

Agent Instruction for Submitting New Application

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:

(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.

Supplement to an Application for Individual Endowment Policy- if owner is different than insured

HIPAA Authorization- if any medical question is answered yes, have form signed and submit with 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.

Payment Authorization Form*- For automatic payment from Checking or by Credit Card, complete ACH-AP form. **NOTE:** When setting up payments to be withdrawn, specific draft dates for the first payment cannot be honored.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. **Checks and money orders not accepted at the time of application.**

*In **KS** if authorization of payment is collected with the application, please provide the Temporary Insurance Receipt TIR-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 on the 2nd page of the application. Fill out the Agent Split Request Form located in this kit.

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

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



Gerber Life College Plan

Gerber Life College Plan Rates (Annual Payment Plan) – Female

(See other side for Male Standard Rates)

Female – Annual Premium Rates per \$1,000 of Face Amount – Standard											
Duration	10 Year	11 Year	12 Year	13 Year	14 Year	15 Year	16 Year	17 Year	18 Year	19 Year	20 Year
Issue Age	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium
18-25	\$87.00	\$80.62	\$74.24	\$67.86	\$61.48	\$55.10	\$50.06	\$45.03	\$40.00	\$38.00	\$36.00
26	\$87.10	\$80.75	\$74.40	\$68.05	\$61.70	\$55.36	\$50.67	\$45.98	\$41.30	\$39.06	\$36.83
27	\$87.12	\$80.78	\$74.44	\$68.10	\$61.76	\$55.42	\$50.81	\$46.20	\$41.60	\$39.31	\$37.02
28	\$87.15	\$80.81	\$74.48	\$68.14	\$61.81	\$55.48	\$50.95	\$46.42	\$41.90	\$39.55	\$37.21
29	\$87.17	\$80.84	\$74.52	\$68.19	\$61.86	\$55.54	\$51.09	\$46.64	\$42.20	\$39.80	\$37.40
30	\$87.20	\$80.88	\$74.56	\$68.24	\$61.92	\$55.60	\$51.23	\$46.86	\$42.50	\$40.05	\$37.60
31	\$87.25	\$80.94	\$74.62	\$68.31	\$62.00	\$55.68	\$51.33	\$46.97	\$42.62	\$40.17	\$37.73
32	\$87.31	\$81.00	\$74.69	\$68.39	\$62.08	\$55.77	\$51.43	\$47.08	\$42.74	\$40.30	\$37.87
33	\$87.36	\$81.06	\$74.76	\$68.46	\$62.16	\$55.86	\$51.52	\$47.19	\$42.86	\$40.43	\$38.00
34	\$87.42	\$81.12	\$74.83	\$68.54	\$62.24	\$55.95	\$51.62	\$47.30	\$42.98	\$40.56	\$38.14
