

JOHN E DOE
123 STREET ST
CITY MI 12345

**Welcome to the
Gerber Life Family**

Your life insurance policy is enclosed. Please review your policy and keep it with your other important papers.

RE: Policy Number 89141861

Dear JOHN E DOE

Congratulations on your wise decision to protect your family with the Gerber Life Whole Life Insurance policy. You can feel good knowing you've taken an important step in protecting your family's financial future with this affordable coverage.

Please review the enclosed policy to assure that all personal information is correct. We've also included a welcome brochure that includes helpful information about your new coverage.

If you have any questions about your coverage or wish to make any changes, please call us Toll Free at 1-800-253-3074.

Again, welcome to the Gerber Life family. You've joined the more than 3 million families who rely on Gerber Life to help safeguard their family's future. We're happy to have you with us.

Sincerely,



Keith M. O' Reilly
President and CEO, Gerber Life

If you have any questions, call us toll-free at 1-800-253-3074.

Our knowledgeable representatives will be glad to assist you.

Monday through Friday, 8 a.m. to 9 p.m. and Saturday, 9 a.m. to 5:00 p.m. (ET).

GERBER LIFE INSURANCE COMPANY
A Stock Company
Home Office
1311 Mamaroneck Ave, White Plains, New York 10605
Customer Service 1-800-253-3074

INSURED: JOHN E DOE
DATE OF ISSUE: December 20, 2018
POLICY NUMBER: 89141861
FACE AMOUNT: \$50,000.00

Gerber Life Insurance Company ("We", "Our", "Us" or "the Company") promises to pay the Death Benefit to the Beneficiary, subject to the provisions of the Policy. The Death Benefit is payable upon receipt at Our Administrative Office of proof satisfactory to Us of the Insured's death. This Policy is issued in consideration of the Application and payment of the premium(s) as described within the Policy. This Policy is a legal Contract between the Owner ("You" or "Your") and Gerber Life Insurance Company. **READ YOUR POLICY CAREFULLY.**

This Policy will not take effect until it has been approved and the initial full premium(s) due have been received by Us while all persons to be insured are alive and actually in the same state of health and insurability as described in the Application. You must notify Us of any changes to the statements and answers given by You in any part of the Application which occur before the policy is approved and payment is received by Us. Times referred to in the Policy begin at 12:01 A.M. Standard Time at the residence of the Insured.

DISCLOSURE: The policy may not qualify as life insurance after the Insured's attained age 100 under federal tax law and may be subject to adverse tax consequences. A tax advisor should be consulted. A tax advisor should also be consulted with regard to payout of the net cash surrender value on the Maturity Date.

NOTICE OF 30 DAY RIGHT TO EXAMINE POLICY

If for any reason You are not satisfied with this Policy, You may cancel it no later than thirty (30) days after the Policy has been received by You. You may cancel it by returning the Policy, with a written request to cancel, to the agent who sold it or to Our Administrative Office. Upon Our receipt of the Policy and request to cancel, the Policy shall be void from the inception. We will refund all premiums paid and it shall be as if no Policy was issued.

Signed by the Company:



President and CEO



Secretary

WHOLE LIFE POLICY
Insurance Payable at Death
Premiums are Payable to Age 121
Non-Participating – No Dividends Applicable
See Policy Specifications for Amount of Insurance and Premiums

TABLE OF CONTENTS

	Page
TABLE OF CONTENTS	2
POLICY SPECIFICATIONS	3
DEFINITIONS	5
PAYMENT OF PROCEEDS	6
Proceeds	6
Payment of Death Benefit	6
Death Benefit	6
Proceeds Payable Upon Surrender	6
Proceeds Payable At Maturity Date	6
Rider Proceeds	6
OWNERSHIP AND BENEFICIARY	6
Owner	6
Rights of the Owner	7
Transfer of Ownership	7
Beneficiary	7
Change of Beneficiary	7
Assignment	7
PREMIUMS	7
Premiums	7
When Premiums Are Due	8
Grace Period	8
Nonpayment of Premiums	8
Reinstatement	8
NONFORFEITURE	8
Cash Surrender	8
Reduced Paid-Up Insurance	9
Extended Term Insurance	9
Automatic Nonforfeiture Option	9
BASIS OF COMPUTATIONS	9
Cash Surrender, Reduced Paid-Up Insurance, and Extended Term Insurance	9
LOANS	9
Policy Loans	9
Loan Repayment	10
Indebtedness	10
Automatic Premium Loan	10
GENERAL PROVISIONS	10
Contract and Representations	10
Changes	10
Incontestability	10
Suicide	10
Misstatement of Age or Sex	11
Termination	11
Conformity to Interstate Insurance Product Regulation Commission Standards	11
Nonparticipating	11
Claims of Creditors	11
Arbitration	11

Additional benefits and riders, if any, and a copy of the Application are attached to the Policy.

