



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:

Replacement Form¹ - 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.

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.*

*In KS if a check, money order or authorization of payment is collected with the application, please provide receipt CRGI-2015-KS to customer and submit a copy of the receipt with the application and payment. The receipt must be signed by the agent.

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

(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.

(NY Only) I Certify Form - In compliance with NY state law, submission of the completed 'I Certify Form' is required to be sent with your application packet verifying your adherence to NY PIF and BG process.

Commissions will be withheld until the document is received.

(NY Only) Agent Best Interest Certification - In compliance with NY Regulation 187, it is required that agents act in their customers best interest. This form is a certification that the product selected is in the best interest of the customer. This form must be signed and submitted with all NY applications. Failure to comply will result in the application being closed out.

(NY Only) Producer Checklist - In compliance with NY Regulation 187, agents are required to retain documentation related to recommendations made to a customer regarding life insurance products. This form is for your records only and is not to be submitted with applications.

(NY Only) Life Suitability and Best Interest Questionnaire - In compliance with NY Regulation 187, agents are required to determine the suitability of a product(s), prior to making a recommendation to the customer. This questionnaire is required to establish product suitability in accordance with the NY Regulation 187. One form is required per policy and is owner specific (*you cannot list multiple insureds on one questionnaire.*) This form is required to be completed in full and failure to comply will result in the application being closed out.

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

¹ Replacements are not accepted in following states: CA, DE, FL, ID, IL, KY, MA, NY, PA, PR, TN, WA



Gerber Life Insurance

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New York Best Interest Producer Guide – Disclosure and Documentation

Starting on February 1, 2020, New York DFS Insurance Regulation 187 (“Reg. 187”), requires that New York licensed producers retain certain documentation and make available upon request by Gerber Life Insurance Company (“GLIC”) or the New York Department of Financial Services, related to all recommendations made to a client regarding life insurance products.

GLIC has developed this Producer Guide to assist producers in documenting and maintaining all relevant factors and disclosures necessary to make a best interest recommendation. All disclosures, both written and verbal, provided to a client at the time of a recommendation should be appropriately documented and kept in the client file. **This form is for your records only and is not to be submitted with required application paperwork.**

This is not a complete checklist for compliance with Reg. 187, but rather is meant to assist with certain documentation and disclosure obligations of Reg. 187.

Policy Owners Name (First, Middle, Last)

Joint Owner’s Name (if applicable)

For all recommendations for the purchase of a life insurance product, producers should complete, document, and retain any:

- ☐ Signed Carrier Application*
- ☐ Signed Suitability Form*
- ☐ Signed Best Interest Certification*
- ☐ New or subsequent recommendations
- ☐ Recommendation that does not result in a transaction
- ☐ No recommendation made
- ☐ Client decision made against the producer recommendation
- ☐ Description of the basis for the recommendation
- ☐ Product advantages/disadvantages
- ☐ Personal notes or documentation of verbal disclosures made.

*Indicates a required GLIC form for completion of a sales transaction.

For each transaction you should *provide the client with*:

- ☐ All applicable disclosures
- ☐ Product information, flyers, brochures, or other relevant sales and marketing material
- ☐ NY Reg. 194 compensation disclosure
- ☐ NY Reg. 60 paperwork for replacements (if applicable)

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AGT-NY-BIPG (0120)



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New York Best Interest Producer Guide – Disclosure and Documentation

Additional Considerations:

- Prior to recommending a life insurance transaction, you must complete a Reg. 187 Suitability/Best Interest course, as well as any required product training. You will need to provide and maintain certifications of completion.
- You must ensure that no representations were made regarding professional designations that may be misconstrued or misleading (e.g. if you are an insurance licensed only producer, you cannot represent yourself as a financial advisor or planner, or make any recommendations regarding securities)

Utilize the following to assist in documenting all necessary information:

1. I informed the consumer of the following features and consequences (both favorable and unfavorable) of the life insurance transaction, as well as details of my role as the producer and the compensation I will be paid:

2. The consumer will benefit from the following features of the policy:

3. I considered the following factors that are relevant in consideration of the customer's best interest that related to the recommendation (e.g., benefits and price of the policy, financial strength of the insurer, or other factors that differentiate products or insurers):



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4. *I documented and disclosed* to the consumer, in a reasonable summary format, all relevant suitability considerations (see the suitability form), that provide the basis for the recommendation as follows**:

5. *I documented and disclosed* to the consumer in a reasonable summary format all product information, both favorable and unfavorable, that provide the basis for the recommendation as follows**:

6. The following is the basis for the recommendation made, including all facts and analysis to support the recommendation:

**The information included in these sections should be confirmed back to the client in writing (e.g., letter, email) and documentation evidencing that confirmation should also be included in the client file.



