Agent Instruction for Submitting New Application

Guaranteed Life

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.

Payment Authorization Form - For automatic payment from Checking or by Credit Card, complete PAC-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. The second agent must already be appointed with Gerber Life. On the coversheet note **Commission Split** and provide for the second agent: the agent name, agent id, and their percentage of the split. This should not be noted on the application. The primary agent will receive the balance of commissions.

NOTE: If only the percentage of the split is missing, it will default to 50% for each agent for the life of the policy. If complete information is not provided for the second agent, the primary agent will receive 100% of the commissions.

• 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.*

	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	$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.

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 will be paid to the beneficiary. 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.

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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.

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 will be paid to the beneficiary. 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.

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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Not FDIC Insured | Not Bank Guaranteed | Not a Deposit or Other Bank Obligation

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

Agency Application

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

Agent Phone #_____ **Agent Email** _____

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)_____

AGWLP-12

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 (one year in ND), 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; (except in CT) active participation in a riot, insurrection or (except in CA) 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 (except in CT).

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.

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.

In CA, Disclosure to Individuals Age 65 or Older
You should be aware that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation.

You or someone on your behalf may wish to consult independent legal, tax, or financial advice before selling or liquidating any assets and prior to the purchase of any life insurance or annuity products being solicited, offered for sale, or sold.

Policy Form Series GWLP-12

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

Agency Application

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

Agent Phone #_____ **Agent Email** _____

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_____

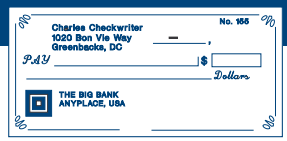
AGNT-12

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.

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 • 445 State Street, Fremont, Michigan 49412

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

Gerber Life Insurance Company

California Sales to Seniors

AGENTS - IF YOU PLAN TO MEET WITH A CALIFORNIA SENIOR IN THEIR HOME READ THE FOLLOWING COMMUNICATION CAREFULLY!

California Insurance Law requires agents to provide a written notice to individuals age 65 or older before meeting with the senior in their home. This notice must be provided no less than 24 hours, and no more than 14 days, prior to the initial meeting. However, if the senior has an existing relationship with an insurance agent and requests a meeting in the senior's home the same day, the notice may be hand delivered to the senior prior to the meeting. For your convenience, Gerber Life has created a form for our agents to use when meeting with a California senior in their home to sell Gerber Life products.

INSTRUCTIONS

- ✓ Please use the attached California Sales to Seniors Notice Form [DISC-SCRA (1012)] if you plan to meet with a California Senior in their home. This form should be provided to the senior within the time period specified above.
- ✓ You must provide your contact information (name, address, license number and telephone number) exactly as it appears on your California Insurance License.
- ✓ A copy should be kept on file (Do Not send to Gerber Life).

IMPORTANT REMINDER

When contacting a California senior in person or by phone, before making any statement other than a greeting, or asking the senior any other questions, you must:

- ✓ State that the purpose of the visit or call is to talk about insurance, or to gather information for a follow up visit to sell insurance; and
- ✓ state the name and titles of all persons arriving for appointment; and
- ✓ provide name of the insurer; and
- ✓ present a business card or other written identification to the senior.

Gerber Life Insurance Company

California Sales Disclosure to Seniors

Agent Name: _____
License #: _____
Address: _____
Telephone: _____

I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

- ☐ **Life insurance, including annuities**
- ☐ **Other insurance products [specify]: _____**

You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.

You have the right to end the meeting at any time.

You have the right to contact the Department of Insurance for information, or to file a complaint.

California Consumer Communication Bureau:
800-927-4357 TDD: 800-482-4833

The following individuals will be coming to your home: [list all attendees and insurance license information, if applicable].

Name:	_____	**Name:**	_____
Address:	_____	**Address:**	_____
Phone:	_____	**Phone:**	_____
License #:	_____	**License #:**	_____