35	\$87.48	\$81.19	\$74.90	\$68.61	\$62.32	\$56.04	\$51.72	\$47.41	\$43.10	\$40.69	\$38.28
36	\$87.56	\$81.28	\$75.00	\$68.72	\$62.45	\$56.17	\$51.87	\$47.57	\$43.28	\$40.88	\$38.48
37	\$87.64	\$81.37	\$75.11	\$68.84	\$62.57	\$56.30	\$52.02	\$47.74	\$43.46	\$41.07	\$38.68
38	\$87.73	\$81.47	\$75.21	\$68.95	\$62.69	\$56.43	\$52.17	\$47.90	\$43.64	\$41.26	\$38.89
39	\$87.81	\$81.56	\$75.31	\$69.06	\$62.81	\$56.56	\$52.31	\$48.06	\$43.82	\$41.45	\$39.09
40	\$87.90	\$81.66	\$75.42	\$69.18	\$62.94	\$56.70	\$52.46	\$48.23	\$44.00	\$41.65	\$39.30
41	\$87.96	\$81.73	\$75.50	\$69.27	\$63.04	\$56.81	\$52.59	\$48.37	\$44.16	\$41.82	\$39.49
42	\$88.02	\$81.80	\$75.58	\$69.36	\$63.14	\$56.92	\$52.72	\$48.52	\$44.32	\$42.00	\$39.68
43	\$88.09	\$81.88	\$75.66	\$69.45	\$63.24	\$57.03	\$52.85	\$48.66	\$44.48	\$42.17	\$39.87
44	\$88.15	\$81.95	\$75.75	\$69.55	\$63.34	\$57.14	\$52.97	\$48.80	\$44.64	\$42.35	\$40.06
45	\$88.22	\$82.02	\$75.83	\$69.64	\$63.45	\$57.26	\$53.10	\$48.95	\$44.80	\$42.53	\$40.26
46	\$88.31	\$82.13	\$75.96	\$69.78	\$63.60	\$57.42	\$53.29	\$49.16	\$45.04	\$42.79	\$40.54
47	\$88.41	\$82.24	\$76.08	\$69.92	\$63.75	\$57.59	\$53.49	\$49.38	\$45.28	\$43.05	\$40.83
48	\$88.50	\$82.35	\$76.21	\$70.06	\$63.91	\$57.76	\$53.68	\$49.60	\$45.52	\$43.32	\$41.12
49	\$88.60	\$82.46	\$76.33	\$70.20	\$64.06	\$57.93	\$53.87	\$49.81	\$45.76	\$43.58	\$41.41
50	\$88.70	\$82.58	\$76.46	\$70.34	\$64.22	\$58.10	\$54.06	\$50.03	\$46.00	\$43.85	\$41.70
51	\$88.85	\$82.73	\$76.61	\$70.49	\$64.37	\$58.25	\$54.22	\$50.20	\$46.17	\$44.03	\$41.88
52	\$89.00	\$82.88	\$76.76	\$70.64	\$64.52	\$58.40	\$54.38	\$50.36	\$46.35	\$44.21	\$42.06
53	\$89.15	\$83.03	\$76.91	\$70.79	\$64.67	\$58.55	\$54.54	\$50.53	\$46.52	\$44.39	\$42.25
54	\$89.30	\$83.18	\$77.06	\$70.94	\$64.82	\$58.70	\$54.70	\$50.70	\$46.70	\$44.57	\$42.43
55	\$89.46	\$83.34	\$77.22	\$71.10	\$64.98	\$58.86	\$54.86	\$50.87	\$46.88	\$44.75	\$42.62
56	\$89.68	\$83.56	\$77.44	\$71.32	\$65.20	\$59.08	\$55.10	\$51.12	\$47.14	\$45.02	\$42.89
57	\$89.91	\$83.79	\$77.67	\$71.55	\$65.43	\$59.31	\$55.34	\$51.37	\$47.40	\$45.29	\$43.17
58	\$90.14	\$84.02	\$77.90	\$71.78	\$65.66	\$59.54	\$55.58	\$51.62	\$47.67	\$45.56	\$43.44
59	\$90.37	\$84.25	\$78.13	\$72.01	\$65.89	\$59.77	\$55.82	\$51.88	\$47.93	\$45.83	\$43.72
60	\$90.60	\$84.48	\$78.36	\$72.24	\$66.12	\$60.00	\$56.06	\$52.13	\$48.20	\$46.10	\$44.00