POLICY SPECIFICATIONS

INSURED	JOHN E DOE	POLICY NUMBER	89141861
FACE AMOUNT	\$50,000	SEX	M
RATE CLASSIFICATION	STANDARD Non-Tobacco	AGE	55
MATURITY DATE	December 23, 2084	POLICY DATE	December 23, 2018
OWNER	JOHN E DOE	ISSUE DATE	December 20, 2018
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	YEARS PAYABLE	ANNUAL PREMIUM
ICC13-HWLP	FACE AMOUNT PAYABLE AT DEATH	To Age 121	\$1,560.00
ICC11-ADB-WL	Accelerated Death Benefit Rider	N/A	N/A

Premium Mode Selected: PAC Monthly
Premium Due Date: 01/23/2019

Premium Modes Available:	Annual	Semi-Annual	Quarterly	Monthly and Credit Card	Monthly PAC
	\$1,560.00	\$842.40	\$436.80	\$156.00	\$130.00

Jurisdiction of Issue: Michigan

Dept. Telephone Number: 517-373-0220

POLICY SPECIFICATIONS

(continued)

TABLE OF GUARANTEED POLICY VALUES

THE VALUES SHOWN BELOW ARE THE GUARANTEED VALUES PROVIDED BY THE POLICY. THE VALUES ASSUME THAT THE FULL ANNUAL PREMIUM SHOWN ON THE POLICY SPECIFICATIONS PAGE IS PAID EACH YEAR. THE VALUES ASSUME NO ADJUSTMENT FOR INDEBTEDNESS SECURED BY THIS POLICY.

END OF POLICY YEAR	CASH OR LOAN VALUE	REDUCED PAID UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	\$0.00	\$0.00	0	0
2	\$29.50	\$90.10	0	57
3	\$928.50	\$2,734.60	4	112
4	\$1,859.00	\$5,280.30	7	89
5	\$2,820.50	\$7,727.30	9	146
6	\$3,811.50	\$10,074.20	11	3
7	\$4,828.00	\$12,315.60	12	53
8	\$5,869.00	\$14,454.40	12	352
9	\$6,933.50	\$16,494.20	13	200
10	\$8,021.00	\$18,439.10	13	355
11	\$9,132.50	\$20,296.30	14	92
12	\$10,269.00	\$22,071.70	14	152
13	\$11,430.50	\$23,769.60	14	178
14	\$12,616.50	\$25,393.10	14	174
15	\$13,824.00	\$26,941.90	14	144
16	\$15,050.50	\$28,418.10	14	92
17	\$16,290.50	\$29,819.70	14	21
18	\$17,539.50	\$31,147.50	13	298
19	\$18,793.50	\$32,403.20	13	197
20	\$20,049.50	\$33,590.00	13	84
AT AGE 65	\$8,021.00	\$18,439.10	13	355
AT AGE 100	\$42,294.50	\$47,188.70	5	59
AT AGE 121	\$50,000.00	----	0	0

BASIS OF COMPUTATION CASH VALUES, REDUCED PAID-UP INSURANCE VALUES, AND EXTENDED TERM INSURANCE ARE BASED ON THE COMMISSIONER'S 2017 STANDARD ORDINARY SMOKER/NONSMOKER MORTALITY TABLE, ADOPTED BY THE NAIC ON APRIL 6, 2016, AGE LAST BIRTHDAY AND THE INSURED'S SEX WITH INTEREST AT 4.5%.

VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED UPON REQUEST.



Gerber Life Insurance

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

89141861

Agency Application

Agent Name DONNETTA CAESER Agency Name AAAA Agent # 0023
Agent Phone # _____ Agent Email MEGAN.MCDANIEL@US.NESTLE.COM Agent Split

Application for: **Individual Whole Life Insurance** Gerber Life Insurance Company White Plains, NY 10605 **Must be age 50-80 to qualify**

COVERAGE APPLIED FOR: Whole Life: Face Amount Applied For (must be from \$25,000-\$100,000)

\$25,000 \$50,000 \$75,000 \$100,000 Other \$ _____,000

YOUR INFORMATION: (Give full legal name)

First Name JOHN MI E Last Name DOE Gender M

Date of Birth 01/15/1963 Place of Birth (State/Country) AL UNITED STATES Social Security Number XXX - XX - 6565
(MM/DD/YYYY)

Driver's License Yes No Number _____ State Issued _____ If no License, Reason did not renew never issued revoked/suspended

Address 123 STREET ST City CITY State MI Zip 12345

Email _____ Phone (_____) _____ Cell: Yes No

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? Yes No

Are you actively employed? Yes No

If no, are you a Full-time student Retired Stay at home parent Other

In the past 24 months, have you smoked or used tobacco in any form? Yes No Height 5 8 in. Weight 150 lbs.

MEDICAL AND BACKGROUND QUESTIONS:

1. In the past 10 Years, have you been diagnosed, treated, hospitalized or prescribed medication by a medical professional for:
- | | |
|---|---|
| Cancer or Tumor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Alzheimer's or Dementia? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Diabetes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other Mental Disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Drug or Alcohol Abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | AIDS (Acquired Immune Deficiency Syndrome)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Heart Disease or Disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | HIV (Human Immunodeficiency Virus) Infection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Central Nervous System Disease or Disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Emphysema or COPD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Stroke or TIA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other Chronic Lung Disease or Disorder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
2. Other than noted in question 1 above, and excluding pregnancy, in the past 5 years have you been advised by a medical professional of any other medical condition that will require additional tests (excluding those related to HIV), treatment or surgery? Yes No
3. In the past 5 years have you been convicted of a felony or misdemeanor, or are you currently on parole or probation, do you have charges pending against you or are you currently incarcerated? Yes No
4. In the past year, have you received benefit payments for accident or sickness, or applied to any government or insurance organization for such benefits? Yes No

Give details for all "Yes" answers to questions 1-4. Use and sign separate page if necessary.

