



**Gerber Life Insurance Company**

Home Office: White Plains, New York

# Agency Application

Agent Name \_\_\_\_\_

Agency # \_\_\_\_\_ Agent # \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 AZ, 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 AR & 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.

Policy Form ICC12-GWLP



**Gerber Life Insurance Company**

Home Office: White Plains, New York

# Agency Application

Agent Name \_\_\_\_\_

Agency # \_\_\_\_\_ Agent # \_\_\_\_\_

## 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

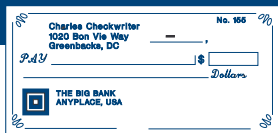
Agent ID \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensed Agent \_\_\_\_\_ Printed Name of Licensed Agent \_\_\_\_\_

ICC12-AGNT

**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.
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.
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, 8am to 9pm and Saturday 9am to 5pm (ET)

**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. 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. 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

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GERBER LIFE INSURANCE COMPANY • 445 State Street, Fremont, Michigan 49412

**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#: \_\_\_\_\_