Premium Modal Factors

Monthly: Annual rate divided by 12
Quarterly: 2.9 x monthly
Semi-annual: 5.7 x monthly
ACH (Monthly) Annual rate divided by 12
ACH (Quarterly) Annual rate divided by 4
ACH (Semi-Annual) Annual rate divided by 2
ACH (Preauthorized Checking) Discount: Up to 8%

To calculate monthly premium, multiply per thousand rate by the # of thousands of coverage.

Example: Female; Age 55; 18 Years; \$50,000

Annual: \$46.88 x 50 = \$2,344.00
Monthly: \$2,344.00 / 12 = \$213.09
Quarterly: \$213.09 x 2.9 = \$617.96
Semi-annual: \$213.09 x 5.7 = \$1,214.61
Total Premium (Monthly x 12 x 18 Years) =
\$46,027.44 (8% Discount from \$50,000)

With ACH Discount:

(ACH) Monthly: \$2,344.00 / 12 = \$195.33
(ACH) Quarterly: \$2,344.00 / 4 = \$586.00
(ACH) Semi-annual: \$2,344.00 / 2 = \$1,172.00
Total Premium (Monthly x 12 x 18 Years) =
\$42,191.28 (16% Discount from \$50,000)

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Gerber Life Insurance Company. Home Office: White Plains, NY 10605. A financially separate affiliate of the Gerber Products Company. All rights reserved. The Gerber Life College Plan is issued in all states. State requirements may vary somewhat. Please refer to the policy for limitations and exclusions that may apply. If the insured dies by suicide within two years from the issue date (one year in ND), the only amount payable will be the premiums paid for the policy, less any debt against the policy.

Policy Form Series ICC09-PIE and PIE-09



Gerber Life College Plan

Gerber Life College Plan Rates (Annual Payment Plan) – Male

(See other side for Female Standard Rates)

