



Agent Instruction for Submitting New Application

Grow-Up® Plan

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:

PPO - Payment Protection Option is an insurance rider on the Grow-Up® policy. There is a separate premium. To qualify, the owner and premium payer must be the same person between 18-50 years of age.

(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.

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

Replacement Form*- if Gerber Life policy will replace another policy, complete appropriate state required form. Form must be submitted with application.

Payment Authorization Form- For automatic payment from Checking or by Credit Card, complete PAC-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NOTE: When setting up payments to be withdrawn, specific draft dates for the first payment cannot be honored.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.

Conditional Receipt- For Check or Money Order ONLY. If check or money order is collected with application, provide Conditional Receipt CRUW to customer and submit copy of receipt with the application and check.

Note: Kansas- Cannot accept a check or money order with application.

Split Commissions - Split commissions are allowed between 2 agents. The second agent must already be appointed with Gerber Life. On the coversheet note **Commission Split** and provide for the second agent: the agent name, agent id, and their percentage of the split. This should not be noted on the application. The primary agent will receive the balance of commissions.

NOTE: If only the percentage of the split is missing, it will default to 50% for each agent for the life of the policy. If complete information is not provided for the second agent, the primary agent will receive 100% of the commissions.

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

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



Gerber Life Grow-Up[®] Plan

Unisex Rates (All states except CA & FL)

Grow Up Monthly Premiums for Direct Bill or from Credit Card or Debit Card*

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$7.26	\$10.88	\$14.51	\$17.44	\$20.93	\$24.42	\$27.91	\$31.40	\$34.89
1	\$7.54	\$11.32	\$15.09	\$18.11	\$21.73	\$25.36	\$28.98	\$32.60	\$36.22
2	\$7.78	\$11.67	\$15.56	\$18.69	\$22.43	\$26.17	\$29.91	\$33.65	\$37.39
3	\$8.03	\$12.04	\$16.05	\$19.26	\$23.11	\$26.96	\$30.81	\$34.67	\$38.52
4	\$8.28	\$12.42	\$16.56	\$19.90	\$23.88	\$27.86	\$31.84	\$35.82	\$39.80
5	\$8.54	\$12.80	\$17.07	\$20.56	\$24.67	\$28.78	\$32.90	\$37.01	\$41.12
6	\$8.81	\$13.21	\$17.62	\$21.16	\$25.39	\$29.63	\$33.86	\$38.09	\$42.32
7	\$9.09	\$13.64	\$18.19	\$21.90	\$26.28	\$30.66	\$35.04	\$39.43	\$43.81
8	\$9.41	\$14.11	\$18.82	\$22.61	\$27.13	\$31.65	\$36.17	\$40.69	\$45.21
9	\$9.73	\$14.59	\$19.46	\$23.40	\$28.08	\$32.76	\$37.44	\$42.13	\$46.81
10	\$10.06	\$15.08	\$20.11	\$24.17	\$29.00	\$33.83	\$38.67	\$43.50	\$48.33
11	\$10.42	\$15.63	\$20.83	\$25.07	\$30.08	\$35.10	\$40.11	\$45.13	\$50.14
12	\$10.78	\$16.17	\$21.56	\$25.92	\$31.10	\$36.28	\$41.47	\$46.65	\$51.83
13	\$11.16	\$16.74	\$22.33	\$26.88	\$32.26	\$37.63	\$43.01	\$48.38	\$53.76
14	\$11.54	\$17.31	\$23.07	\$27.76	\$33.31	\$38.86	\$44.41	\$49.97	\$55.52

Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: www.gerberlifeagency.com

* Available in all states. Requirements may vary, depending on the state where you live. Please refer to the policy for limitations and exclusions that may apply.
Policy Form ICC12-GPP and Policy Form Series GPP-12.