INSTRUCTIONS FOR SUITABILITY QUESTIONNAIRE COMPLETION

For life insurance applications submitted in NY on or after February 1, a suitability and best interest questionnaire must be submitted. Gerber Life offers an online solution or a paper version for the questionnaire. Use of the online version will expedite the submission of the form as well as the life insurance application since you will have a result as soon as you submit for analysis, allowing submission of the life application. If you choose to use our paper version, we have created this instruction sheet to assist completion of the questionnaire. The instructions follow the paper questionnaire.

VALIDATE PRODUCT:

You must choose one and **only one** product to be validated per questionnaire. You must also complete the applied for **Face Amount and the annual premium**, regardless of mode that will be used for payment.

RIDER VALIDATION:

If a Rider is applied for with the policy application, please select the **one** Rider for validation. The Waiver of Premium rider is only available for Whole Life and the PPO rider is only available for the Grow-Up[®] Plan and Young Adult.

LIFE INSURANCE OBJECTIVES:

You must choose **only one** of the five bold objectives. Upon choosing the appropriate objective, you may choose as many of the underlying needs associated with the chosen bold objective.

INSURANCE AMOUNT NEEDED:

Required for all the objectives besides Personal Coverage.

FOR JUVENILE APPLICATIONS ONLY:

When applying for a policy for an individual under age 18, Grow-Up or Young Adult, please complete the additional info.

LENGTH OF INSURANCE NEED:

Choose **only one** timeframe.

POLICY OWNER RELATIONSHIP:

Choose the best option for describing the relationship between the insured and the owner. If the owner is an entity, please complete with the entity name.

INSURED and OWNER DETAILS:

Complete **all** the information in the blanks provided.

NUMBER of FINANCIAL DEPENDENTS:

Provide a number for each category, including zero where appropriate.



HOUSEHOLD INCOME:

Complete all required information. Note the new question relates to how much MONTHLY HOUSEHOLD income is available for the premium on this policy. This is different from the ANNUAL PREMIUM amount requested in the product quote section earlier. (Note: monthly household income is the amount of income the household has from all sources such as salary, wages, interest, dividends, rents, government benefits, etc.)

MONTHLY HOUSEHOLD INCOME AVAILABLE FOR PREMIUM:

The monthly household income available for the premium on this policy CANNOT equal the total monthly household income. (Note: monthly household income is the amount of income the household has from all sources such as salary, wages, interest, dividends, rents, government benefits, etc.)

The monthly household income available for the premium MUST reflect what the household is able to afford specifically towards this life insurance policy, primarily based on the proposed monthly premium payment amount.

FINANCIAL ACCOUNTS & DEBTS:

There is an option to provide summary values or detailed information (page 5) for the proposed policy owner here. Either method is acceptable.

DEBTS/LIABILITIES:

Complete amounts for each category that the owner has an outstanding debt. If there are more than one balance in a category, combine those amounts.

LIFE INSURANCE HOLDINGS:

Complete each category where there is a current policy for the insured. For term policies, include the term length. Premium is required where insured is owner.

FINANCIAL EXPERIENCE:

Choose the appropriate level of experience for each of the four product categories.

SOURCES of FUNDING:

Choose all that apply.



PAGE 4, ADDITIONAL INFO:

Include any additional information that will assist in determining suitability of this product purchase. This page may be left blank if no additional information is available.

PAGE 5, DETAILED ASSET INFORMATION:

If detailed entry is chosen on page 2, complete the detailed asset information here. Asset types from the box are the only acceptable choices. If there are multiple assets for a category, combine those assets for the appropriate category. If detailed entry was not chosen, leave blank.



Gerber Life Insurance

445 State Street, Fremont MI 49412
1-800-628-0560

LIFE SUITABILITY AND BEST INTEREST QUESTIONNAIRE FOR NEW YORK

STATE OF ISSUE: New York

VALIDATE PRODUCT: Carrier: Gerber Life Insurance Company

PRODUCT TO BE VALIDATED: Select Only One

- | | |
|---|--|
| <input type="checkbox"/> 10 YLT | <input type="checkbox"/> Duet |
| <input type="checkbox"/> 20 YLT | <input type="checkbox"/> Grow Up |
| <input type="checkbox"/> 30 YLT | <input type="checkbox"/> Guaranteed Life |
| <input type="checkbox"/> Adult WL | <input type="checkbox"/> Sr. Life |
| <input type="checkbox"/> College Plan Regular Pay | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> College Plan Single Pay | |

FACE AMOUNT: \$ _____ ESTIMATED ANNUAL PREMIUM: \$ _____

RIDER TO BE VALIDATED:

- ☐ Purchase Protection ☐ Traditional Waiver of Premium

LIFE INSURANCE OBJECTIVES: What is the overall objective for the purchase of this life insurance policy?