Male – Annual Premium Rates per \$1,000 of Face Amount – Standard											
Duration	10 Year	11 Year	12 Year	13 Year	14 Year	15 Year	16 Year	17 Year	18 Year	19 Year	20 Year
Issue Age	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium	Annual Premium
18-25	\$87.50	\$81.14	\$74.78	\$68.42	\$62.06	\$55.70	\$51.00	\$46.20	\$41.20	\$39.60	\$37.70
26	\$87.60	\$81.26	\$74.92	\$68.58	\$62.24	\$55.90	\$51.28	\$46.66	\$42.04	\$40.13	\$38.22
27	\$87.62	\$81.29	\$74.95	\$68.62	\$62.29	\$55.95	\$51.39	\$46.83	\$42.28	\$40.33	\$38.39
28	\$87.65	\$81.32	\$74.99	\$68.66	\$62.33	\$56.00	\$51.50	\$47.01	\$42.52	\$40.54	\$38.56
29	\$87.67	\$81.35	\$75.02	\$68.70	\$62.37	\$56.05	\$51.62	\$47.19	\$42.76	\$40.74	\$38.73
30	\$87.70	\$81.38	\$75.06	\$68.74	\$62.42	\$56.10	\$51.73	\$47.36	\$43.00	\$40.95	\$38.90
31	\$87.83	\$81.50	\$75.18	\$68.85	\$62.52	\$56.19	\$51.85	\$47.50	\$43.16	\$41.13	\$39.10
32	\$87.97	\$81.63	\$75.30	\$68.96	\$62.62	\$56.29	\$51.96	\$47.64	\$43.32	\$41.31	\$39.31
33	\$88.10	\$81.76	\$75.42	\$69.07	\$62.73	\$56.38	\$52.08	\$47.78	\$43.48	\$41.50	\$39.52
34	\$88.24	\$81.89	\$75.54	\$69.18	\$62.83	\$56.48	\$52.20	\$47.92	\$43.64	\$41.68	\$39.73
35	\$88.38	\$82.02	\$75.66	\$69.30	\$62.94	\$56.58	\$52.32	\$48.06	\$43.80	\$41.87	\$39.94
36	\$88.58	\$82.21	\$75.84	\$69.46	\$63.09	\$56.72	\$52.49	\$48.26	\$44.04	\$42.14	\$40.25
37	\$88.78	\$82.40	\$76.02	\$69.63	\$63.25	\$56.86	\$52.67	\$48.47	\$44.28	\$42.42	\$40.56
38	\$88.99	\$82.59	\$76.20	\$69.80	\$63.40	\$57.01	\$52.84	\$48.68	\$44.52	\$42.69	\$40.87
39	\$89.19	\$82.78	\$76.38	\$69.97	\$63.56	\$57.15	\$53.02	\$48.89	\$44.76	\$42.97	\$41.18
40	\$89.40	\$82.98	\$76.56	\$70.14	\$63.72	\$57.30	\$53.20	\$49.10	\$45.00	\$43.25	\$41.50
41	\$89.46	\$83.06	\$76.67	\$70.28	\$63.88	\$57.49	\$53.39	\$49.29	\$45.20	\$43.47	\$41.74
42	\$89.52	\$83.15	\$76.79	\$70.42	\$64.05	\$57.68	\$53.58	\$49.49	\$45.40	\$43.69	\$41.99
43	\$89.59	\$83.24	\$76.90	\$70.56	\$64.21	\$57.87	\$53.78	\$49.69	\$45.60	\$43.92	\$42.24
44	\$89.65	\$83.33	\$77.02	\$70.70	\$64.38	\$58.06	\$53.97	\$49.88	\$45.80	\$44.14	\$42.49
45	\$89.72	\$83.42	\$77.13	\$70.84	\$64.55	\$58.26	\$54.17	\$50.08	\$46.00	\$44.37	\$42.74
46	\$89.81	\$83.56	\$77.30	\$71.05	\$64.80	\$58.54	\$54.46	\$50.38	\$46.30	\$44.70	\$43.11
47	\$89.91	\$83.69	\$77.48	\$71.26	\$65.05	\$58.83	\$54.75	\$50.67	\$46.60	\$45.04	\$43.48
48	\$90.00	\$83.83	\$77.65	\$71.47	\$65.30	\$59.12	\$55.04	\$50.97	\$46.90	\$45.37	\$43.85
49	\$90.10	\$83.96	\$77.82	\$71.68	\$65.55	\$59.41	\$55.34	\$51.27	\$47.20	\$45.71	\$44.22
50	\$90.20	\$84.10	\$78.00	\$71.90	\$65.80	\$59.70	\$55.63	\$51.56	\$47.50	\$46.05	\$44.60
51	\$90.29	\$84.19	\$78.09	\$71.99	\$65.88	\$59.78	\$55.74	\$51.70	\$47.66	\$46.17	\$44.68
52	\$90.39	\$84.28	\$78.18	\$72.08	\$65.97	\$59.87	\$55.85	\$51.83	\$47.82	\$46.29	\$44.76
53	\$90.48	\$84.38	\$78.27	\$72.17	\$66.06	\$59.96	\$55.96	\$51.97	\$47.98	\$46.41	\$44.84
54	\$90.58	\$84.47	\$78.37	\$72.26	\$66.15	\$60.05	\$56.08	\$52.11	\$48.14	\$46.53	\$44.92
55	\$90.68	\$84.57	\$78.46	\$72.35	\$66.24	\$60.14	\$56.19	\$52.24	\$48.30	\$46.65	\$45.00
56	\$90.82	\$84.71	\$78.60	\$72.49	\$66.38	\$60.27	\$56.36	\$52.45	\$48.54	\$46.83	\$45.12
57	\$90.96	\$84.85	\$78.74	\$72.62	\$66.51	\$60.40	\$56.52	\$52.65	\$48.78	\$47.01	\$45.24
58	\$91.11	\$84.99	\$78.88	\$72.76	\$66.65	\$60.53	\$56.69	\$52.85	\$49.02	\$47.19	\$45.36
59	\$91.25	\$85.13	\$79.02	\$72.90	\$66.78	\$60.66	\$56.86	\$53.06	\$49.26	\$47.37	\$45.48
60	\$91.40	\$85.28	\$79.16	\$73.04	\$66.92	\$60.80	\$57.03	\$53.26	\$49.50	\$47.55	\$45.60

Premium Modal Factors

Monthly: Annual rate divided by 12
Quarterly: 2.9 x monthly
Semi-annual: 5.7 x monthly
ACH (Monthly) Annual rate divided by 12
ACH (Quarterly) Annual rate divided by 4
ACH (Semi-Annual) Annual rate divided by 2
ACH (Preauthorized Checking) Discount: Up to 8%

To calculate monthly premium, multiply per thousand rate by the # of thousands of coverage.

