as defined further by the policy.

Exclusions: A Death Benefit will not be paid for an Accidental Death if it is an infection not occurring as a direct result or consequences of the Accidental Bodily Injury, and/or if it is caused or contributed by: disease or infirmity of mind or body or medical or surgical treatment for such disease or infirmity; any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger; travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond earth's atmosphere; active participation in a riot, insurrection or terrorist activity committing or attempting to commit a felony; occurring while the Insured is incarcerated; intoxication as defined by the jurisdiction where the accident occurred; riding or driving an air, land or water vehicle in a race, speed or endurance contest; rock or mountain climbing; aeronautics (hang-gliding, skydiving, parachuting, ultra light, soaring, ballooning and parasailing) and/or caused or materially contributed to by voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or poison, gas or fumes, unless a direct result of an occupational accident.

Important Notice About This Policy: This life insurance policy does not specifically cover funeral goods or services, and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance policy may use the proceeds for any purpose, unless otherwise directed.

Benefit amounts are subject to Gerber Life insurance limits.

To approve your insurance and service your policy, we may collect or disclose information about you, as permitted by law, which may include certain disclosures made without your prior authorization. You have the right to access and correct personal information that we have about you. You may also receive a detailed notice on Gerber Life's Information Practices, upon request.

Requirements vary somewhat in CA, CT, DC, DE, FL, NY, ND & SD. Before your policy is issued, and depending on your state's regulations, you will either receive additional information or a different application to sign and return.

Not available in MT.

A Buyer's Guide to Life Insurance and a Policy Summary are sent with all policies. You can get them without applying for insurance by writing to us.

Policy Form ICC12-GWLP

Gerber Life Insurance Company
445 State Street • Fremont, Michigan 49412
www.gerberlife.com

Agency Application

Applicant's Name_____

ALL AGENTS MUST DISCLOSE THE GRADED DEATH BENEFIT TO ALL APPLICANTS

PRODUCER CERTIFICATION Must be Completed by Producer if applicable

To the best of your knowledge,

1. Does the Proposed Insured have any life insurance or annuities in force or is any application for life insurance or reinstatement now pending? (If Yes, complete appropriate replacement forms)..... ☐ Yes ☐ No
2. Will the coverage applied for replace any life insurance or annuity coverage now in force or pending on the life of the Proposed Insured? (If Yes, complete appropriate replacement forms)..... ☐ Yes ☐ No

Is this a 1035 Exchange? ..... ☐ Yes ☐ No

Is this an internal term conversion? ..... ☐ Yes ☐ No

I certify that I have no knowledge of anything which might affect the insurability of any person proposed for insurance which is not fully set forth herein ..... ☐ Yes ☐ No

Agent ID_____Date_____

X Signature of Licensed Agent_____Printed Name of Licensed Agent_____

ICC12-AGNT

Please note that the application for Gerber Life's Guaranteed Life does not ask any health questions. Consequently, the "Insurability of any Person proposed for Insurance" statement above refers to the responses on the application and not the health of the proposed insured.

- By answering 'YES' to the "I certify" statement above, the application CAN be processed. You are indicating that you have no knowledge of anything that could affect the insurability (responses on the application) of the proposed insured.
- By answering 'NO' to the "I certify" statement above, the application CANNOT be processed. You are indicating that you have knowledge that could affect the insurability (responses to questions) of the proposed insured.

Please provide secondary agent information for split commissions:

First Name: _____ Last Name: _____

Gerber Life Agent ID: _____ (if agent ID is not known, write in 9999-9999) Percent of Split: _____%

Please review the following outline of requirements:

✓ This form must be sent in at time of application in order for a split commission to be applied.

✓ Split Commissions are allowed only between two agents.

✓ The name, agent ID, and split percentage for the secondary agent must be included in the request.

– If the percentage of the split is missing, it will default to 50% for each agent for the life of the policy.

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, NY 10605
800-253-3074

IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one -- or possibly a mistake. Make sure that you understand the facts. You should:

-- Make a careful comparison of your existing policy and the proposed policy.

-- Ask the company or agent that sold you your existing policy to provide you with complete information about it.

-- Consider both sides before you decide.

-- Determine what you want your insurance program to do.

-- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____
(Name of Insured)

COMPANY	TYPE OF* POLICY	POLICY NO.	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

(if more policies are involved, use additional sets of forms)

PROPOSED POLICY INFORMATION on _____
(Name of Insured)

COMPANY	TYPE OF* POLICY	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS

Indiana Department of Insurance Regulation, 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within thirty days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

Applicant's/Insured's Signature

Date

Replacing Agent's Signature

Address

Telephone Number

Indiana License Number

*As shown on face of policy.

