



Gerber Life Insurance Company

445 State Street • Fremont, Michigan 49412
www.gerberlife.com

Agency Application

Agent Name _____ Agency # _____ Agent # _____

Agent Phone # _____ Agent Email _____

Application for: Individual Whole Life Insurance

GERBER LIFE INSURANCE COMPANY, White Plains, NY 10605

Amount of Insurance Fill in Amount between \$5,000 – \$50,000 (in 000's only) \$ _____

1. List the children 15-17 years of age to be insured.

| First Name | Last Name | Middle Initial | Sex | Date of Birth Month Day Year |
|------------|-----------|----------------|-----|---------------------------------|
| | | | | |
| | | | | |

2. YOUR NAME: Parent Grandparent Permanent Legal Guardian (Check one)

First Name _____ Last Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____

State _____ Zip _____ Phone () _____

Date of Birth _____ Sex _____ E-mail _____
(Month Day Year)

3. BENEFICIARY: You will be the beneficiary unless you name someone else below.

Name _____ Relationship to child(ren) _____

4. In the past 10 years has anyone to be insured been treated or diagnosed by a physician for any of the following: heart disease or disorder; cancer, tumor or leukemia; diabetes or other endocrine disorder; drug or alcohol abuse; acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC); high blood pressure; paralysis; respiratory disorder; mental or nervous disorder; genetic disorder or any disorder of the blood (except "HIV status"), kidneys, liver, lungs, stomach, intestines, muscles, bones, joints or central nervous system; pneumonia; or swollen lymph nodes? Yes No

4a. Give details if you answered "Yes". Use and sign separate sheet if necessary.

| Name of Child(ren) | Nature of Condition | When condition started | Does the child(ren) still have the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|---------------------|------------------------|---|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Has any child named above had a driver's license suspended or revoked plead guilty to or been convicted of 2 or more moving violations? .. Yes No

6. List the Life Insurance or Annuities in force on the proposed insured child(ren):

Child's Name _____ Company _____

Will this policy replace a Life Insurance or Annuity policy already in force on the life of the child(ren)? Yes No

I authorize Gerber Life or it's reinsurers, to obtain from any insurance consumer reporting agency, insurance support organization, or MIB, Inc. any records of the proposed insured(s)'s driving records and insurance activity and to give such information to Gerber Life. I understand the information obtained by use of this authorization will be used by Gerber Life to determine the eligibility of the proposed insured(s) for insurance. This authorization will be valid for 24 months. A copy is available on request.

I AGREE THAT: The above answers are true and complete to the best of my knowledge and belief. This application shall be the basis for and part of the policy. I understand that no insurance shall take effect until this application is approved and the first premium is received by Gerber Life Insurance Company during the lifetime of the insured.

Both the child(ren) and I are citizens or permanent legal residents of the United States.

X

Your Signature

Date

AGPP-12-YA-CA

0714

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.

Coverage is dependent on answers to health questions. Issuing your policy and paying your benefits may depend on the answers given in the application.

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, less any debt against the policy.

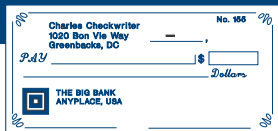
The following notice applies to applicants in the states of AZ, CA, CT, GA, IL, ME, MA, MN, MT, NJ, NV, NC, OH, OR, and VA: To approve your insurance and service your policy, we may collect or disclose information about you, as permitted by law, which may include certain disclosures made without your 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.

Benefit amounts are subject to Gerber Life insurance limits.

Policy Form GPP-12-S-CA

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

CONDITIONAL RECEIPT FOR UNDERWRITTEN 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 under this Conditional Receipt will be effective from the date of the completed application, or the date of the last medical examination required by the Company's established rules, whichever is later, provided that all of the following conditions have been fulfilled:

1. The first premium is paid by the date of the completed application by check or money order that is honored and collectable; and
2. On the date of the completed application or the date of the last medical examination, if required, whichever is later, the proposed insured is insurable and acceptable for the insurance, exactly as applied for, as determined by Gerber Life Insurance Company, under its underwriting rules and practices for the plan and amount of insurance applied for and at the Company's standard premium rate.

The amount of any insurance effective under this Conditional Receipt is limited to the lesser of the amount applied for in the application or \$25,000.

Any insurance under this Conditional Receipt ends at the earlier of 1) sixty (60) days from the date of the completed application, or 2) the date the policy is approved, which is the Policy Date.

If the conditions under this Conditional Receipt are not satisfied, no insurance of any kind will be in effect and the payment will be returned to the applicant.

THIS CONDITIONAL RECEIPT DOES NOT PROVIDE ANY TEMPORARY OR INTERIM INSURANCE COVERAGE.

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

Date _____ Signature _____
Month /Date/ Year Proposed Insured

CRUW-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.**



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.



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 #: _____



Agent Instruction for Submitting New Application

Grow-Up® Policy for Young Adult

In addition to the insurance application, the following forms may be required at time of application and all applicable forms should be submitted at the same time 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.

- For Checking- Up to 8% discount on premium
- If Checking, submit copy of voided check with the form. Mail with application.

NOTE: When setting up payments to be withdrawn, specific draft dates for the first payment cannot be honored. Once first payment has drafted after issuance of policy, the agent or customer can call in to change the bill date for future drafts. Do not submit live check for initial premium if payments are to be withdrawn from checking account or customer may be charged twice.

Conditional Receipt- For Check or Money Order ONLY. If check or money order is collected with application, provide Conditional Receipt CRUW 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.

NOTE: For paper application submissions, the second agent's information must be provided on the coversheet, NOT the application.

CA 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).

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

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