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GU-RC (0614)



Gerber Life Grow-Up[®] Plan

Male and Female Rates (For CA & FL)

Grow Up Monthly Premiums for Direct Bill or from Credit Card or Debit Card*

Male Monthly Premium

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$7.78	\$11.67	\$15.56	\$18.69	\$22.43	\$26.17	\$29.91	\$33.65	\$37.39
1	\$8.07	\$12.10	\$16.13	\$19.39	\$23.27	\$27.14	\$31.02	\$34.90	\$38.78
2	\$8.30	\$12.45	\$16.60	\$19.94	\$23.93	\$27.92	\$31.91	\$35.90	\$39.89
3	\$8.55	\$12.82	\$17.10	\$20.54	\$24.64	\$28.75	\$32.86	\$36.97	\$41.07
4	\$8.80	\$13.21	\$17.61	\$21.15	\$25.38	\$29.61	\$33.84	\$38.07	\$42.30
5	\$9.09	\$13.64	\$18.18	\$21.87	\$26.24	\$30.61	\$34.99	\$39.36	\$43.73
6	\$9.38	\$14.06	\$18.75	\$22.52	\$27.03	\$31.53	\$36.04	\$40.54	\$45.05
7	\$9.67	\$14.51	\$19.34	\$23.26	\$27.92	\$32.57	\$37.22	\$41.88	\$46.53
8	\$10.00	\$15.00	\$20.00	\$24.02	\$28.83	\$33.63	\$38.44	\$43.24	\$48.05
9	\$10.34	\$15.51	\$20.68	\$24.88	\$29.85	\$34.83	\$39.80	\$44.78	\$49.75
10	\$10.68	\$16.02	\$21.36	\$25.67	\$30.80	\$35.93	\$41.07	\$46.20	\$51.33
11	\$11.06	\$16.59	\$22.12	\$26.63	\$31.95	\$37.28	\$42.60	\$47.93	\$53.25
12	\$11.43	\$17.15	\$22.87	\$27.50	\$33.00	\$38.50	\$44.00	\$49.50	\$55.00
13	\$11.84	\$17.76	\$23.68	\$28.46	\$34.16	\$39.85	\$45.54	\$51.23	\$56.93
14	\$12.27	\$18.41	\$24.54	\$29.54	\$35.44	\$41.35	\$47.26	\$53.17	\$59.07

Female Monthly Premium

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$6.48	\$9.72	\$12.96	\$15.56	\$18.67	\$21.78	\$24.89	\$28.00	\$31.11
1	\$6.74	\$10.12	\$13.49	\$16.25	\$19.50	\$22.75	\$26.00	\$29.25	\$32.50
2	\$6.98	\$10.47	\$13.96	\$16.75	\$20.10	\$23.45	\$26.80	\$30.15	\$33.50
3	\$7.23	\$10.84	\$14.45	\$17.40	\$20.88	\$24.36	\$27.84	\$31.32	\$34.80
4	\$7.48	\$11.22	\$14.96	\$17.95	\$21.54	\$25.14	\$28.73	\$32.32	\$35.91
5	\$7.74	\$11.60	\$15.47	\$18.62	\$22.34	\$26.06	\$29.79	\$33.51	\$37.23
6	\$7.99	\$11.98	\$15.97	\$19.22	\$23.06	\$26.90	\$30.75	\$34.59	\$38.44
7	\$8.25	\$12.38	\$16.50	\$19.85	\$23.82	\$27.79	\$31.76	\$35.73	\$39.69
8	\$8.56	\$12.85	\$17.13	\$20.61	\$24.73	\$28.85	\$32.97	\$37.09	\$41.21
9	\$8.86	\$13.29	\$17.72	\$21.29	\$25.55	\$29.81	\$34.07	\$38.33	\$42.58
10	\$9.14	\$13.72	\$18.29	\$22.00	\$26.40	\$30.80	\$35.20	\$39.60	\$44.00
11	\$9.48	\$14.23	\$18.97	\$22.79	\$27.35	\$31.91	\$36.47	\$41.03	\$45.58
12	\$9.82	\$14.73	\$19.64	\$23.64	\$28.37	\$33.09	\$37.82	\$42.55	\$47.28
13	\$10.15	\$15.23	\$20.30	\$24.41	\$29.29	\$34.17	\$39.05	\$43.93	\$48.81
14	\$10.51	\$15.77	\$21.03	\$25.31	\$30.38	\$35.44	\$40.50	\$45.57	\$50.63

Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: www.gerberlifeagency.com

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GU-RC (0614)



Gerber Life Grow-Up[®] Plan

Unisex Rates (All states except CA & FL)

Grow-Up[®] Monthly Premiums for ACH (taken directly from Checking or Savings Account)*