Details	Dates of diagnosis or offense	Date last treated or last offense	Name & Address of Doctor or Facility

OWNERSHIP:

Will you own this policy? Yes No

BENEFICIARY INFORMATION:

Primary Beneficiary(ies) See Back of Application For Details Relationship to the Insured _____

OTHER COVERAGE:

Have you applied for any life insurance or annuities in the past 12 months, have any life insurance in force, or is any application for life insurance or reinstatement now pending? Yes No

If "Yes", please complete below.

Company Name _____ City, State _____ Face Amount _____ Month/Year Issued _____

Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? Yes No

ICC17-SHFA

(continues on back)

AUTHORIZATION TO OBTAIN INFORMATION

I authorize any insurance company, employer, physician, medical professional, hospital, medical facility, pharmacy, pharmacy benefit manager, consumer reporting agency, including motor vehicle driving records, MIB, Inc. (MIB), or any other person or organization that has any record of information about me to give to Gerber Life Insurance Company, its reinsurers or its authorized representatives, (together, the Company) information about other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition, including drug and alcohol treatment information, prescription history records, or other information the Company requires to determine insurability, eligibility for benefits, investigate claims, or support the business operations of the Company related thereto. I authorize Gerber Life Insurance Company or its reinsurers to make a brief report of my personal health information to MIB. I further authorize the sources listed above except MIB to give such information to a consumer reporting agency acting on behalf of Gerber Life Insurance Company. Gerber Life Insurance Company may release information obtained by this Authorization to its reinsurers, to MIB, to other insurers with whom I have policies or to whom I may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me, or as may otherwise be lawfully required.

My authorized representative or I may obtain a copy of this Authorization on request. This Authorization will be valid for 24 months from the date signed or until any other time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. It is the Company's practice to prohibit third parties who lawfully receive nonpublic health or other privacy related information from the Company from re-disclosing or reusing the disclosed information. A photographic copy shall be as valid as the original. I understand that a copy of this Authorization will be provided, upon request, to me or a person authorized on my behalf. I understand that disclosure of information to the Company may subject the information to re-disclosure in accordance with the Company's privacy policy and MIB rules. Any such re-disclosed information may no longer be protected by federal rules governing privacy and confidentiality. This Authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the Company has taken action in reliance on this Authorization. Notice of revocation may be sent, in writing, to Gerber Life Insurance Company at the address above.

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. Other than as stated in any conditional receipt, 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 between the time of application and delivery of the policy.

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.

Your Signature _____ SIGNATURE AND DATE ON FILE _____ Date 12/20/18

Signature of Policyowner (if other than you) _____ Date _____

Signed at (City, State) _____ CITY, MI _____

ICC17-SHFA

Additional Applicant Information Form. Application Number: 89141861

Supplemental Data not provided

Designation
Primary

Beneficiary
PRIMARY A BENENAME

Relationship
DAUGHTER

SAMPLE

GERBER LIFE INSURANCE COMPANY

1311 Mamaroneck Ave
White Plains, New York 10605

DISCLOSURE STATEMENT FOR ACCELERATED BENEFIT PAYMENT OPTION

GENERAL DESCRIPTION OF THE ACCELERATED DEATH BENEFIT

The Accelerated Benefit Payment Option allows the Owner of the Policy to receive an accelerated benefit if the Insured's life expectancy is 12 months or less.

The Owner may make only one request for an Accelerated Death Benefit payment. The Owner may request an Accelerated Death Benefit payment of up to 50% of the Death Benefit. The minimum Accelerated Death Benefit payment the Company will pay is 10% of the Death Benefit or \$10,000 whichever is greater. Notwithstanding these minimum and maximum limits, if the Death Benefit payable under the Policy is less than \$20,000, you may accelerate the lesser of \$10,000 or 100% of the Death Benefit. The Accelerated Death Benefit will be paid as a lump sum.

Request for an Accelerated Death Benefit payment must be in writing and the Company must receive the request while the Policy is in force. The Company must receive written approval by any irrevocable beneficiary under the Policy and a full release of any assignment of the Policy as collateral.

TAX CONSEQUENCES OF RECEIVING AN ACCELERATED DEATH BENEFIT PAYMENT

Depending on a number of factors, an Accelerated Death Benefit payment may be considered taxable income. The Owner should seek assistance from a qualified tax advisor before requesting an Accelerated Death Benefit.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium or cost of insurance for the Option. However, the Company will add an administrative fee not exceeding \$250 to the Accelerated Death Benefit at the time of payment. The Company will charge interest on the Accelerated Death Benefit payment. Interest will accrue on the amount of the Accelerated Death Benefit at the lesser of the current yield on 90-day United States Treasury bills or Policy Loan interest rate.