(Choose one (1) major objective and as many needs under the major objective.)

☐ **Personal Coverage**

- ☐ Final Expenses (funeral, unpaid Medical, Long-term Debt)
- ☐ Income for Survivors
- ☐ Paying off a Mortgage
- ☐ Pay off Existing Debt (car loans, student loans, credit cards)
- ☐ Pay for Kids Education
- ☐ Immediate Income Needs
- ☐ Chronic or Terminal Care Risks
- ☐ Supplemental Retirement Income
- ☐ Take Care of Permanently Dependent Children
- ☐ Pension Maximization

☐ **Legacy/Estate**

- ☐ Legacy to Family
- ☐ Legacy to Charity (Charitable Gifts)
- ☐ Estate Equalization
- ☐ Estate Taxes

☐ **Business**

- ☐ Business Partners (Buy Sell Needs)
- ☐ Key Employees
- ☐ Key Employee Executive Compensation Plans

☐ **Gifting**

- ☐ Provide Policy for Juvenile

☐ **Pay for Education**

- ☐ Pay for Kids Education and College Savings Accumulation

INSURANCE AMOUNT NEEDED: (Not needed for Personal Coverage Life Insurance Objective.)

How much life insurance is required to cover the insurance need? _____

How was the insurance amount needed determined? _____

FOR JUVENILE APPLICATIONS ONLY:

What is the insured's total insurance coverage including the proposed face amount of this policy?

Insured's Total Insurance Coverage \$ _____

What is the total life insurance coverage amount owned by the policy owner?

Life Insurance coverage amount \$ _____

LENGTH OF INSURANCE NEED: Which time period best describes the policy owner's longest insurance need? Choose one.

- ☐ Immediate: 1-5 years
☐ Short Term: 6-10 years
☐ Intermediate: 11-20 years
☐ Lifetime: 20+years

POLICY OWNER/INSURED RELATIONSHIP: Which of the following best describes the owner/insured relationship?

- ☐ The owner is the insured
☐ The owner and insured are separate individuals
☐ The owner is an entity. Entity name: _____

INSURED DETAILS:

First Name: _____ Last Name: _____ Age: _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single**OWNER DETAILS:**

First Name: _____ Last Name: _____ Age: _____

Employment Status: _____ (Employed, Retired, Self-Employed, Not Employed)

Tax Bracket: _____ (NA, 10%, 12%, 22%, 24%, 32%, 35%, 37%)

NUMBER OF FINANCIAL DEPENDENTS:

Infant/Preschool: _____ Elementary: _____ Teens: _____ 18+ (at home): _____ 18+ (moved out): _____

INCOME:

Annual Household Income: _____ Monthly household income available for premium: _____

Insured's Annual Income (Where insured is not the owner.) _____

FINANCIAL ACCOUNTS & DEBTS: Enter information about the applicant's current assets, holdings and debts.

- ☐ I will enter summarized values below (**OR** enter all the individual accounts on page 4)

Investable Assets: Total assets that the policy owner currently has invested in marketable securities. Include assets that could be liquidated and accessed within a few days. \$ _____

Total Assets: Total assets include all assets held by the policy owner. Include investments, home, land, jewelry, art, or other collectables. \$ _____

- ☐ I will enter all the individual accounts (**use page 4**)

DEBTS/LIABILITIES (Combine multiple accounts per category):

- | | | | |
|--|--------------------------|---------------------------|-----------------------|
| <input type="checkbox"/> Mortgage: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> Auto loan: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> CC/Revolving | | | |
| Credit Cards: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> Signature: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> 2nd Mortgage: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> HELOC: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> Student Loan: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |
| <input type="checkbox"/> Other: | Amount/Balance: \$ _____ | Monthly Payment: \$ _____ | Yrs. Remaining: _____ |

ALL LIFE INSURANCE HOLDINGS: (Enter all of the Insured's insurance holdings.)

(Annual Premium amount required where insured is owner.)

