



Gerber Life
Insurance Company

Gerber Life Guaranteed Life Insurance

Important Items to consider before submitting an application:

- I fully explained the 2 year graded death benefit of this product
- The Producer Certification is included and the 'I certify' statement is marked YES in order to be processed
- A signed receipt is submitted if check or money order accepted
- A completed replacement form is included, if applicable

This form does not need to be submitted with your application.



Gerber Life Insurance Company

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

Agency Application

Agent Name _____ Agency Name _____ Agent # _____

Agent Phone # _____ Agent Email _____ Agent Split

PERSONAL INFORMATION

GUARANTEED LIFE

APPLICATION FOR: INDIVIDUAL LIFE INSURANCE

PROPOSED INSURED: (Give full legal name)

First Name _____ Last Name _____ Middle Initial _____

Gender Male Female Date of Birth _____ 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.

Policy Form GWLP-12-NY



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.

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

**This 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.

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 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 NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE: _____ Signature of Policyowner: _____
Must be signed same date as application

DATE: _____ Signature of Proposed Insured: _____
(if different than Policyowner) *Must be signed same date as application*

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

DATE: _____ Signature of Agent or Broker: _____
Must be signed same date as application