



**Gerber Life
Insurance**

Gerber Life Insurance Company

Contract Kit

Sign and return to your General Agent:
Questionnaire, FCRA, ACH, W-9, Agreement, and Compliance Manual

Gerber Life requires AML to be completed every two years. Gerber Life will register you for AML training through LIMRA upon the submission of your appointment. Upon completion of the course, LIMRA will automatically update Gerber Life. Gerber Life will also accept AML training from other providers:

- 360training.com
- Bank/BD Proprietary
- Bankers Edge
- CEU.com
- CONV
- FINRA
- Fire Solutions
- Kaplan
- National Underwriter
- Quest CE
- RegEd/StoneRiver
- Smart Pro
- SureLC/SuranceBay

Proof of completed training should be included with your contracting paperwork or faxed to Gerber Life at 877-608-4634.

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CONTR-KIT (1020)

Gerber Life Insurance Company

Please print clearly and complete all questions:

All fields are required

Agents Legal First Name: _____ Middle Name: _____ Last Name: _____

Citizen of the U.S.: Yes No (If no, please provide proof of eligibility to work in the U.S.) Date of Birth: _____

Social Security Number: _____ Home Phone: _____

Home Street Address (No PO Box): _____

City: _____ State: _____ Zipcode: _____

Agency/Corp Name: _____ Tax ID #: _____

Business Street Address: _____

City: _____ State: _____ Zipcode: _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____ Personal Email*: _____

Providing your e-mail and/or fax number and/or engaging in electronic communications, you are consenting to engaging in electronic communications with Gerber Life Insurance Company, unless such consent is expressly revoked.

*Your personal email address is required and will only be used for mandatory Compliance purposes.

NPN (National Producer Number): _____

Check the states you wish to be appointed:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Idaho | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Washington |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Texas | |

Errors and Omissions Insurance

Carrier Name _____

Policy Number _____

Coverage _____

Amount _____

Deductible _____

Effective Date _____

Expiration Date _____

Your signature on this Questionnaire affirms that you will promptly notify Gerber Life of any cancellation or modification of coverage and your agreement to maintain Errors and Omissions Insurance covering the sales and service of Gerber Life policies.

Background Experience: (Please read and answer each question carefully.)

- In the past seven (7) years, have you been fined, suspended, placed on probation or had a license revoked, paid administrative penalties, 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, the SEC or any other regulatory authority? Yes No
- In the past seven (7) years, have you been convicted or plead guilty or nolo contendere (no contest) in connection with any offense, served any probation, paid any fines or court costs, for any offense other than a minor traffic violation? . . . Yes No
- In the past seven (7) years, have you been short in account with any insurance company or employer? Yes No
Company Name: _____ Amount Owed: _____
- In the past seven (7) years, have you had an application for bond declined? Yes No
- In the past seven (7) years, have you filed for bankruptcy? Yes No

(Provide a separate document with a written explanation and applicable supporting documentation (i.e. court documents, insurance department documents, etc.) for any questions to which you responded "yes." Please be sure to date and sign the written explanations.)

(continue)

Gerber Life Insurance Company

Please print clearly and complete all questions.

(continued)

New York Producers Only: I have read New York Circular Letter No. 8, dated July 11, 1991, regarding Placement of Health Insurance Coverage with Unlicensed and Unauthorized Multiple Employer Welfare Arrangements, and agree to comply with its contents if applicable.

All Producers: I will retain a copy of any written disclosures of compensation provided to purchasers as required by New York regulation or regulation of any other state.

I certify that the information provided is true and complete to the best of my knowledge and belief. I will report to Gerber Life immediately any event that would change any of the information, in any manner, which I have provided. I understand that failure to provide true and complete information in this application may result in the denial for appointment.

TO BE COMPLETED BY AGENT

Set up as: Individual Recruiter Corporation

Agent Name (Print/Type)

Agency Name (If applicable - Print/Type)

Agent Signature

Date Signed

TO BE COMPLETED BY UPLINE AGENT (Recruiter, General Agent or Master General Agent)

Recruiter/GA/MGA Name (Print/Type)

Recruiter/GA/MGA Signature

Date Signed

Agents Direct Reporting Authority

Direct Reporting Authority's Agent ID

Direct Reporting Authority's Agent SSN or Tax ID

Agent Role and Level (check only one):

Writing Agent Level _____ Recruiter-Level _____ Agency/Corp-Level _____ Principal Level _____

Contracting Request Type:

Business in House (BIH) Pre-Appointment Request (AL,LA,PA,TX) Call Center Pre-Assignment Request

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Gerber Life Insurance Company

Please print clearly and complete all questions.