Male; Age 45; 15 Years; \$75,000

Annual: $\$58.26 \times 75 = \$4,369.50$
Monthly: $\$4,369.50 / 12 = \364.13
Quarterly: $\$364.13 \times 2.9 = \$1,055.97$
Semi-annual: $\$364.13 \times 5.7 = \$2,075.53$
Total Premium (Monthly x 12 x 15 Years) =
\$71,501.40 (5% Discount from \$75,000)

With ACH Discount:

(ACH) Monthly: $\$4,369.50 / 12 = \364.13
(ACH) Quarterly: $\$364.13 \times 2.9 = \$1,055.97$
(ACH) Semi-annual: $\$364.13 \times 5.7 = \$2,075.53$
Total Premium (Monthly x 12 x 15 Years) =
\$65,543.40 (13% Discount from \$75,000)

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Policy Form Series ICC09-PIE and PIE-09

Application for Individual Endowment Policy

Gerber Life Insurance Company 1311 Mamaroneck Avenue, White Plains, NY 10605

Select Amount: ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ \$150,000 ☐ Other _____ (enter amount between \$10,000 and \$150,000)Select Maturity: ☐ 10 Years ☐ 15 Years ☐ 18 Years ☐ Other _____ (enter number between 10-20)Select Payment Type: ☐ Installment Payments (Premiums) ☐ 5 Payments (Premiums) or ☐ Single Payment (Premium) **SEND NO MONEY NOW!****INSURED** Must be at least 18 years oldFull Name _____ Social Security Number _____
(Last) (First) (Middle Initial)

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____ Preferred Telephone Number () _____

Sex _____ Height _____ ft. _____ in. _____ Weight _____ lbs. _____ Date of Birth _____
(Month Day Year)

Occupation _____ If none, source of income _____

☐ Check box if owner is different from insured. If different please provide Full Name _____
(Last) (First) (Middle Initial)**BENEFICIARY:** Please enter the name of the person to receive benefits if you, the insured, die before policy maturity:

Name: _____ Relationship: _____

1) In the past 5 years, have you: been hospitalized or consulted with or examined or treated by any doctor or health facility?
(You do not need to include colds, minor viruses, or minor injuries which prevented normal activities for a period of less than 5 days or normal pregnancy or childbirth.) ☐ Yes ☐ No2) In the past 5 years, have you: been advised by a member of a medical profession to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs, or used any controlled substance except as prescribed by a physician? ☐ Yes ☐ No3) In the past 5 years have you plead guilty to or been convicted of a felony or misdemeanor, or do you have such a charge currently pending against you or are you currently on probation or parole? ☐ Yes ☐ No

4) In the past 10 years, have you been treated or diagnosed by a member of a medical profession for a disease, disorder or condition below:

Heart.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental or Nervous Disorder.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lung.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer or Tumor.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swollen Lymph Nodes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood (except "HIV status").....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brain, Spine, Nerves.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stomach.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intestines.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
AIDS (Acquired Immune Deficiency Syndrome).....	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Give full details if you answered "Yes" to any question above and list each condition. (Use and sign separate sheet if necessary.)

Nature of Condition	When Condition Started	Do you still have the condition?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

5) Do you have any existing life insurance or annuity contract? ☐ Yes ☐ No
If yes, please complete the information below.

Company Name	Amount	Policy #	Year Issued

6) Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? ... ☐ Yes ☐ No**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 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.

I authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance company, or consumer reporting agency that has any records or knowledge of me or my health or mental condition, general character and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB Inc. (MIB). In addition, I authorize the Medical Information Bureau (MIB) to release to Gerber Life Insurance or its reinsurers any information within its records pertaining to me or my health. I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

X

Insured's Signature _____ City/State _____ Date _____



Gerber Life Insurance Company

Home Office: White Plains, New York
Administrative Office: 445 State Street, Fremont MI 49412
www.gerberlife.com

Agency Application

Agent Name _____ Agency Name _____ Agent # _____

Agent Phone # _____ Agent Email _____ ☐ Agent Split

Replacement Questions to be answered by Agents:

1) Does the proposed insured have any existing life insurance or annuity contracts? ☐ Yes ☐ No

2) Has any life insurance or annuity contract either in force or applied for on the proposed insured terminated or is termination of such insurance contemplated as a result of the insurance of the life insurance contract applied for? ☐ Yes ☐ No

If the answer to either question is yes, have you complied with the requirements of the Company and your state with regard to this replacement? ☐ Yes ☐ No (Give full details under Remarks.)

