



Gerber Life Insurance Contracting Application

To become contracted with Gerber Life, complete the attached application and sign where indicated. Fax or email your completed application along with copies of all insurance licenses for the states in which you will be soliciting business.

If you require any assistance, please call us at 1-800-770-0492.

Please fax or email pages back to us that you have written on. Include your state insurance license(s) and void check.

Available in AL, AR, AZ, CA, CO, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WI, WV and WY.

Void check must have pre-printed bank information - otherwise letter from the bank. Please go to <http://www.hellosign.com> to electronically fill out the contract. Hellosign is free.

**Please join our Conference Call Monday thru Thursday Noon ET
Dial 424-203-8405 - id: 464305**

2014 Commission Schedule [Click Here](#)

[For those contracted with another IMO click here](#)

Sincerely,
Agent Services (www.naaip.org/agents)
Tel: 1-800-770-0492
Fax: 1-866-436-1640
Email: [david \(at\) naaip.org](mailto:david@naaip.org)



Gerber Life Insurance Company

Contracting Information and Signature Form

If contracting as a: **Producer only** - complete sections 1, 3 & Individual FCRA Authorization Form
Business Entity only - complete sections 2 & 3
Business Entity & Principal - complete sections 1, 2, 3 (both signature blocks) & Individual FCRA Authorization Form

Section 1 - Producer Information (Required)

Name: _____ SSN: _____ - _____ - _____ DOB: _____ - _____ - _____
First Name, Middle Initial, Last Name (as it appears on license) MM DD YYYY
Home Address: _____ City _____ State _____ Zip Code _____
Not a P.O. Box
Business Address: _____ City _____ State _____ Zip Code _____
P.O. Box Accepted
Home Phone: _____ - _____ - _____ Business Phone: _____ - _____ - _____ email Address: _____

Master General Agency (If applicable): _____

Background Information (Required - Must be answered)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as NASD), SEC or any other regulatory authority?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against the applicant for any offense other than a minor traffic violation?

PLEASE PROVIDE A WRITTEN STATEMENT disclosing the offense, the disposition and applicable supporting documentation (court documents, insurance department documents etc.) for any question(s) to which you respond "YES". Failure to answer "yes", when appropriate, may result in denial of your request to be contracted.

Contracting Selection (Required - Select only one)

I have received, reviewed and agree to be bound by the Terms & Conditions of the following contract with Gerber Life Insurance Company:

- General Agent Agreement and Confidentiality and Privacy Amendment (BMO02G.003)
- Special Agent Agreement and Confidentiality and Privacy Amendment (BMO03G.003)

Retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information (Complete if you are electing direct deposit - not applicable for Special Agents)

Financial Institution: _____
Routing Number: _____ Account Number: _____ Account Type Checking Savings
This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

Designation of Beneficiary (if applicable)

Name: _____ Relationship: _____
First Name, Middle Initial, Last Name or Business Name
Home Address: _____ City _____ State _____ Zip Code _____
Not a P.O. Box
SSN: _____ - _____ - _____ or TIN: _____ - _____ DOB: _____ - _____ - _____ Phone Number: _____ - _____ - _____

W-9 Information

Taxpayer Identification Number (SSN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number _____ - _____ - _____

Certification

Under penalties of perjury, I certify that:

- The number provided is my correct taxpayer identification number, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

Sign Here	Signature of U.S. Person →	Date →
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****Please proceed to Section 3****

Contracting Information and Signature Form

Section 2 - Business Information *(Only complete this section if contracting as an Incorporated Entity, Partnership or LLC)*

Name: _____ TIN: ____-_____
 Address: _____
P.O. Box Accepted City State Zip Code
 Phone: ____-____-____ email Address: _____
 Principal Officer: _____

Master General Agency *(If applicable):* _____

Contracting Selection *(Required - Select only one)*

I have received, reviewed and agree to be bound by the Terms & Conditions of the following contract with Gerber Life Insurance Company:

General Agent Agreement and Confidentiality and Privacy Amendment *(BMO02G.003)*

Retain a copy of the agreement for your files. A copy will not be returned to you.

Direct Deposit Information *(Complete if you are electing direct deposit)*

Financial Institution: _____
 Routing Number: _____ Account Number: _____ Account Type Checking Savings
 This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

W-9 Information

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Employer Identification Number _____ -- _____

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

Sign Here	Signature of U.S. Person →	Date →
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****Please proceed to Section 3****

Section 3 - Contract Signature, Certification and Direct Deposit Authorization

By signing below: (a) you agree to be bound by the terms and conditions of the Agreement(s) selected, (b) you certify that the information that you have provided is true and correct and you agree that you will report immediately any event that would change any of the information, in any manner, which you have provided, and (c) if you have completed the Direct Deposit section(s) you authorize Gerber Life Insurance Company ("Company") and its affiliates to electronically credit the bank account and, if necessary, to electronically debit the account to correct erroneous credits. You understand that this authorization will remain in full force and effect until you notify Company that you wish to revoke this authorization.

Producer Signature

Name: _____
 Date: _____

Business Signature *(If Signing on the behalf of the Business)*

Name: _____
 Title: _____
(required)

****Please proceed to the FCRA Authorization Form****

Date: _____

Individual Fair Credit Reporting Act Authorization

Gerber Life Insurance Company and its affiliates with which you intend to contract (together, "Gerber Life") will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer. We will obtain these reports from:

First Advantage Corporation
100 Carillon Parkway, Suite 100
St. Petersburg, FL 33716
(800) 321-4473

If you are not a California resident or are not requesting a California appointment along with your request to contract with Gerber Life, we may also obtain a consumer report from other sources.

"Consumer report" means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Gerber Life, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and appointed.

For California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

For New York: You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

CANDIDATE'S STATEMENT – READ CAREFULLY

Gerber Life is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history through any consumer reporting agency.

AUTHORIZATION

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Gerber Life.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Gerber Life.

A photocopy of this authorization shall be considered as effective as the original.

Candidate Signature

Date

Print Name

Selection of Mode of Advance.

Please Select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

Six-Month (QK4)

GENERAL AGENT

BY: _____ PRINTED
(Signature always required) NAME: _____

TITLE: _____ DATE: _____

MASTER GENERAL AGENCY

Master General Agency agrees to repay Company any and all Indebtedness incurred by GA pursuant to this Amendment and that such Indebtedness shall be subject to offset as provided in Section E.3 of the Master General Agency Agreement.

BY: _____ PRINTED
(Signature always required) NAME: _____

TITLE: _____ DATE: _____