EFFECT OF ACCELERATED BENEFIT PAYMENT

The Accelerated Death Benefit payment, the administrative fee and any accrued interest will be a lien against the Policy. The total amount of the lien outstanding will reduce the amount otherwise available under the Policy's Death Benefit and Net Cash Value. The Net Cash Value is the amount available upon surrender of the Policy and available for policy loans.

If premiums are required to be paid under the Policy, they will remain payable and will not be reduced or eliminated as a result of an Accelerated Death Benefit payment.

No later than the time the benefit payment is made, We will provide You with a written notice showing the dollar amount of the payment and the remaining available amount of death benefit and Net Cash Value, if any.

ACKNOWLEDGMENT

I, the undersigned Insured (and Owner if other than the Insured), acknowledge that I have read and received this Disclosure Statement for Accelerated Death Benefit Option at the time of application for the Policy.

Proposed Insured's Signature	Date	SIGNATURE AND DATE ON FILE	
		Owner's Signature (if other than insured)	Date
		SIGNATURE AND DATE ON FILE	
		Agent or Broker's Signature	Date

SAMPLE ILLUSTRATION

The sample illustration below shows the effect of an Accelerated Death Benefit payment. The sample assumes a policy in the sixteenth (16th) policy year with a: 1) \$100,000 death benefit; 2) \$20,000 Cash Value, and 3) no outstanding Indebtedness. It also assumes the owner has requested the maximum accelerated benefit amount and an administrative fee of \$250. The lien interest rate at the time of calculation is 5%.

Before Accelerated Death Benefit Payment	
Death Benefit	\$ 100,000
	<u> x 50%</u>
Maximum Accelerated Death Benefit Available	\$ 50,000
 Immediately After Accelerated Death Benefit Payment	
Amount of Accelerated Benefit Payment (Lien Amount)	\$ 50,000
less: Administrative Fee	<u> \$ 250</u>
Amount Paid	\$ 49,750
 Death Benefit	 \$ 100,000
less: Lien Amount	<u> \$ 50,000</u>
Death Proceeds Payable at Insured's Death	\$ 50,000
 Net Cash Value	 \$ 20,000
less: Lien Amount	<u> \$ 50,000</u>
Remaining Net Cash Value	\$ 0
 One Year After Accelerated Death Benefit Payment	
Amount of Accelerated Benefit Payment	\$ 49,750
plus: Administrative Fee	\$ 250
plus: Accrued Lien Interest *	<u> \$ 2,500</u>
Lien Amount	\$ 52,500
 Death Benefit	 \$ 100,000
less: Lien Amount	<u> \$ 52,500</u>
Death Proceeds Payable at Insured's Death	\$ 47,500
 Net Cash Value Before Accelerated Death Benefit Payment	 \$ 23,000
Less: Lien Amount	<u> \$ 52,500</u>
Net Cash Value	\$ 0

* Important Notice: Interest begins at payment and will increase the amount of the Indebtedness over time.

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, New York 10605

ACCELERATED DEATH BENEFIT RIDER

**ACCELERATED PAYMENT OF LIFE INSURANCE BENEFITS FOR NON-CORRECTABLE
MEDICAL CONDITIONS RESULTING IN A LIFE EXPECTANCY OF 12 MONTHS OR LESS**

Gerber Life Insurance Company has issued this Rider as a part of the Policy to which it is attached, provided the benefit is listed on the Policy Specifications page.

All terms of the Policy which are not inconsistent with this Rider apply to this Rider.

ANY BENEFIT PAYMENT AND COSTS UNDER THIS RIDER WILL BE A LIEN AGAINST THE POLICY DEATH BENEFIT AND ANY POLICY CASH OR OTHER ACCUMULATED VALUES.

ANY BENEFIT PAYMENT MADE UNDER THIS RIDER MAY BE TAXABLE. AS WITH ALL TAX MATTERS, A TAX ADVISOR SHOULD BE CONSULTED.

All terms used in this Rider have the same meaning as in the Policy unless otherwise stated. This Rider will have no effect on any other Rider attached to the Policy.

BENEFIT

This Rider allows the Owner of the Policy to which this Rider is attached to receive an Accelerated Death Benefit following a Qualifying Event. A Qualifying Event is defined as a non-correctable medical condition of the Insured that, with reasonable medical certainty, will result in the death of the Insured in 12 months or less.

The Owner may make only one request for an Accelerated Death Benefit. We must receive a written request. We must receive the request while the Policy is in force (other than as extended term or paid-up insurance, if available). We must receive written approval from any irrevocable beneficiary.

The Accelerated Death Benefit will be paid as a lump sum to the Owner or Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner. If the Insured dies after the Owner elects to receive an Accelerated Death Benefit but before any such benefit is received, the election shall be cancelled and the Death Benefit paid pursuant to the Policy.

AMOUNT OF BENEFIT

Subject to the conditions and limits stated in this Rider, We will pay the Accelerated Death Benefit You request.

Your request may not exceed 50% of the result of (a) minus (b) as of the date your request is received, where:

- (a) is the death benefit payable under the Policy; and
- (b) is any outstanding Policy loan(s).

Provided, however, the maximum Accelerated Death Benefit will not be less than 50% of the result of the current cash value minus any outstanding Policy loan(s).

