



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

# Gerber Life Guaranteed Life

Male and Female Rates

## Guaranteed Life Monthly ACH Premiums\*

\*Premiums deducted directly from a Checking or Savings Account.

Male						Female					
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
50	\$22.50	\$44.09	\$65.68	\$87.27	\$108.86	50	\$17.69	\$34.47	\$51.24	\$68.02	\$84.79
51	\$24.15	\$47.39	\$70.63	\$93.87	\$117.11	51	\$18.93	\$36.94	\$54.95	\$72.97	\$90.98
52	\$25.67	\$50.42	\$75.17	\$99.92	\$124.67	52	\$19.98	\$39.05	\$58.12	\$77.18	\$96.25
53	\$27.09	\$53.26	\$79.43	\$105.60	\$131.77	53	\$20.95	\$40.98	\$61.00	\$81.03	\$101.06
54	\$28.33	\$55.73	\$83.14	\$110.55	\$137.96	54	\$21.82	\$42.72	\$63.62	\$84.52	\$105.42
55	\$29.43	\$57.93	\$86.44	\$114.95	\$143.46	55	\$22.60	\$44.28	\$65.95	\$87.63	\$109.31
56	\$30.25	\$59.58	\$88.92	\$118.25	\$147.58	56	\$23.47	\$46.02	\$68.57	\$91.12	\$113.67
57	\$30.98	\$61.05	\$91.12	\$121.18	\$151.25	57	\$24.15	\$47.39	\$70.63	\$93.87	\$117.11
58	\$31.63	\$62.33	\$93.04	\$123.75	\$154.46	58	\$24.84	\$48.77	\$72.69	\$96.62	\$120.54
59	\$32.08	\$63.25	\$94.42	\$125.58	\$156.75	59	\$25.48	\$50.05	\$74.62	\$99.18	\$123.75
60	\$32.40	\$63.89	\$95.38	\$126.87	\$158.36	60	\$25.99	\$51.06	\$76.13	\$101.20	\$126.27
61	\$34.74	\$68.57	\$102.39	\$136.22	\$170.04	61	\$27.50	\$54.08	\$80.67	\$107.25	\$133.83
62	\$36.94	\$72.97	\$108.99	\$145.02	\$181.04	62	\$28.88	\$56.83	\$84.79	\$112.75	\$140.71
63	\$39.05	\$77.18	\$115.32	\$153.45	\$191.58	63	\$30.07	\$59.22	\$88.37	\$117.52	\$146.67
64	\$41.07	\$81.22	\$121.37	\$161.52	\$201.67	64	\$30.98	\$61.05	\$91.12	\$121.18	\$151.25
65	\$43.04	\$85.16	\$127.28	\$169.40	\$211.52	65	\$31.76	\$62.61	\$93.45	\$124.30	\$155.15
66	\$44.78	\$88.64	\$132.51	\$176.37	\$220.23	66	\$33.37	\$65.82	\$98.27	\$130.72	\$163.17
67	\$46.29	\$91.67	\$137.04	\$182.42	\$227.79	67	\$34.70	\$68.48	\$102.25	\$136.03	\$169.81
68	\$47.71	\$94.51	\$141.31	\$188.10	\$234.90	68	\$35.93	\$70.95	\$105.97	\$140.98	\$176.00
69	\$48.95	\$96.98	\$145.02	\$193.05	\$241.09	69	\$37.13	\$73.33	\$109.54	\$145.75	\$181.96
70	\$50.05	\$99.18	\$148.32	\$197.45	\$246.59	70	\$38.23	\$75.53	\$112.84	\$150.15	\$187.46
71	\$54.54	\$108.17	\$161.79	\$215.42	\$269.04	71	\$41.89	\$82.87	\$123.84	\$164.82	\$205.79
72	\$58.94	\$116.97	\$174.99	\$233.02	\$291.04	72	\$45.38	\$89.83	\$134.29	\$178.75	\$223.21
73	\$63.07	\$125.22	\$187.37	\$249.52	\$311.67	73	\$48.72	\$96.53	\$144.33	\$192.13	\$239.94
74	\$66.92	\$132.92	\$198.92	\$264.92	\$330.92	74	\$51.79	\$102.67	\$153.54	\$204.42	\$255.29
75	\$70.22	\$139.52	\$208.82	\$278.12	\$347.42	75	\$54.54	\$108.17	\$161.79	\$215.42	\$269.04
76	\$81.90	\$162.89	\$243.88	\$324.87	\$405.86	76	\$62.33	\$123.75	\$185.17	\$246.59	\$308.00
77	\$93.13	\$185.35	\$277.57	\$369.79	\$462.00	77	\$69.67	\$138.42	\$207.17	\$275.92	\$344.67
78	\$103.90	\$206.89	\$309.88	\$412.87	\$515.86	78	\$76.54	\$152.17	\$227.79	\$303.42	\$379.04
79	\$114.22	\$227.52	\$340.82	\$454.12	\$567.42	79	\$82.96	\$165.00	\$247.04	\$329.09	\$411.13
80	\$124.12	\$247.32	\$370.52	\$493.72	\$616.92	80	\$88.64	\$176.37	\$264.09	\$351.82	\$439.55