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$6.53	\$9.80	\$13.06	\$15.70	\$18.84	\$21.98	\$25.12	\$28.26	\$31.40
1	\$6.79	\$10.19	\$13.58	\$16.30	\$19.56	\$22.82	\$26.08	\$29.34	\$32.60
2	\$7.00	\$10.50	\$14.00	\$16.83	\$20.19	\$23.56	\$26.92	\$30.29	\$33.65
3	\$7.22	\$10.84	\$14.45	\$17.33	\$20.80	\$24.27	\$27.73	\$31.20	\$34.67
4	\$7.45	\$11.18	\$14.91	\$17.91	\$21.49	\$25.07	\$28.65	\$32.24	\$35.82
5	\$7.68	\$11.52	\$15.36	\$18.50	\$22.21	\$25.91	\$29.61	\$33.31	\$37.01
6	\$7.93	\$11.89	\$15.86	\$19.05	\$22.86	\$26.66	\$30.47	\$34.28	\$38.09
7	\$8.19	\$12.28	\$16.37	\$19.71	\$23.66	\$27.60	\$31.54	\$35.48	\$39.43
8	\$8.47	\$12.70	\$16.94	\$20.35	\$24.42	\$28.48	\$32.55	\$36.62	\$40.69
9	\$8.76	\$13.13	\$17.51	\$21.06	\$25.28	\$29.49	\$33.70	\$37.91	\$42.13
10	\$9.05	\$13.58	\$18.10	\$21.75	\$26.10	\$30.45	\$34.80	\$39.15	\$43.50
11	\$9.38	\$14.06	\$18.75	\$22.56	\$27.08	\$31.59	\$36.10	\$40.61	\$45.13
12	\$9.70	\$14.55	\$19.40	\$23.33	\$27.99	\$32.66	\$37.32	\$41.99	\$46.65
13	\$10.05	\$15.07	\$20.09	\$24.19	\$29.03	\$33.87	\$38.71	\$43.55	\$48.38
14	\$10.38	\$15.58	\$20.77	\$24.98	\$29.98	\$34.98	\$39.97	\$44.97	\$49.97

Additional premium rates are available on the Gerber Life Agent Portal quote tool located at: www.gerberlifeagency.com

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GU-ACH-RC (0614)



Gerber Life Grow-Up[®] Plan

Male and Female Rates (For CA & FL)

Grow-Up[®] Monthly Premiums for ACH (taken directly from Checking or Savings Account)*

Male ACH Rates

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$7.00	\$10.50	\$14.00	\$16.83	\$20.19	\$23.56	\$26.92	\$30.29	\$33.65
1	\$7.26	\$10.89	\$14.52	\$17.45	\$20.94	\$24.43	\$27.92	\$31.41	\$34.90
2	\$7.47	\$11.21	\$14.94	\$17.95	\$21.54	\$25.13	\$28.72	\$32.31	\$35.90
3	\$7.69	\$11.54	\$15.39	\$18.48	\$22.18	\$25.88	\$29.57	\$33.27	\$36.97
4	\$7.92	\$11.89	\$15.85	\$19.03	\$22.84	\$26.65	\$30.45	\$34.26	\$38.07
5	\$8.18	\$12.27	\$16.36	\$19.68	\$23.62	\$27.55	\$31.49	\$35.42	\$39.36
6	\$8.44	\$12.66	\$16.88	\$20.27	\$24.33	\$28.38	\$32.43	\$36.49	\$40.54
7	\$8.71	\$13.06	\$17.41	\$20.94	\$25.13	\$29.31	\$33.50	\$37.69	\$41.88
8	\$9.00	\$13.50	\$18.00	\$21.62	\$25.95	\$30.27	\$34.59	\$38.92	\$43.24
9	\$9.31	\$13.96	\$18.61	\$22.39	\$26.87	\$31.34	\$35.82	\$40.30	\$44.78
10	\$9.61	\$14.42	\$19.22	\$23.10	\$27.72	\$32.34	\$36.96	\$41.58	\$46.20
11	\$9.96	\$14.93	\$19.91	\$23.96	\$28.76	\$33.55	\$38.34	\$43.13	\$47.93
12	\$10.29	\$15.44	\$20.58	\$24.75	\$29.70	\$34.65	\$39.60	\$44.55	\$49.50
13	\$10.66	\$15.99	\$21.31	\$25.62	\$30.74	\$35.86	\$40.99	\$46.11	\$51.23
14	\$11.04	\$16.57	\$22.09	\$26.58	\$31.90	\$37.22	\$42.53	\$47.85	\$53.17