Policy Type

<input type="checkbox"/> Term:	Policy Term: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Whole Life:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> UL:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Indexed UL:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Variable UL:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Joint UL:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Survivorship UL:	Cash Value: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Group Insurance -			
Term:	Policy Term: _____	Face Amount: _____	Annual Premium: _____
<input type="checkbox"/> Other Permanent:	Cash Value: _____	Face Amount: _____	Annual Premium: _____

FINANCIAL EXPERIENCE (YEARS):

Mutual Fund:	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 Years	<input type="checkbox"/> 6-10 Years	<input type="checkbox"/> More than 10 Years
Annuity:	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 Years	<input type="checkbox"/> 6-10 Years	<input type="checkbox"/> More than 10 Years
Equity:	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 Years	<input type="checkbox"/> 6-10 Years	<input type="checkbox"/> More than 10 Years
Life Insurance:	<input type="checkbox"/> No Experience	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 Years	<input type="checkbox"/> 6-10 Years	<input type="checkbox"/> More than 10 Years

SOURCES OF FUNDING (select at least one item): What is the policy owner using to fund this purchase?

☐ Current Income

☐ Asset Transfer

☐ Inheritance

☐ Other _____

ADDITIONAL INFORMATION:

FINANCIAL ACCOUNTS & DEBTS - Individual Accounts (Optional, continued from page 2)
PLEASE COMPLETE FOR ENTERING ALL ASSETS INDIVIDUALLY. Please combine multiple accounts of the same type on each line.

Account Types:

• Individual

• Joint

• Traditional/401k

• Roth 401k/IRA

• Trust

• Custodial

• 529

• Corporation

• Club (Investment)

• LLC

• Other Non-Qualified

• Other Qualified

ACCOUNT TYPE (Enter Name from list above)	MARKET VALUE	INVESTABLE ASSET (YES/NO)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Gerber Life Insurance

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 _____ 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 _____

I have read the Important Replacement Notice [on the back of the application].

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.

Since this policy is issued without medical underwriting, the premium rate being charged includes an extra mortality risk charge. If you are healthy enough to qualify as a “standard” risk, premiums would likely have been lower if you had applied for a fully underwritten 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.

IMPORTANT REPLACEMENT NOTICE

It may not be in your best interest to replace an existing life insurance policy or annuity contract when purchasing a new life insurance policy, whether from the same or a different insurer. A replacement will occur if, as a part of your purchase of a new life insurance policy, existing coverage has been, or is likely to be, lapsed, surrendered, forfeited, assigned, terminated, changed or modified into paid-up insurance or other forms of benefits, loaned against or withdrawn from, reduced in value by use of cash values or other policy values, changed in the length of time or in the amount of insurance that would continue, or continued with a stoppage or reduction in the amount of premium paid. Prior to replacing an insurance coverage, you may want to contract the insurance company or agent who sold you that coverage, to help you decide whether the replacement is in your best interest.

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 to by: mental or emotional disorder, or medical or surgical treatment for such disease or infirmity; any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; aviation, other than as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline; active participation in a riot or insurrection; committing or attempting to commit a felony; intoxication; and/or caused or materially contributed to by voluntary intake or use by any means of being under the influence of any narcotic unless administered or consumed on the advice of a physician and taken in accordance with the physician's instructions.

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.

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**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 _____

☒ 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.

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.



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Agent Best Interest Certification

Owner's Name: _____
(First, Middle, Last Name)

Joint Owner's Name: _____
(First, Middle, Last Name)

As evidenced by my signature below:

- ☐ In recommending this sales transaction, I acted in the best interest of the Consumer.
- This sales transaction is based on my evaluation of the relevant suitability information of the Consumer.
 - I acted with the care, skill, prudence and diligence that a prudent person acting in a like capacity and familiar with such matters would use.
 - I only considered the interests of the Consumer when making the recommendation. The amount of compensation (including any incentive compensation) that I received or will receive related to this sales transaction did not influence my recommendation.
 - I believe the Consumer will benefit from certain features of the policy.
 - I believe the Consumer has the financial ability to meet the financial commitments under the policy.
 - I believe the particular policy as a whole including any riders and similar product enhancements, if any, are suitable for the Consumer based on the Consumer's suitability information.
- ☐ I have informed the Consumer about various features of the policy and potential consequences of the sales transaction, both favorable and unfavorable, as applicable, including but not limited to:
- Guaranteed interest rate
 - Product restrictions
 - Non-Guaranteed Elements
 - Availability of cash value
 - Potential tax implications
 - Death benefit
 - Potential charges for and features of riders
- ☐ I have disclosed to the consumer in a summary format all relevant suitability considerations and product information, both favorable and unfavorable, that provide the basis for this recommendation.
- ☐ I have documented the basis for this recommendation and the facts and analysis to support this recommendation.
- ☐ I have adequate knowledge to make this recommendation.
- ☐ I have provided the Consumer with the required compensation disclosures.
- ☐ I agree to maintain and make available upon request to the insurer or the Department of Financial Services, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this life product recommendation.