\*Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: [www.gerberlifeagency.com](http://www.gerberlifeagency.com)

Gerber Life will not accept insurance applications for coverage submitted under a Power of Attorney or Guardianship on the proposed insured, except from the legal guardians of children. Guaranteed Life is issued in all states except MT. State requirements may vary somewhat. Maximum face amount is \$15,000 in South Dakota. Please refer to the policy for limitations and exclusions that may apply. Policy form series ICC12-GWLP and GWLP-12.

Gerber Life's guarantee to accept all applicants age 50 to 80 is made possible by a two year graded death benefit limitation. If death occurs within the first two policy years for any reason other than an accident, all premiums shall be paid to the beneficiary, plus an additional 10% of earned premium. If death is due to accidental causes, the full death benefit will be paid. After the two-year Graded Death Benefit 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 (one year in ND), the only amount payable will be all premiums paid for the policy plus an additional 10% of earned premium, less any debt against the policy.

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**FOR AGENT USE ONLY. NOT TO BE USED WITH CONSUMERS.**

Not FDIC insured | Not Bank Guaranteed | Not a Deposit or Other Bank Obligation

GL-RC (1017)

# Gerber Life Guaranteed Life

## Male and Female Rates

### Guaranteed Life Monthly Premiums for Direct Bill, Debit or Credit Card Payments\*

Male						Female					
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
50	\$24.55	\$48.10	\$71.65	\$95.20	\$118.75	50	\$19.30	\$37.60	\$55.90	\$74.20	\$92.50
51	\$26.35	\$51.70	\$77.05	\$102.40	\$127.75	51	\$20.65	\$40.30	\$59.95	\$79.60	\$99.25
52	\$28.00	\$55.00	\$82.00	\$109.00	\$136.00	52	\$21.80	\$42.60	\$63.40	\$84.20	\$105.00
53	\$29.55	\$58.10	\$86.65	\$115.20	\$143.75	53	\$22.85	\$44.70	\$66.55	\$88.40	\$110.25
54	\$30.90	\$60.80	\$90.70	\$120.60	\$150.50	54	\$23.80	\$46.60	\$69.40	\$92.20	\$115.00
55	\$32.10	\$63.20	\$94.30	\$125.40	\$156.50	55	\$24.65	\$48.30	\$71.95	\$95.60	\$119.25
56	\$33.00	\$65.00	\$97.00	\$129.00	\$161.00	56	\$25.60	\$50.20	\$74.80	\$99.40	\$124.00
57	\$33.80	\$66.60	\$99.40	\$132.20	\$165.00	57	\$26.35	\$51.70	\$77.05	\$102.40	\$127.75
58	\$34.50	\$68.00	\$101.50	\$135.00	\$168.50	58	\$27.10	\$53.20	\$79.30	\$105.40	\$131.50
59	\$35.00	\$69.00	\$103.00	\$137.00	\$171.00	59	\$27.80	\$54.60	\$81.40	\$108.20	\$135.00
60	\$35.35	\$69.70	\$104.05	\$138.40	\$172.75	60	\$28.35	\$55.70	\$83.05	\$110.40	\$137.75
61	\$37.90	\$74.80	\$111.70	\$148.60	\$185.50	61	\$30.00	\$59.00	\$88.00	\$117.00	\$146.00
62	\$40.30	\$79.60	\$118.90	\$158.20	\$197.50	62	\$31.50	\$62.00	\$92.50	\$123.00	\$153.50
63	\$42.60	\$84.20	\$125.80	\$167.40	\$209.00	63	\$32.80	\$64.60	\$96.40	\$128.20	\$160.00
64	\$44.80	\$88.60	\$132.40	\$176.20	\$220.00	64	\$33.80	\$66.60	\$99.40	\$132.20	\$165.00
65	\$46.95	\$92.90	\$138.85	\$184.80	\$230.75	65	\$34.65	\$68.30	\$101.95	\$135.60	\$169.25
66	\$48.85	\$96.70	\$144.55	\$192.40	\$240.25	66	\$36.40	\$71.80	\$107.20	\$142.60	\$178.00
67	\$50.50	\$100.00	\$149.50	\$199.00	\$248.50	67	\$37.85	\$74.70	\$111.55	\$148.40	\$185.25
68	\$52.05	\$103.10	\$154.15	\$205.20	\$256.25	68	\$39.20	\$77.40	\$115.60	\$153.80	\$192.00
69	\$53.40	\$105.80	\$158.20	\$210.60	\$263.00	69	\$40.50	\$80.00	\$119.50	\$159.00	\$198.50