Female ACH Rates

Issue Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 1	\$5.83	\$8.75	\$11.66	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
1	\$6.07	\$9.11	\$12.14	\$14.63	\$17.55	\$20.48	\$23.40	\$26.33	\$29.25
2	\$6.28	\$9.42	\$12.56	\$15.08	\$18.09	\$21.11	\$24.12	\$27.14	\$30.15
3	\$6.50	\$9.76	\$13.01	\$15.66	\$18.79	\$21.92	\$25.05	\$28.19	\$31.32
4	\$6.73	\$10.10	\$13.47	\$16.16	\$19.39	\$22.62	\$25.85	\$29.09	\$32.32
5	\$6.96	\$10.44	\$13.92	\$16.75	\$20.11	\$23.46	\$26.81	\$30.16	\$33.51
6	\$7.19	\$10.78	\$14.38	\$17.30	\$20.76	\$24.21	\$27.67	\$31.13	\$34.59
7	\$7.43	\$11.14	\$14.85	\$17.86	\$21.44	\$25.01	\$28.58	\$32.15	\$35.73
8	\$7.71	\$11.56	\$15.42	\$18.55	\$22.26	\$25.96	\$29.67	\$33.38	\$37.09
9	\$7.98	\$11.96	\$15.95	\$19.16	\$23.00	\$26.83	\$30.66	\$34.49	\$38.33
10	\$8.23	\$12.35	\$16.46	\$19.80	\$23.76	\$27.72	\$31.68	\$35.64	\$39.60
11	\$8.54	\$12.80	\$17.07	\$20.51	\$24.62	\$28.72	\$32.82	\$36.92	\$41.03
12	\$8.84	\$13.26	\$17.68	\$21.28	\$25.53	\$29.79	\$34.04	\$38.30	\$42.55
13	\$9.14	\$13.71	\$18.27	\$21.97	\$26.36	\$30.75	\$35.15	\$39.54	\$43.93
14	\$9.46	\$14.20	\$18.93	\$22.78	\$27.34	\$31.90	\$36.45	\$41.01	\$45.57

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GU-ACH-RC (0614)



Gerber Life Grow-Up[®] Plan

Payment Protection Option Rider Monthly Rates for Direct Bill

Age of Insured at Issuance of PPO Rider	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-4	\$1.11	\$1.67	\$2.22	\$2.78	\$3.33	\$3.89	\$4.44	\$5.00	\$5.56
5-9	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
10-14	\$0.83	\$1.25	\$1.67	\$2.08	\$2.50	\$2.92	\$3.33	\$3.75	\$4.17
15-18	\$0.67	\$1.00	\$1.33	\$1.67	\$2.00	\$2.33	\$2.67	\$3.00	\$3.33

Payment Protection Option Rider Monthly ACH Rates

Age of Insured at Issuance of PPO Rider	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-4	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
5-9	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
10-14	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75
15-18	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00

Available in all states. Requirements may vary, depending on the state where you live. Please refer to the policy for limitations and exclusions that may apply.

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GU-PPO-RC (0614)



Gerber Life Insurance Company

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

Agency Application

Agent Name _____ Agency # _____ Agent # _____

Agent Phone # _____ Agent Email _____

Application for: Individual Whole Life Insurance

GERBER LIFE INSURANCE COMPANY, White Plains, NY 10605

Amount of Insurance Fill in Amount between \$5,000 – \$50,000 (in 000's only) \$ _____

1. Children under 15 years of age to be insured:

First Name	Last Name	Middle Initial	Sex	Date of Birth Month Day Year

2. YOUR NAME: Parent Grandparent Permanent Legal Guardian (Check one)

First Name _____ Last Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____

State _____ Zip _____ Phone () _____

Date of Birth _____ Sex _____ E-mail _____
(Month Day Year)

3. BENEFICIARY: You will be the beneficiary unless you name someone else below.

Name _____ Relationship to child _____

4. Were any of the children born prematurely or with abnormalities at birth diagnosed by a medical professional? (Skip this question if children are more than 1 year old)..... Yes No

5. Within the past five years have any of the children listed above been treated or diagnosed by a physician for: respiratory disorder, heart disease or disorder, mental disease or disorder, or any other impairments or diseases?..... Yes No

5a. Give full details if you answered "Yes." Use and sign separate sheet if necessary.