Gerber Life Insurance Company
445 State Street, Fremont, Michigan 49412
www.gerberlife.com

REPLACEMENT

SALES/MARKETING FORMS

APPLICANT NAME: _____

APPLICATION STATE: _____

AGENT NAME: _____

AGENT#: _____ **AGENCY:** _____ **DATE:** _____

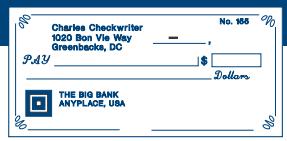
In compliance with NAIC Model Replacement Act, listed below are the Marketing/Sales forms used in the sale of this application:

Please use full Gerber Life Form# shown at the bottom of the Marketing/Sales material

Form # _____
Form # _____
Form # _____
Form # _____
None _____

Gerber Life will not charge your account any money until 3 days after your application is approved.

How to pay your premiums automatically through your CHECKING ACCOUNT:



1. Complete and sign the Authorization Form below.
2. Please provide the required financial information. Contact your financial institution for the correct account and routing numbers.
3. Your first premium will be withdrawn 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
4. Premiums will continue to be automatically withdrawn each month unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on this Form.

How to pay your premiums automatically through MASTERCARD or VISA:

1. Complete and sign the Credit Card Authorization Form below.
2. Your first premium will be charged 3 days after your application is approved by Underwriting unless a Preferred Payment Date has been requested.
3. Premiums will continue to be charged monthly to the credit card you select, unless you indicate a different time period by selecting 3 months, 6 months or 12 months in the space provided on the Form.

Questions? Call our toll-free number: **1-800-428-4947** Monday-Friday, 8:30am to 6pm (EST)

Use this Authorization Form for payment by automatic withdrawal from CHECKING ACCOUNT

☐ **Yes,** I hereby authorize the bank or financial institution named below to pay my insurance premiums as indicated below, by automatic withdrawal from my checking account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Name _____
Last Name First Name Middle Initial

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Insured's name: _____ **Date of Birth:** _____

Name of Financial Institution _____

Type of Account: ☐ **Checking** ☐ **Savings** **Bank Transit #** _____ **Account #** _____

X _____ **Date** _____
(Accountholder's Signature)

Preferred Payment Date _____ **If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.**

Please automatically withdraw my premiums every (check ☑ one): ☐ **month** ☐ **3 months** ☐ **6 months** ☐ **12 months**

Use this Credit Card Authorization Form for payment by MASTERCARD or VISA

☐ **Yes,** please charge my premiums to my credit card account. **I understand that my 1st premium will not be withdrawn until 3 days after my application is approved by Underwriting unless a Preferred Payment Date has been requested.** I also understand that I may cancel this authorization at any time by notifying Gerber Life Insurance Company.

Please check ☑ one: ☐ **Mastercard – Must contain 16 numbers** ☐ **VISA – Must contain 13 or 16 numbers**

Card Number: _____ **Exp. Date** _____

Name _____
Last Name First Name Middle Initial

Address _____ **Phone** _____

City _____ **State** _____ **Zip Code** _____

Insured's Name: _____ **Date of Birth:** _____

X _____ **Date** _____
(Cardholder's Signature)

Preferred Payment Date _____ **If application not approved by date selected, premium will be withdrawn on the date selected the following month. If the insured's age changes prior to selected date, the premium will be based on the new age.**

Please charge my premiums every (check ☑ one): ☐ **month** ☐ **3 months** ☐ **6 months** ☐ **12 months**

GERBER LIFE INSURANCE COMPANY • Home Office: 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605

RECEIPT FOR GUARANTEED ISSUE POLICIES

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. PAYMENT IN CASH IS NOT ACCEPTABLE.

All checks and money orders must be made payable to: GERBER LIFE INSURANCE COMPANY.

Any insurance issued will be effective from the date of the completed application provided that:

1. The first premium is paid on the date of the completed application by check or money order that is honored and collectable; and
2. The insurance applied for does not exceed Gerber Life Insurance Company's over-insurance limit.

Received from _____ the sum of $_____ paid by check or money order at the time of signing the insurance application.

The proposed insured is: _____

Date: _____ Signature: _____ Agent#: _____
Month /Date/ Year Licensed Agent

CRGI-2011

Agent Instructions:
PLEASE NOTE THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT AND A COPY MUST BE SENT TO GERBER LIFE INSURANCE WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. THIS MUST BE DONE AT THE TIME OF APPLICATION. ADDITIONALLY, THE CONDITIONAL RECEIPT, APPLICATION AND THE CHECK MUST ALL HAVE THE SAME DATE.