The minimum amount that must be requested is the greater of 10% of (a) minus (b), above, or \$10,000.

PAYMENT PROCEDURES

We will provide a claim form within 15 days of the acceleration request. If the claim form is not furnished within 15 days, You will have complied if You submit a written statement from a Physician certifying the Insured's medical condition and the Insured's life expectancy.

Physician means a Medical Doctor (MD) or Doctor of Osteopathy (DO) practicing within the scope of his or her license issued by the jurisdiction in which the Physicians' services are rendered. Such jurisdiction must be within the United States of America. The Physician may not be:

- (a) the Insured;
- (b) the Owner; or
- (c) a family member of either the Owner or the Insured, which includes any person related by blood or marriage

We reserve the right to require a second or third medical opinion to confirm benefit eligibility. The second or third medical opinions are at Our expense. The second medical opinion may include a physical examination by a Physician designated by Us. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to You and Us.

Prior to the payment of the Accelerated Death Benefit, We must receive from any assignee or irrevocable beneficiary a signed acknowledgement of concurrence for payout.

Payment of the Accelerated Death Benefit is due immediately upon Our receipt of the due written proof of eligibility as provided above. Any delay in the payment of the Accelerated Death Benefit is subject to the Payment of Death Benefit provision of the Policy.

FUTURE POLICY PREMIUMS

You have the option at the time of acceleration to either reduce the Accelerated Death Benefit payment by an amount actuarially determined to pay the remaining premiums or continue to pay premiums to keep the Policy in force. If any premium is not paid when due, the amount of the unpaid premium will be added to the lien.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium for this Rider. There will be an administrative fee added to the Accelerated Death Benefit at the time of payment. The fee will not exceed \$250.00.

We will charge interest on the Accelerated Death Benefit payment. Interest will accrue at the lesser of the current yield on 90-day United States Treasury bills or Policy loan interest rate. Provided, however, interest on the amount of the Accelerated Death Benefit payment equal to the cash value at the time of the acceleration shall be no more than the Policy loan interest rate stated in the Policy.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENT

The Accelerated Death Benefit payment, the administrative fee and any accrued interest will be a lien against the Death Benefit of the Policy. The total amount of this lien and all Policy loans outstanding will reduce the amount otherwise available under the Policy's Death Benefit and the Policy's cash value.

Policy premiums will be waived only as stated under the Future Policy Premiums provision above.

No matter how long the Insured lives, the Policy will terminate only if the total of all liens and loans equals or exceeds the Death Benefit. You may repay all or part of the lien at any time.

Any accidental death benefit provision of the Policy or any other rider attached to it will not be affected by the payment of an Accelerated Death Benefit payment.

Prior to or concurrent with the election to accelerate the Policy Death Benefits, We will provide the Owner and any irrevocable beneficiary with a statement demonstrating the effect of the acceleration of the payment of Death Benefits on the cash value, Death Benefit, premium, and policy loans (including policy liens) of the Policy. The statement will display any premium necessary to continue the Policy following the acceleration, and will display all expense and interest charges associated with accelerating the Death Benefit. The statements will state that future due and unpaid premiums may be included in the lien. The statement will include a disclosure that receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences.

REINSTATEMENT

If the Policy is reinstated, this Rider may be reinstated upon the same terms as stated in the Policy.

ELIGIBILITY

You are not eligible for payment under this Rider if:

- (a) You are required by law to use the Policy or this Rider to meet the claims of creditors, whether due to bankruptcy or otherwise;
- (b) You are required by a government agency to use the Policy or this Rider in order to apply for, obtain or retain a government benefit or entitlement; or
- (c) The Policy or this Rider is subject to any restrictions imposed by any court order or rule of law.

ASSIGNMENT

You may not assign this Rider or the Accelerated Death Benefit payment.

TERMINATION

This Rider will terminate at the earliest of the following:

- (a) You make a written request; or
- (b) The Policy terminates or is or is continued under a nonforfeiture option.

Termination will not prejudice the payment of an Accelerated Death Benefit for a Qualifying Event that occurred while the form was in force.

EFFECTIVE DATE

The Rider Effective Date will be the Policy Date, unless a later date is shown below.

Effective Date:



President & CEO

DEFINITIONS

ADMINISTRATIVE OFFICE - The Company's office at 445 State Street, Fremont, MI 49412.

AGE - The Insured's age at last birthday.

APPLICATION - The Application for this Policy, including all signed questionnaires and amendments which are attached to and made a part of this Policy.

BENEFICIARY - The person or persons named to receive the Death Benefits of this Policy subject to its terms.

CASH VALUE - The Cash Value to age 121 is shown in the Table of Guaranteed Policy Values on the Policy Specifications Page.

The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by this Policy.

DEATH BENEFIT - The Death Benefit, as stated in the Payment of Death Benefit provision, is the amount payable on the death of the Insured.

FACE AMOUNT - The amount as specified on the Policy Specifications page.

GRACE PERIOD - The amount of time the Owner has to pay overdue premiums before the Policy lapses as defined in the Grace Period provision.

HOME OFFICE - Gerber Life Insurance Company's office at the address shown on the first page.