ADDITIONAL ADDRESS INFORMATION

Provide all resident addresses not listed on the previous page for the past seven years.

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

Previous Address

Street:	City:	State:
Zip:	Resided From Date:	Resided To Date:

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PIQ-SUPP (0619)

FAIR CREDIT REPORTING ACT DISCLOSURE

Gerber Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting and/or appointment as an insurance producer to represent us. We will obtain these consumer reports from:

Business Information Group, Inc.
PO Box 541
Southampton, PA 18966

“Consumer Reports” means 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 Insurance Company, in whole or in part, for the purpose of serving as a factor in establishing your eligibility to be appointed as an insurance producer for us.

A “Consumer Report” means a credit check, 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/or appointed with us.

For Residents of 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. If you would like to request a copy of the consumer report, please indicate by checking ‘YES’ below.

YES, please provide me a copy of the consumer report.

For Residents of 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.

AUTHORIZATION

Gerber Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history, obtained through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted.

I understand that this consumer report will include information as to my general reputation, personal characteristics and mode of living.

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 Insurance Company.

I understand that if contracted and/or appointed, this authorization will remain valid as long as I am contracted and or appointed with Gerber Life Insurance Company.

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

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below the FCRA attached, you acknowledge receipt of these documents.

Agent Name (Print or Type)

Agent Signature

Date



Gerber Life Insurance

A member of Western & Southern Financial Group

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

*** All parts must be completed before Gerber Life will make any changes. Print all information.**

*Part 1

New Agent

Choose only
one option

New Agency

Existing Agent

Existing Agency

*Part 2 Agent Information

Complete only
one side

Agency Information

Agent Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Last 4 of Social Security Number _____

Agency Name _____

Principal Agent Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Last 4 of Social Security Number _____

Last 4 of Tax ID _____

*Part 3 Existing Agent or Agency must select 1 of the below 3 boxes

Update current bank information

Change from check to EFT

Change from EFT to check

If selected, skip to Part 5

*Part 4 Bank Information

Bank Name _____

Last 4 of Current Account Number (if updating current bank information) _____

Routing Number (must be 9 digits) _____

New Bank Account Number (include any leading zeros) _____

Checking Account

Savings Account

*Part 5

By completing this form I am authorizing Gerber Life to deposit **any money** owed to me into the account indicated on this form.

Agent Signature _____ Date _____

Return to:

Gerber Life Insurance Company

Commissions

PO Box 1674, Fremont, MI 49412

Or fax to (877) 608-4634

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____ 5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Gerber Life Insurance Company

AGENT AGREEMENT

PARTIES TO THE AGREEMENT

This Agreement is made and entered into between *Gerber Life Insurance Company* ("Company"), and _____, ("Agent"; together with Company, each individually referred to as a "party" and together, the "parties").

In consideration of the following terms and conditions, this Agent Agreement (the "Agreement") is between Company and Agent effective as of the Effective Date stated on the last page of this Agreement;

The Company hereby appoints the Agent to represent it subject to the following mutually agreed upon terms and conditions.

I. RESPONSIBILITIES OF THE PARTIES

The Agent agrees to:

