



## 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 Form**<sup>1</sup> - 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.

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

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GL-APP-NAIC (0120)

**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 ☐ NoAre 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 ☐ NoWill the coverage applied for replace any life insurance or annuity coverage now in force or pending on the life of the Proposed Insured?.. ☐ Yes ☐ No

If "Yes", please complete below.

Company Name \_\_\_\_\_ Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Company Name \_\_\_\_\_ Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

**ACKNOWLEDGEMENT OF INFORMATION PROVIDED**

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

☒ Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_☒ Signature of Policyowner (if other than Proposed Insured) \_\_\_\_\_ Date \_\_\_\_\_

Signed at (City, State) \_\_\_\_\_

ICC12-AGWLP

#### **Graded Death Benefit Limitation**

**Our guarantee to accept all applicants age 50 to 80 is made possible by a Graded Death Benefit Limitation. It applies to the first two years of coverage when the policy is issued. If death occurs within the first two policy years for any reason other than an accident, all premiums plus 10% interest shall be paid to the beneficiary. If death is due to accidental causes within the first two policy years, the full death benefit shall be paid to the beneficiary. Applicant may qualify for a full death benefit policy that provides full benefits from inception.**

**After the two-year Graded Period, if the insured dies for any reason, the full face amount of the policy shall be paid to the beneficiary. If the insured dies by suicide within two years from the Issue Date, the only amount payable will be the premiums paid for the policy plus 10%, less any debt against the policy.**

#### **Exclusions and Limitations**

**Accidental Death:** Death is considered accidental if it occurs as a direct result of, and within 180 days of, an accidental bodily injury. In order to qualify as a death from accidental causes, the death must occur while the policy is in force and within 180 days following the date of the accidental injury as defined further by the policy.

**Exclusions:** A Death Benefit will not be paid for an Accidental Death if it is an infection not occurring as a direct result or consequences of the Accidental Bodily Injury, and/or if it is caused or contributed by: disease or infirmity of mind or body or medical or surgical treatment for such disease or infirmity; any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger; travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond earth's atmosphere; active participation in a riot, insurrection or terrorist activity committing or attempting to commit a felony; occurring

while the Insured is incarcerated; intoxication as defined by the jurisdiction where the accident occurred; riding or driving an air, land or water vehicle in a race, speed or endurance contest; rock or mountain climbing; aeronautics (hang-gliding, skydiving, parachuting, ultra light, soaring, ballooning and parasailing) and/or caused or materially contributed to by voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or poison, gas or fumes, unless a direct result of an occupational accident. **Important Notice About This Policy:** This life insurance policy does not specifically cover funeral goods or services, and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance policy may use the proceeds for any purpose, unless otherwise directed.

Benefit amounts are subject to Gerber Life insurance limits. To approve your insurance and service your policy, we may collect or disclose information about you, as permitted by law, which may include certain disclosures made without your prior authorization. You have the right to access and correct personal information that we have about you. You may also receive a detailed notice on Gerber Life's Information Practices, upon request.

Requirements vary somewhat in CA, CT, DC, DE, FL, NY, ND & SD. Before your policy is issued, and depending on your state's regulations, you will either receive additional information or a different application to sign and return. Not available in MT.

A Buyer's Guide to Life Insurance and a Policy Summary are sent with all policies. You can get them without applying for insurance by writing to us.

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Policy Form ICC12-GWLP

# Producer Certification

Agent Name \_\_\_\_\_ Agency Name \_\_\_\_\_ Agent # \_\_\_\_\_  
Agent Phone # \_\_\_\_\_ Agent Email \_\_\_\_\_ ☐ Agent Split  
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 \_\_\_\_\_

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.

## IMPORTANT NOTICE TO APPLICANT REGARDING REPLACEMENT

**GERBER LIFE INSURANCE COMPANY**  
**1311 Mamaroneck Avenue**  
**White Plains, NY 10605**  
**800-253-3074**

**DEFINITION** REPLACEMENT is any transaction where, in connection with the purchase of New Insurance or a New Annuity, you LAPSE, SURRENDER, CONVERT to Paid-up Insurance, Place on Extended Term, or BORROW all or part of the policy loan values on an existing insurance policy or an annuity. (See reverse side for DEFINITIONS.)

**IF YOU  
TO  
REPLACE  
COVERAGE** In connection with the purchase of this insurance or annuity, if you INTEND have REPLACED or intend to REPLACE your present life insurance coverage or annuity(ies), you should be certain that you understand all the relevant factors involved.