70	\$54.60	\$108.20	\$161.80	\$215.40	\$269.00	70	\$41.70	\$82.40	\$123.10	\$163.80	\$204.50
71	\$59.50	\$118.00	\$176.50	\$235.00	\$293.50	71	\$45.70	\$90.40	\$135.10	\$179.80	\$224.50
72	\$64.30	\$127.60	\$190.90	\$254.20	\$317.50	72	\$49.50	\$98.00	\$146.50	\$195.00	\$243.50
73	\$68.80	\$136.60	\$204.40	\$272.20	\$340.00	73	\$53.15	\$105.30	\$157.45	\$209.60	\$261.75
74	\$73.00	\$145.00	\$217.00	\$289.00	\$361.00	74	\$56.50	\$112.00	\$167.50	\$223.00	\$278.50
75	\$76.60	\$152.20	\$227.80	\$303.40	\$379.00	75	\$59.50	\$118.00	\$176.50	\$235.00	\$293.50
76	\$89.35	\$177.70	\$266.05	\$354.40	\$442.75	76	\$68.00	\$135.00	\$202.00	\$269.00	\$336.00
77	\$101.60	\$202.20	\$302.80	\$403.40	\$504.00	77	\$76.00	\$151.00	\$226.00	\$301.00	\$376.00
78	\$113.35	\$225.70	\$338.05	\$450.40	\$562.75	78	\$83.50	\$166.00	\$248.50	\$331.00	\$413.50
79	\$124.60	\$248.20	\$371.80	\$495.40	\$619.00	79	\$90.50	\$180.00	\$269.50	\$359.00	\$448.50
80	\$135.40	\$269.80	\$404.20	\$538.60	\$673.00	80	\$96.70	\$192.40	\$288.10	\$383.80	\$479.50

\*Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: [www.gerberlifeagency.com](http://www.gerberlifeagency.com)

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Gerber Life's guarantee to accept all applicants age 50 to 80 is made possible by a two year graded death benefit limitation. If death occurs within the first two policy years for any reason other than an accident, all premiums shall be paid to the beneficiary, plus an additional 10% of earned premium. If death is due to accidental causes, the full death benefit will be paid. After the two-year Graded Death Benefit 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 (one year in ND), the only amount payable will be all premiums paid for the policy plus an additional 10% of earned premium, less any debt against the policy.



**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
<b>APPLICATION FOR: INDIVIDUAL LIFE INSURANCE</b>	
PROPOSED INSURED: (Give full legal name)	
First Name _____	Last Name _____ Middle Initial _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____ Social Security Number _____
<small>(Month Day Year)</small>	
Legal Residence Address _____	
City _____	State _____ Zip _____
Email Address _____	
Primary Phone _____	Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No Secondary Phone _____ Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CHECK <input checked="" type="checkbox"/> THE AMOUNT OF LIFE INSURANCE WANTED:</b>	
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 or Other (must be from \$5,000-\$25,000) ..... \$ _____,000	
<b>OWNERSHIP INFORMATION:</b> (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: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BENEFICIARY INFORMATION:</b> (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 _____
_____	_____
<b>OTHER COVERAGE</b>	
Does the Proposed Insured have any life insurance or annuities in force or is any application for life insurance or reinstatement now pending? .. <input type="checkbox"/> Yes <input type="checkbox"/> 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?.. <input type="checkbox"/> Yes <input type="checkbox"/> 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 1117

### **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.

Policy Form ICC12-GWLP



**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 \_\_\_\_\_

ICC12-AGNT

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.