I understand the insurer may contact the Consumer for additional information.

Print Name

AGENT NAME

Sign Here

SIGNATURE OF AGENT

Date

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AGT-NY-BIC (0120)

GERBER LIFE INSURANCE COMPANY
Operations Division
445 State Street, Fremont, MI 49412

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?

YES ____ NO ____

- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?

YES ____ NO ____

- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?

YES ____ NO ____

- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?

YES ____ NO ____

- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?

YES ____ NO ____

- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

YES ____ NO ____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: _____ Signature of Applicant: _____

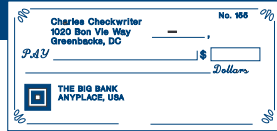
Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ____ NO ____

Date: _____ Signature of Agent or Broker: _____

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:

2. The insurance applied for does not exceed Gerber Life Insurance Company's over-insurance limit.

1. The first premium is paid on the date of the completed application by check or money order that is honored and collectable; and

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

The proposed insured is: _____

Date: _____
Month /Date/ Year

Signature: _____
Licensed Agent

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.**

Life Insurance Buyer's Guide

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget • Decide How Much Insurance You Need • Make Informed Decisions When You Buy a Policy

Prepared by the
National Association of Insurance Commissioners

Reprinted by
Gerber Life Insurance Company

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers. **This guide does not endorse any company or policy.**

IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly.**
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want a coverage that fits your needs.

First, decide how much you need -- and for how long -- and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider: • If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted. • It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy. • Ask your tax advisor if dropping your policy could affect your income taxes. • If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable. • You may have valuable rights and benefits in the policy you now have that are not in the new one. • If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want. • At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you now have.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself: • How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister? • Do I have children for whom I'd like to set aside money to finish their education in the event of my death? • How will my family pay final expenses and repay debts after my death? • Do I have family members or organization to whom I would like to leave money? • Will there be estate taxes to pay after my death? • How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build

up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance

covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period -- even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance

is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or buy a reduced amount without having to pay more premiums.

You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types: whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance

covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance

is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payments plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance

is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example: • Do premiums or benefits vary from year to year? • How much do the benefits build up in the policy? • What part of the premiums or benefits is not guaranteed? • What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. **You should also consider other factors:**

• How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.) • Are there special policy features that particularly suit your needs? • How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

Addendum to Buyer's Guide

Some policies, including so-called universal life policies, provide unbundled cash values. That is, the insurer subtracts, from the premium you pay, certain expense charges and a charge for the current insurance costs; the balance is accumulated, with interest, in a fund. The value of this fund at any time, less any surrender charge, is the cash value. The interest rate allowed may be comparable to rates offered by such other investment media as money market funds; this is attractive when such rates are high.

Sometimes these policies having unbundled cash values (under various trade names) also let you vary your premium payments every year, and even skip one or more payments. Insurance usually continues as long as there is enough money in the account to pay the insurance charges. If the insurer or agent claims a cost advantage for these policies, remember that life insurance costs are determined basically by the interest rate allowed on funds, by the current insurance costs (the "mortality" charge), and by the expense charges (including any applicable surrender charges). If these factors are the same for two policies, their costs should be similar, whatever the policy design.

You will also be told that a particular kind of policy has tax - - usually Federal Income Tax - advantages. This may be true, but you would be well advised to check this with your tax advisor - - lawyer - - or accountant - - if you have one. Remember, that the tax law may change at any time.



Gerber Life Insurance Company

Home Office: White Plains, New York

**Gerber Life
Insurance**

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

Applicant's Name _____

New York Preliminary Information Form & Buyer's Guide

Must be completed by Producer and submitted with application

Please note:

- ✓ New York law requires you to provide your client with two disclosures (the Preliminary Information Form and Buyer's Guide) at time of application, which you can find by generating a Sales Proposal via our Agent Portal.
- ✓ This form **must be completed and received with the application** in order for Gerber Life to enter the application and process through our system.

- ☐ As the Writing Agent for this contract, I certify that I have provided the applicant a copy of the New York Preliminary Information Form and Buyer's Guide in accordance with New York Law.

Signature of Licensed Writing Agent _____

Date _____