Remarks: _____

Agent Signature _____

ADDITIONAL INFORMATION

MIB, Inc. (Medical Information Bureau)

Information regarding your insurability will be treated as confidential. Gerber Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Gerber Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

MIB-14

Your Rights under the Fair Credit Reporting Act

Depending on the size of the policy applied for, we may request that an investigative consumer report about the Proposed Insured be given to us. It will be conducted by a national organization skilled in obtaining information about people. A credit report may be requested in connection with this application to determine eligibility of insurance or premium to be charged.

The kind of information we may be seeking includes such facts as residence verification, marital status, occupation, general reputation, personal characteristics and mode of living. It will be obtained through personal interviews with the Proposed Insured's friends,

neighbors, associates and other acquaintances. Inquiries will not be directed toward determining the Proposed Insured's sexual orientation.

The Proposed Insured, upon written request, will be informed whether or not an investigative report was requested, and if a report was ordered, the name and address of the Consumer reporting agency. A copy of this report is available to the Proposed Insured upon request.

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.

Benefits, Exclusions and Limitations

No physical exam is necessary in most cases. Coverage is dependent on answers to health questions, and a physical may be necessary for applicants age 51 and older and applying for more than \$100,000 of coverage. 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.

Benefit amounts are subject to Gerber Life insurance limits.

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.

Payment of benefits under the endowment policy is the obligation of, and is guaranteed by, Gerber Life Insurance Company. Guarantees are based on the claims paying ability of Gerber Life.

Policy form series SPIE-10-CA and PIE-09-CA



Gerber Life Insurance Company

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

Primary Agent Name: _____ **Agent #:** _____

Agency Name: _____ **Applicant's Name:** _____

SECONDARY AGENT - AGENT SPLIT REQUEST

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 between two agents only.
- ✓ 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.

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: _____ %

SUPPLEMENT TO AN APPLICATION FOR INDIVIDUAL ENDOWMENT POLICY

Gerber Life Insurance Company
445 State Street
Fremont, MI 49412

This form is a supplement to the application for an Individual Endowment policy on the following proposed insured:

First name:_____ Middle name:_____ Last name:_____

The owner of the Individual Endowment policy is to be:

First name:_____ Middle name:_____ Last name:_____

Address:_____ City:_____ State:_____ Zip:_____

Date of Birth:_____ Telephone number:_____ Social Security Number_____

Email:_____

What is the owner's relationship to the insured?_____

It is understood and agreed that:

All statements and answers made in all parts of the 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 policy issued shall not take effect until it is 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.

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.

Owner's Signature:_____ City/State: _____ Date:_____

AIESUPP-09

Name of Proposed Insured: _____

Application number: _____

GERBER LIFE INSURANCE COMPANY**Authorization to Obtain, Use, and Disclose Personal Information
(Insurance Eligibility)****PURPOSES**

This authorization applies to any Personal Information (defined below) that may be obtained, used, or disclosed about the Proposed Insured by the Gerber Life Insurance Company (the "Company," "we", or "us") for the purpose of determining the Proposed Insured's eligibility for insurance, which may include the processing of an application for insurance or any other legally permissible activities that relate to any coverage with the Company.

PERSONAL INFORMATION

I understand and agree that the types of "Personal Information" that may be obtained, used, or disclosed about the Proposed Insured on the basis of this authorization may include, to the extent permitted by law:

- (i) any and all health records about the Proposed Insured, including, but not limited to, information regarding medical, mental, or physical condition and treatment, prescription drug history, lab results, drug or alcohol use, and the diagnosis and treatment of Human Immunodeficiency Virus ("HIV") or other sexually transmitted diseases; and,
- (ii) non-health information about the Proposed Insured, including, but not limited to, information regarding finances, demographics (date of birth, birthplace, state of residence, etc.), employment, general reputation, insurance (including previous application activities), credit history, criminal history, and driving history.