- A. **Licensing.** Obtain, maintain and provide copies of all necessary licenses and regulatory approvals to perform the services under this Agreement.
- B. **Solicit Applications.** Solicit applications for and/or assist Sub-Agents, if any, in soliciting Products. If the Agent is contracting as an individual, the Agent may solicit applications for Products.
- C. **Service Policyholders.** Provide service to Agent's policyholders and/or assist Sub-Agents in servicing policyholders. If Agent is contracting as an individual, Agent shall provide service to Agent's policyholders.
- D. **Communication (Recruiters only).** Recruit Sub-Agents, monitor Sub-Agents and communicate information to Company, of which it is aware or should be aware, that Company needs to know about Sub-Agents to properly address compliance or other risks. When directed by Company, Agent shall communicate Company information to Sub-Agents.
- E. **Suitability.** Ensure that each proposal or sale of the Products covered by this Agreement which is proposed or made directly by Agent, is appropriate for and suitable to the needs of the insured and the person or entity to whom Agent made the sale, at the time the sale is made, and suitable in accordance with applicable law governing suitability of insurance products.
- F. **Company Policies, Procedures, Processes & Rules.** Comply with all policies, practices, procedures, processes, and rules of Company. Agent shall promptly notify Company if Agent or any of its employees is not in substantial compliance with any Company policy, procedure, process or rule.
- G. **Comply with Laws and Regulations.** Comply with all applicable laws and regulations and act in an ethical, professional manner in connection with this Agreement, including, with respect to any compensation disclosure obligations and any other obligations it may have governing its relationship with its policyholders.
- H. **Remittance of Monies.** Treat any money received or collected for the Company as property held in trust, and promptly remit such money to Company at its administrative office in Fremont, Michigan. Agent shall not commingle any funds received or collected for the Company with its own funds. Agent must report any known violations of this provision.
- I. **Underwriting & Issue Requirements.** Comply with the underwriting and issue requirements of the Company as well as any and all applicable legal requirements of the state or states in which the Agent does business.
- J. **Hold Harmless.** Hold harmless and indemnify the Company from all losses, expenses, costs and damages resulting from any acts by the Agent and/or Sub-Agent, if any, which breach the terms of this Agreement.
- K. **In Force Policies.** Assist the Company in keeping its insurance policies in force.
- L. **Error & Omissions Insurance.** Have and maintain Errors and Omissions liability insurance coverage on Agent and Agent's employees during the term of this Agreement, in an amount and nature, and with such carrier(s) or on a self-insured basis, satisfactory to Company, and to provide evidence of such insurance to Company upon request.
- M. **Document & Money Delivery.** Adhere to all Company requirements including those related to policy application, illustration (if any), and delivery of policies and the forwarding of any premium collected once a policy is approved. Agent will also ensure that Sub-Agents, if any, are aware of and adhere to all Company requirements.
- N. **Product Familiarity.** Be familiar with all provisions and benefits under each Product offered by the Company for which Agent solicits applications and representing such Product accurately and fairly to prospective purchasers.
- O. **Training.** Participate in training to ensure that Agent is familiar with all provisions and benefits under each Product offered by the Company and representing such Products accurately and fairly to prospective purchasers. Agent will train Sub-Agents, if any, so that Sub-Agent is familiar with all provisions and benefits under each Product offered by the Company and representing such Products accurately and fairly to prospective purchasers.
- P. **Notice of Potential, Threatened or Actual Legal Action.** Notify Company within five (5) business days of notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Product. Notice shall comply with the notice provision set forth in section XII of this Agreement. Company shall have final decision making authority to assume the administration and defense of any such action. A copy of the correspondence or document received shall accompany each notice. Agent shall cooperate with the Company in

- B. **"Compensation/Product Schedule"** means the Company's distributed compensation schedule that (a) specifies the amounts and conditions under which commissions will be due and payable to Agent for any Product and (b) is made a part of this Agreement.
- C. **"Indebtedness"** means any amounts owed by Agent to Company, including but not limited to (a) the chargeback of any compensation paid or credited to Agent under this or any other agreement, if the monies on which such compensation was based are not collected or are refunded by the Company, (b) any advances made by Company to Agent, (c) any expenses incurred by the Company on behalf of Agent, and (d) any amount paid by the Company, which in its determination resulted from fraud, misrepresentation or other improper conduct by the Agent.
- D. **"Other-Agent"** means any individual or organization, which (a) enters into a general agent, representative or other marketing agreement with Company and (b) submits Product applications that designate Agent.
- E. **"Sub-Agent"** means any individual or organization which enters into an agreement with Agent to distribute, market or submit Product applications for Products.
- F. **"Product(s)"** means any insurance policy, contract, investment vehicle or other offering identified in any Compensation/Product Schedule.
- G. **"Termination Date"** means the later to occur of (a) the date on which Agent or Company sends written notice of termination to the other party, or (b) the date specified by Agent or Company in a written notice of termination to the other party.
- H. **"Vested Compensation"** means compensation identified as vested on a Compensation/Product Schedule and that may be paid to Agent after the Termination Date provided: (a) the policy related to the Product remains in force, (b) the premiums for the policy are paid to Company, and (c) if Agent is the writing agent, Agent remains the producer of record.