INDEBTEDNESS - All existing loans or liens on this Policy plus unpaid earned interest.

INSURED - The person whose life is insured under the Policy and is named as such on the Policy Specifications page.

ISSUE DATE - The date the Policy is issued by the Company.

LAPSE - A Lapse is a termination of the Policy as defined in the Nonpayment of Premium provision.

MATURITY DATE - The date as set forth on the Policy Specifications page. If the Insured is alive on the Maturity Date we will pay the proceeds as provided in the Policy.

NET CASH VALUE - The Net Cash Value is the Cash Value less any Indebtedness and any unpaid and due premium.

OWNER - The Owner of the Policy is the person named on the Policy Specifications page.

POLICY DATE - The effective date of coverage under this Policy if all the terms of the Application and Policy are satisfied, including the payment of all premiums due. This is the date from which Policy anniversaries, Policy years, Policy months and premium due dates are determined. This date is shown on the Policy Specifications page.

PREMIUM - Premium is the amount due to Us payable at Our Administrative Office in the amount set forth on the Policy Specifications Page.

PAYMENT OF PROCEEDS

Proceeds

Proceeds mean the amount payable upon:

- (a) the death of the Insured; or
- (b) surrender of the Policy; or
- (c) The Maturity Date.

Payment of Death Benefit

The Death Benefit of this Policy will be paid, in accordance with its terms, upon receipt of proof, satisfactory to Us, at Our Administrative Office that the Insured has died. Interest on the Death Benefit will accrue from the date of death to the date of payment at a rate equal to the rate for proceeds left on deposit with Us or if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining the effective annual rate, we will use the rate in effect on the date of death. Additional interest, at a rate of 10% will be paid if the death benefit is not paid within 31 days from the latest of: (1) Our receipt of Satisfactory Proof of Insured's Death, (2) Our receipt of sufficient information to determine the extent of liability and payee; and (3) removal of any legal impediments to payment of proceeds that were dependent upon parties other than Us. We may require that the Policy be returned to Us before We make any payment, which will be in a single payment. The Company retains its right to conduct an investigation before benefits are paid.

Death Benefit

The Death Benefit payable at the death of the Insured is:

1. The Face Amount; plus
2. Any premium paid for a period after the end of the Policy month in which the Insured dies; less
3. The amount of premium due to the end of the Policy month in which the Insured dies; less
4. Any Indebtedness under the terms of this Policy

Proceeds Payable Upon Surrender

You may, upon written request, surrender this Policy at any time. If the Policy is surrendered, the proceeds payable will be the Net Cash Value determined at the beginning of the Grace Period, if any, as provided in the Nonforfeiture Cash provision. Payment will terminate this Policy.

Proceeds Payable At Maturity Date

If the Insured is alive on the Maturity Date, We will pay the Net Cash Value to the Owner. Payment will terminate this Policy. We may require that the Policy be returned to Us before we make any payment.

Rider Proceeds

Proceeds payable under any rider attached to the Policy will be governed by the terms of the Rider, subject to applicable provisions of this Policy.

OWNERSHIP AND BENEFICIARY

Owner

The Owner is the person named on the Policy Specifications page or in any subsequent changes shown in Our records. If an Owner is not named on the Policy Specifications page, the Insured is the Owner. In the event that more than one Owner is named, all elections and other actions that may be taken by the Owner pursuant to the terms of the Policy require joint action of all such persons.

Rights of the Owner

While the Insured is living, You may exercise all rights allowed in this Policy. These rights include, but are not limited to:

1. changing the beneficiary;
2. transferring ownership or assigning this Policy;
3. receiving benefits; and
4. reinstating this Policy.

The written consent of any irrevocable beneficiary needs to be obtained to change that beneficiary designation.

Transfer of Ownership

If You transfer ownership of this Policy, Your ownership rights terminate and the new Owner will be entitled to all rights available under this Policy. To transfer ownership, We must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required. Your written request, unless otherwise specified by You, will not be effective until it is received in Our Administrative Office. Once received it will be effective as of the date you signed the request. A transfer of ownership will not apply to any actions, including payments, taken by Us before the transfer has been received by Us.

Beneficiary

The Primary Beneficiary(ies) and any contingent Beneficiary(ies) are named in the Application or last beneficiary designation filed with Us. If more than one Primary Beneficiary is named, death benefits will be paid in equal shares to the primary beneficiaries who survive the Insured unless the Owner has provided otherwise in the Application or last designation. If no Primary Beneficiary is living when the Insured dies, death benefits will be paid in equal shares to the contingent beneficiaries who survive the Insured unless the Owner has provided otherwise in the Application or last designation. If no Beneficiary is living when the Insured dies, death benefits will be paid to You, if You are living, otherwise to Your estate.

Change of Beneficiary

To change a beneficiary we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required to change that beneficiary designation. Your written request will not be effective, unless otherwise specified by You, until it is received in Our Administrative Office. Once received it will be effective as of the date You signed the request. A change of beneficiary will not apply to any actions, including payments, taken by Us before the change has been received by Us.

Assignment

This policy may be assigned. No assignment will be recognized by Us unless a copy is filed with Us. We are not responsible for the validity of any assignment. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the Policy. Assignments, unless otherwise specified by You, shall take effect on the date You signed the assignment, subject to any payments made or actions taken by Us prior to the receipt of this notice.