You should BE AWARE that you may be required to provide EVIDENCE OF INSURABILITY and

(1) If your HEALTH condition has CHANGED since the application was taken on your present policies, you may be required to pay ADDITIONAL PREMIUMS under the NEW POLICY, or be DENIED coverage.

(2) Your present occupation or activities may not be covered or could require additional premiums.

(3) The INCONTESTABLE and SUICIDE CLAUSE will begin anew in a new policy. This could RESULT in a CLAIM under the new policy BEING DENIED that would otherwise have been paid.

(4) Current law MAY NOT REQUIRE your present insurer(s) to REFUND any premiums.

(5) It is to your advantage to OBTAIN INFORMATION regarding your existing policies or annuity contracts from the insurer or agent from whom you purchased the policy or annuity contract.

(If you are purchasing an annuity, clauses (1), (2), and (3) above would not apply to the new annuity contract.)

THE INSURANCE OR ANNUITY I INTEND TO PURCHASE FROM GERBER LIFE INSURANCE COMPANY MAY REPLACE OR ALTER EXISTING LIFE INSURANCE POLICY(IES) OR ANNUITY CONTRACT(S).

The following policy(ies) or annuity contract(s) may be replaced as a result of this transaction:

Insurer as it appears on the policy or Contract

Insured as it appears on the policy or Contract

Policy or Contract Number

Insured Birthdate

The proposed policy or contract is:

\_\_\_\_\_  
Type of policy or contract

\$ \_\_\_\_\_  
Face amount

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
City, State

I certify that this form was given to and completed by

\_\_\_\_\_  
(Applicant -- Please print or type)

Prior to taking an application and that I am leaving a signed copy for the applicant.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

## DEFINITIONS

**PREMIUMS:** Premiums are the payments you make in exchange for an insurance policy or annuity contract. They are unlike deposits in a savings or investment program, because if you drop the policy or contract, you might get back less than you paid in.

**CASH SURRENDER VALUE:** This is the amount of money you can get in cash if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and the loan value. Not all policies have cash surrender values.

**LAPSE:** A life insurance policy may lapse when you do not pay the premiums within the grace period. If you had a cash surrender value, the insurer might change your policy to as much extended term insurance or paid-up insurance as the cash surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

**SURRENDER:** You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. Whenever a policy has a cash surrender value, you can get it in cash if you return the policy to the company with a written request. Most insurers will also let you exchange the cash value of the policy for paid-up or extended term insurance.

**CONVERT TO PAID-UP INSURANCE:** This means you use your cash surrender value to change your insurance to a paid-up policy with the same insurer. The death benefit generally will be lower than under the old policy, but you will not have to pay any more premiums.

**PLACE ON EXTENDED TERM:** This means you use your cash surrender value to change your insurance to term insurance with the same insurer. In this case, the net death benefit will be the same as before. However, you will only be covered for a specified period of time stated in the policy.

**BORROW POLICY LOAN VALUES:** If your life insurance policy has a cash surrender value, you can almost always borrow all or part of it from the insurer. Interest will be charged according to the terms of the policy, and if the loan with unpaid interest ever exceeds the cash surrender value, your policy will be surrendered. If you die, the amount of the loan and any unpaid interest due will be subtracted from the death benefits.

**EVIDENCE OF INSURABILITY:** This means proof that you are an acceptable risk. You have to meet the insurer's standards regarding age, health, occupation, etc., to be eligible for coverage.

**INCONTESTABLE CLAUSE:** This says that after two years, depending on the policy or insurer, the life insurer will not resist a claim because you made a false or incomplete statement when you applied for the policy. For the early years, though, if there are wrong answers on the application and the insurer finds out about them, the insurer can deny a claim as if the policy had never existed.

**SUICIDE CLAUSE:** This says that if you commit suicide after being insured for less than two years, depending on the policy and insurer, your beneficiaries will receive only a refund of the premiums that were paid.



**Gerber Life Insurance Company**

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

## REPLACEMENT SALES/MARKETING FORMS

**APPLICANT NAME:** \_\_\_\_\_

**APPLICATION STATE:** \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_

**AGENT#:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In compliance with NAIC Model Replacement Act, listed below are the Marketing/Sales forms used in the sale of this application:

**Please use full Gerber Life Form# shown at the bottom of the Marketing/Sales material**

Form # \_\_\_\_\_

Form # \_\_\_\_\_

Form # \_\_\_\_\_

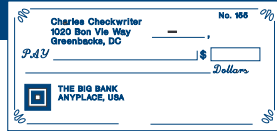
Form # \_\_\_\_\_

None \_\_\_\_\_



**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

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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

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**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.**