PLEASE PRINT OR TYPE

This agreement will have no force or effect unless countersigned below by an authorized Officer of the Company. In consideration of the covenants in this Agent Agreement, it is agreed and accepted to by:

_____	_____	_____
Agent Name (Print or Type)	Agent Signature	Date
_____	_____	_____
Entity Name (Print or Type)	Principal Signature	Date

Home Office Use

Signature of Gerber Life Insurance Company Officer David Fier

This contract shall take effect on _____ and subsequent contract years shall begin with the anniversary of this date.

Agent Number _____

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AGT-REP (0419)

Gerber Life Insurance Company
Attn: Policy Administration
445 State Street, Fremont, Michigan 49413
Fax: 1-877-608-4634; (This fax is for restricted use, as indicated)

Note: Commissions are not paid until the first premium has been applied to the policy and the signed PDR has been received.

KEEPING YOUR AGENT COMMISSION ACCOUNT IN GOOD STANDING

Gerber Life may set reasonable sales goals and expectations on a cross-field or agent basis. If the agent is unable or unwilling to meet goals or expectations, including total lack of production for eighteen (18) months, the agent's appointment with Gerber Life may be terminated.

Gerber Life may withhold compensation otherwise owed to an agent to offset any previously paid unearned commissions not repaid to Gerber Life in accordance with the Agent Agreement. Any unearned commissions that remain unpaid may also accrue interest at the legal rate. Any outstanding debt balance may be reported to Vector One® and Gerber Life reserves all rights to seek repayment of an agent's debit balance, including pursuing repayment internally or using a collection agency. Please note, the agent will be responsible for all reasonable expenses and attorneys' fees incurred by Gerber Life to collect any outstanding debit balance.

QUALITY ASSURANCE

Gerber Life reserves the right to implement any quality assurance, monitoring and control processes that it determines to be reasonably necessary. Those processes may include, but are not limited to:

- Internet searches to find websites using Gerber Life product information, logos or other protected material without permission;
- Social Media searches to confirm that appointed agents are following the guidelines set out by Gerber Life;
- Trending and analysis of complaints, replacements and lapses;
- Written warnings in agent files, and agent terminations, including terminations for cause, as appropriate; and
- Review of recorded calls to ensure compliance with required disclosures and language.

DOCUMENT RETENTION

State laws require that agents maintain records of all transactions under their license at their place of business. Gerber Life's experience indicates that an agent's records is the best source for establishing that care and professionalism have been exercised when dealing with each client. Carefully maintained

COMPLIANCE POLICY STATEMENT OF UNDERSTANDING
AGENT COMPLIANCE MANUAL CERTIFICATION FORM

I certify that I have received, read and understand the contents of the Gerber Life Insurance Company Agent Compliance Manual (the "Compliance Manual"), and understand that if I, as the Master General Agent or its sub-agent, as the General Agent or its sub-agent, or as an agent, (collectively referred to as "Agents") do not fully comply with the Compliance Manual's requirements, it will be deemed a breach of my contract and may result in, without limitation, the termination of my contract with Gerber Life Insurance Company.

(1) I understand and acknowledge the need for strict compliance with all applicable federal and state laws and regulations regarding the solicitation, negotiation and sale of insurance by myself and/or my sub-agents, as applicable.

(2) **Note: This paragraph applies to any agent or vendor performing or facilitating telemarketing activities.**

I understand that Gerber Life requires strict adherence to federal and state telemarketing rules and I and/or my sub-agents, if any, are to comply with the Gerber Life's Telemarketing Compliance Monitoring Program. In addition to confirming legal compliance with all applicable telemarketing laws, my signature below certifies the following: completion of the Do Not Call training, required Do Not Call record retention and that all applicable telemarketing registrations are current. Do Not Call training shall be taken/received within 90 days of the date of initial contracting with Gerber Life, and annually thereafter.

(3) I certify that I and/or my sub-agents, if any, will remain in compliance with Gerber Life's Compliance Training Program requirements, which includes Anti-Money Laundering Training and other training requirements. I agree that it is my responsibility to take Anti-Money Laundering training and provide Anti-Money Laundering training to my sub-agents, if any, prior to writing life business with Gerber Life (unless taken directly through another represented insurance company or a competent third party, within the past twelve months), and annually thereafter. In addition, when requested, I agree to provide Gerber Life evidence of completion of the required training.