PREMIUMS

Premiums

Premiums are payable in the amount and frequency shown on the Policy Specifications page. You may change the frequency of the premium payment subject to Our approval. If a part of the premium ceases to be payable under the provision of a Rider, the premium will be reduced accordingly. If premiums are paid more frequently than on an annual basis, their sum total may be more than the annual premium for the same time period.

When Premiums Are Due

The first premium is due as of the Policy Date. Premiums are payable at Our Administrative Office. Each subsequent premium, after the first premium, is due on the first day following the period covered by the preceding premium.

To keep this contract in full force, all premiums must be paid when due, or before the end of the 31-day period after the due date of an unpaid premium, as described in the Grace Period provision.

Grace Period

A Grace Period of 31 days will be allowed for payment of a premium after its due date. The Grace Period does not apply to the first premium. Your Policy will continue in force during the Grace Period.

If the Insured dies during the Grace Period, We will deduct from the proceeds of the Policy, the past premiums due from the due date up to the last day of the Policy month in which the Insured dies.

Nonpayment of Premiums

If any premium is not paid when due and if such premium is not paid within the Grace Period, such premium shall be in default. If this happens, this is referred to as a lapse. If this Policy has a Net Cash Value, the Nonforfeiture Options provision will apply.

Reinstatement

If this Policy Lapses, and it has not been surrendered for cash or cancelled, the Owner may reinstate it within three years after the due date of the first unpaid premium, subject to the following requirements:

1. Receipt of a written application for reinstatement on a form provided by Us to You upon written request to Our Administrative Office;
2. Evidence of insurability satisfactory to Us;
3. Payment of all overdue premiums with 6% interest compounded annually. Compounding of interest means that each year interest is added to the amount owed and begins to bear interest itself.
4. Repayment or reinstatement of any Indebtedness that existed when the Policy lapsed with 8% interest compounded annually. Interest will begin on the date of reinstatement.

The suicide provision does not begin anew after reinstatement. We may contest a reinstated Policy until it has been in force during the Insured's lifetime for a period of two years from the date of reinstatement. Thereafter, the reinstated Policy is incontestable. We may contest the reinstated Policy only with respect to representations made in the application for reinstatement.

NONEORFEITURE

If You terminate this Policy or stop paying premiums after this Policy has a Net Cash Value and the Automatic Premium Loan provision does not apply, Prior to the Maturity Date, You may elect one of the Options described below.

Your written request must be received by Us at Our Administrative Office by the end of sixty (60) days after the due date of the premium in default. If no written request is received, the Automatic Nonforfeiture Option provision will apply.

The Guaranteed Policy Values for the Options described below are shown in the Table of Guaranteed Policy Values on the Policy Specifications Page.

Cash Surrender

Surrender consists of Our payment to You of the Net Cash Value. The Net Cash Value will be the amount determined at the beginning of the Grace Period, if any. Upon payment of this Option, this Policy will terminate.

If the Policy is surrendered within thirty-one (31) days after a Policy anniversary, the Net Cash Value will be the Cash Value on that anniversary, less any Indebtedness made on or after such anniversary and any unpaid and due premium.

We may delay paying the Net Cash Value for not more than six (6) months after the date the written request for surrender is received.

Reduced Paid-Up Insurance: If this option is elected, this Policy will continue as Paid-Up insurance. The Net Cash Value will be the amount determined at the beginning of the Grace Period. The amount of the Paid-Up insurance purchased will be the amount the Net Cash Value will purchase at the Insured's sex, original rate classification and attained age at the beginning of the Grace Period.

Extended Term Insurance: *(The option is not available to any insured that has a rate classification of Substandard as noted on the Policy Specification page.)* If this Option is elected, We will apply the Net Cash Value as a net single premium to purchase term life insurance at the Insured's sex, original rate classification and attained age. The Net Cash Value will be the amount determined at the beginning of the Grace Period. The amount of term insurance purchased will be the Face Amount less any outstanding indebtedness. The term period will be that which the Net Cash Value will purchase when applied as a net single premium. The term period will begin at the beginning of the Grace Period. At the end of the term period, this Policy will terminate without value.

Automatic Nonforfeiture Option

Prior to the Policy Date upon which the Insured is age 121, if no written request is received from You by the end of the Grace Period, the Automatic Nonforfeiture Option will be Extended Term Insurance. However, if the Insured is in a substandard rate classification, the Automatic Nonforfeiture Option will be Reduced Paid-Up Insurance.

BASIS OF COMPUTATIONS

Cash Surrender, Reduced Paid-Up Insurance, and Extended Term Insurance

Values are based on the mortality table and the interest rate shown in the Table of Guaranteed Policy Values within the Policy Specifications page, showing the cash values, if any and paid-up Nonforfeiture benefits, if any, available under the Policy during the term of the Policy. Such values are calculated upon the assumption that there is no Indebtedness on the Policy.

The nonforfeiture values for this Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the NAIC Standard Nonforfeiture Law for Life Insurance, model #808. A detailed statement of the method of computing values has been filed with the IIPRC.