Personal Information does not include psychotherapy notes unless such notes are included with the medical record.

AUTHORIZATION FOR OTHERS TO DISCLOSE TO US

I authorize all of the following classes of people or entities to disclose Personal Information about the Proposed Insured to the Company and its authorized agents and representatives: physicians, medical practitioners, hospitals, clinics, laboratories, pharmacies, pharmacy benefit managers, medical care facilities, and all other providers of medical services or sources of medical records; consumer reporting agencies; financial sources; business associates; past or current employers; benefit plan sponsors; government units, including the Department of Motor Vehicles; the Medical Information Bureau (MIB); and insurance companies. I further authorize the Company, and its authorized agents and representatives, to collect and process such Personal Information. **By signing below, I acknowledge that any prior agreement I have made to restrict or limit the disclosure of Personal Information about the Proposed Insured does not apply to this authorization.**

AUTHORIZATION FOR US TO DISCLOSE TO OTHERS (AND POTENTIAL FOR RE-DISCLOSURE)

I understand that the Company may disclose Personal Information for the purposes stated in this authorization to the Company's underwriters, administrators, reinsurers, contractors or others who may perform business services for the Company, or to the beneficiaries or other owners of the Proposed Insured's policy. In addition, Personal Information may be disclosed (i) to the Medical Information Bureau (MIB) in an effort to deter fraud, misrepresentation, or criminal activity, or (ii) as otherwise required or permitted by law. Personal Information which is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient, and may no longer be protected under federal or state privacy laws.

FAILURE TO SIGN

I understand that I may refuse to sign this authorization. I realize that if I refuse to sign, the Company may not be able to issue the insurance for which I am applying or may not be able to make benefit payments.

DURATION AND REVOCATION

Unless revoked earlier, this authorization will remain in effect for 24 months* from the date signed. I understand that I may revoke this authorization at any time, by written notice to:

Gerber Life Insurance Company
ATTN: Underwriting Department
445 State Street
Fremont, MI 49412

I understand that my right to revoke this authorization is limited to the extent that the Company has already taken action in reliance upon this authorization or the law allows the Company to contest the issuance of a policy or a claim under a policy.

COPIES OF THIS FORM

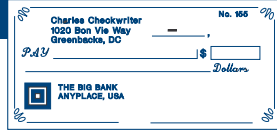
I agree that a copy of this authorization form (including faxes and electronic transmissions of this form) will be as valid as the original for purposes of obtaining or disclosing the required Personal Information about the Proposed Insured. I also understand that I am entitled to obtain a copy of this authorization form.

Date_____
Signature of Proposed Insured or Authorized Representative_____
Relationship to Proposed Insured

*For residents in the state of Minnesota, unless revoked earlier, this authorization will remain in effect for 12 months from the date signed.

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. Please be sure that your checking account is adequately funded. *Please Note: For the 1st premium draft Gerber Life Insurance Company is unable to honor a specific draft date.*
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. *Please Note: For the 1st premium draft Gerber Life Insurance Company is unable to honor a specific draft date.*
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 and for the 1st premium draft Gerber Life Insurance Company is unable to honor a specific draft date.** 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)

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 charged until 3 days after my application is approved by Underwriting and for the 1st premium draft Gerber Life Insurance Company is unable to honor a specific draft date.** 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)

Please charge my premiums every (check ☒ one): ☐ month ☐ 3 months ☐ 6 months ☐ 12 months



**Gerber Life
Insurance Company**

California Sales to Seniors

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

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

INSTRUCTIONS

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

IMPORTANT REMINDER

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

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



Gerber Life
Insurance Company

California Sales Disclosure to Seniors

Agent Name: _____

License #: _____

Address: _____

Telephone: _____

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

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

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

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

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

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

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

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

License #: _____

License #: _____