



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



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 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 _____ Social Security Number _____
(Month Day Year)

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.

Signature of Proposed Insured _____ Date _____

Signature of Policyowner (if other than Proposed Insured) _____ Date _____

Signed at (City, State) _____

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 AZ, 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

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 _____

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.

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, NY 10605
914-272-4000

IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

Our agent is recommending that you purchase a life insurance policy from us. In connection with this purchase, you have indicated either as a result of his recommendation or at your own initiative, that you may terminate or change your existing policy issued by another company or that you may obtain a loan from that company against your policy to pay premiums on the proposed policy. Any of these actions is a replacement of life insurance. This notice must be given to you. Please read this notice carefully.

Whether it is to your advantage to replace your existing insurance coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and of your existing insurance coverage.

To this end, we are required to give you a Policy Summary including complete information on the proposed policy no later than when the policy is delivered to you. In addition, we are required to notify the insurance company that issued your existing policy. That company may then furnish you with additional information concerning your existing policy. You may want to contact that company or its agent for further information and advice or discuss your purchase with other advisors. The information you receive will be of value to you in reaching a final decision.

If either the proposed policy or the existing insurance you intend to replace is a participating policy you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should also recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which our company could contest the policy because of a material misstatement or omission on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have at least twenty days from the date the new policy is delivered to you to cancel the policy issued on your application and receive back all payments you made to us.

CAUTION

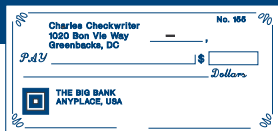
If, after studying the information made available to you, you decide to replace the existing life insurance with our life insurance policy, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

I have received and read a copy of this Replacement Notice.

(Signed) _____ Date _____

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, City, State, Zip, Phone, Insured's name, Date of Birth, Name of Financial Institution, Type of Account (Checking, Savings), Bank Transit #, Account #, X (Accountholder's Signature), Date

Preferred Payment Date, Please automatically withdraw my premiums every (check one): month, 3 months, 6 months, 12 months

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.

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, City, State, Zip Code, Phone, Insured's Name, Date of Birth, X (Cardholder's Signature), Date

Preferred Payment Date, Please charge my premiums every (check one): month, 3 months, 6 months, 12 months

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.