Name of Child	Nature of Condition	When condition started	Date last treated

6. Is there any Life Insurance or Annuity policy in force on the proposed insured children? If yes, please list below..... Yes No

Child's Name _____ Company _____

Will this policy replace a Life Insurance or Annuity policy already in force on the life of the child?..... Yes No

I AGREE THAT: The above answers are true and complete to the best of my knowledge and belief. This application shall be the basis for and part of the policy. I understand that no insurance shall take effect until this application is approved and the first premium is received by Gerber Life Insurance Company during the lifetime of the insured.

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. Both the children and I are citizens or permanent legal residents of the United States.

X _____
Your Signature _____ Date _____

ICC12-AGPP

0714

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. In AZ, CA, CT, DE, DC, FL, ND, NY, SD and WA, requirements vary somewhat. 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. Coverage is dependent on answers to health questions. Issuing your policy and paying your benefits may depend on the answers given in the application. 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. 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. Benefit amounts are subject to Gerber Life insurance limits. Policy Form ICC12-GPP



Gerber Life Insurance Company
 445 State Street • Fremont, Michigan 49412
 www.gerberlife.com

Payment Protection Option Rider

Agent Name _____ Agency # _____ Agent # _____
 Agent Phone # _____ Agent Email _____

Gerber Life Insurance Company
 445 State Street, Fremont, MI 49412

Application for Payment Protection Option

1. Your Name: _____

2. Your Date of Birth: _____

3. Are you the person paying for the child's Grow-Up® Plan? Yes No

4. Children insured by a Grow-Up® Policy:

5. Are you currently unable to work or perform your normal activities, or have you applied for disability benefits within the last 5 years or have you been diagnosed by a medical professional with a terminal illness (death within 12 months)? Yes No

I AGREE THAT: The above answers are true and complete to the best of my knowledge and belief. This application shall be the basis for and part of the option/rider. I understand that no insurance shall take effect until this application is approved and the first premium is received by Gerber Life Insurance Company during the lifetime of the owner.

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.

Both the child(ren) and I are citizens or permanent legal residents of the United States.

_____ _____

6. Your Signature **Date**

ICC13-APPO

- For Owners 18-50 years of age
- Owner and payer must be the same

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

**GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, NY 10605
914-272-4000**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

___ YES ___ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name Date

Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?

Could they change?

You're older -- are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

REPLNOTA

9/8/08

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

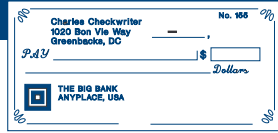
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

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

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

CONDITIONAL RECEIPT FOR UNDERWRITTEN 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 under this Conditional Receipt will be effective from the date of the completed application, or the date of the last medical examination required by the Company's established rules, whichever is later, provided that all of the following conditions have been fulfilled:

1. The first premium is paid by the date of the completed application by check or money order that is honored and collectable; and
2. On the date of the completed application or the date of the last medical examination, if required, whichever is later, the proposed insured is insurable and acceptable for the insurance, exactly as applied for, as determined by Gerber Life Insurance Company, under its underwriting rules and practices for the plan and amount of insurance applied for and at the Company's standard premium rate.

The amount of any insurance effective under this Conditional Receipt is limited to the lesser of the amount applied for in the application or \$25,000.

Any insurance under this Conditional Receipt ends at the earlier of 1) sixty (60) days from the date of the completed application, or 2) the date the policy is approved, which is the Policy Date.

If the conditions under this Conditional Receipt are not satisfied, no insurance of any kind will be in effect and the payment will be returned to the applicant.

THIS CONDITIONAL RECEIPT DOES NOT PROVIDE ANY TEMPORARY OR INTERIM INSURANCE COVERAGE.

Received from _____ the sum of \$ _____ paid by check or money order at the time of signing the insurance application.

The proposed insured is: _____

Date _____ Signature _____ Agent# _____
Month /Date/ Year Licensed Agent

Date _____ Signature _____
Month /Date/ Year Proposed Insured

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.