(4) It is my responsibility to ensure that my sub-agents, if any, and I are aware of, and abide by, the laws and regulations in their state of licensure dealing with the use of professional certifications and designations, particularly when used with seniors.

(5) I certify that my sub-agents, if any and I will comply with New York Regulation 194 Producer Compensation Disclosure.

(6) I certify that I and/or my sub-agents, if any, are aware of the requirement that notices by Gerber Life may be given via the Agent Portal and I am aware it is my responsibility to view same

Signature

Date

(Print Name)

Title

Agency Name

Email Address

PLEASE RETURN A SIGNED COPY OF THIS DOCUMENT:

Fax: 877-608-4634 Mail: 445 State Street, Fremont, MI 49412 Attn: New Business

APPENDIX A

CONFIDENTIAL COMMUNICATION REQUEST FORM

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance policy or claim-related information from Gerber Life Insurance Company by alternate means or at alternate locations if disclosing the information could endanger the person.

SECTION A: Covered individual requesting confidential communication:

Name: _____ Policy Number: _____

Birth Date: _____ Relationship to Primary Insured or Policy owner: _____

Current Address: _____

SECTION B: To the covered individual – please read the following and complete the information requested.

You have the right to make a reasonable request that you receive communications of insurance policy or claim-related information from us by alternate means or at alternate locations if disclosing the insurance policy or claim-related information could endanger you. "Claim-related information" means all claim or billing information relating specifically to you, including your name, address, any services received, and the name and address of the provider of any services (such as your doctor). Your request will remain in effect until you revoke the request.

I, the covered individual, request that Gerber Life Insurance Company send communications of insurance policy or claim-related information to me by the following alternate means, or at the following alternate locations, because disclosing the information could endanger me:

In care of: _____

(If you are using someone else's address, then enter his or her name here.)

Alternate Address: _____

Alternate Phone Number: _____ Alternate Email Address: _____

Signature: _____ Date: _____

SECTION C: Parents, Guardians, or Legal Representatives

If the covered individual is a child younger than 18-years-old and the person making this request is the child's parent or guardian, then please provide:

Parent or Guardian's Name: _____ Relationship to Covered Individual: _____

If a legal representative, such as an attorney, is making this request on behalf of the covered individual, please provide:

Legal Representative's Name: _____ Relationship to Covered Individual: _____

Organization or Firm Name: _____

Business Address: _____

Business Phone Number: _____ Business E-mail Address: _____

Mail or Fax to: Gerber Life Insurance Company, Attn: Compliance, 445 State Street, Fremont, Michigan 49413

Fax: {231} 928-3045.

APPENDIX B

SUSPECTED FINANCIAL EXPLOITATION REFERRAL FORM

Referral Date & Time: _____

Referrer's Name, email
address, agent number and
work number _____

Incident Date(s) & Time(s): _____

Name of Elderly, Disabled or
Vulnerable Adult: _____

Policy Type and Number, if
applicable _____

Type of transaction: _____

DETAILS: Please list the reasons why this case should be investigated for possible Financial Exploitation below. Please include the names of all other persons involved, including the suspected exploiter and any individuals/witnesses who can confirm information in this report. Please list the relationship of the suspected exploiter to the suspected victim, and note any documentation or authorization shown by the suspected exploiter as to their official capacity.

Other pertinent information, if any:

This section to be completed by the referring Agent or Associate:

Your Name and Agency (please print)

Work Address and Telephone Number

Signature

SEND FORM TO: USNINglic-QACompliance@gerberlife.com

Appendix C

California Sales Disclosure to Senior Form (DISC-SRCA (1012))

California Sales Disclosure to Seniors

Agent Name: _____

License #: _____

Address: _____

Telephone: _____

I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

- Life insurance, including annuities
- Other insurance products [specify]: _____

You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.

You have the right to end the meeting at any time.

You have the right to contact the Department of Insurance for information, or to file a complaint.

California Consumer Communication Bureau:

800-927-4357

TDD: 800-482-4833

The following individuals will be coming to your home: [list all attendees and insurance license information, if applicable].

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

License #: _____ License #: _____