Any Cash Surrender Value and any paid-up Nonforfeiture benefit available under the Policy in the event of default in premium payment due at any time other than on a Policy anniversary will be calculated with allowance for the lapse of time and the payment of the fractional premiums from the last preceding Policy anniversary.

LOANS

Policy Loans

You may obtain a loan while this Policy is in force. This Policy is the security for the loan.

However, if this Policy is in force under Extended Term Insurance of the Nonforfeiture Options provision, You may not obtain a loan.

The loan may not exceed the Net Cash Value on the next Policy anniversary.

Loan interest is payable in arrears at a fixed loan interest rate of 8.0% per year during the entire life of the Policy. Interest will be compounded annually and will be applied to the average loan balance during the year. The year will start on the date the loan is made and end 365 days later.

Loan interest will accrue from the date each loan is made. Interest is payable in each Policy year or on each Policy Anniversary if the Policy is continued under Reduced Paid-Up Insurance of the Nonforfeiture Options.

We may delay making a loan, unless it is being used to pay premiums, for not more than six (6) months after the date the application for the loan is received.

Loan Repayment

A loan may be repaid at any time while this Policy is in force. A loan that exists at the end of the Grace Period may not be repaid unless this Policy is reinstated.

Indebtedness

Indebtedness means all existing loans or liens on this Policy plus unpaid earned interest. Existing Indebtedness, including any due and accrued interest and any unpaid premiums to the end of the current policy year shall be deducted from the loan value or the proceeds of the loan. Any Indebtedness that has not been repaid shall be deducted from any Death Benefit that is paid.

If at any time the total indebtedness equals or exceeds the Cash Value, this Policy will terminate without value. Termination will occur thirty-one (31) days after Our notice has been mailed to Your address and the address of any assignee of record.

Automatic Premium Loan

We will automatically make a loan to cover a premium not paid by the last day of the 31-day grace period. The loan will be made as of the premium due date for a monthly premium. We will not make an automatic premium loan that will cause the policy debt to exceed the Net Cash Value on the next Policy anniversary. In such case, this provision will not apply and the Nonforfeiture provisions of this Policy will apply.

You may elect to terminate this automatic premium loan provision at any time. The cancellation will apply to premiums coming due after the date We receive written notice of cancellation at Our Administrative Office.

GENERAL PROVISIONS

Contract and Representations

This Policy is a legal contract. It is between the Owner and Us. It consists of:

1. the Policy, endorsements, riders, and attachments, if any; and
2. any Application attached to the Policy.

This Policy constitutes the entire contract between You and Us.

Statements in any Application are in the absence of fraud deemed representations, not warranties. Unless a part of the Policy, no statement by You or the Insured will:

1. reduce benefits; or
2. be used as a defense to a claim.

Changes

The terms of the Policy may be altered only by written agreement signed by Our President or a Vice President. This authority cannot be delegated.

Incontestability

Except after reinstatement, we cannot contest this Policy or any attached rider after it has been in force during the Insured's lifetime for a period of two years from the Issue Date except for failure to pay premiums or fraud (if permitted by the jurisdiction in which this Policy is delivered). Any addition of a rider after the Issue Date shall be incontestable, after it has been in force during the Insured's lifetime for 2 years after the effective date of such addition of rider, except as to fraud (if permitted by the jurisdiction in which this Policy is delivered). We may contest this Policy or any rider on the basis of any material misrepresentation in the Application, supplemental application, reinstatement application or other document signed by You that becomes part of the Policy.

Suicide

If the Insured dies by suicide within two years from the Issue Date, the only amount payable by Us will be the premium paid for the Policy.

Misstatement of Age or Sex

If the Insured's Age or Sex has been misstated in the Application, the Face Amount will be that which the most recent premium paid would have bought for correct Age or Sex.

We will not terminate coverage and refund premiums if the correct age is outside the issue age ranges of the form. A premium and benefit will be extrapolated.

Termination

This Policy will terminate on the earliest of:

1. The date We receive a written request from the Owner to terminate the Policy;
2. The date the Insured dies;
3. The Maturity Date; or
4. Subject to the Nonforfeiture Provision, the end of the Grace Period, if a past due premium remains unpaid.
5. The date on which this Policy is surrendered.

Conformity with Interstate Insurance Product Regulation Commission Standards – This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission Standards (IIPRC) and issued under the commission standards. Any provision within this Policy on the Issue Date that is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this product type as of the Policy's Issue Date.

Nonparticipating

This Policy does not share in Our earnings.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the fullest extent permitted by law. Payments may not be assigned without Our consent.

ARBITRATION

This provision applies to any dispute arising out of the formation, acceptance and construction, interpretation, performance, breach or validity of this Policy by or among, the Owner, or Beneficiary and the Company.

The Owner or Beneficiary may elect voluntary post-dispute binding arbitration.

The Owner or Beneficiary can start arbitration by sending a written demand to the Company.

Arbitration shall be conducted in accordance with the rules of the American Arbitration Association ("AAA"), before a panel of ~~three~~ arbitrators who are knowledgeable in the field of life insurance and appointed from a panel list provided by the AAA. The Owner or Beneficiary and the Company shall each appoint one arbitrator and the two appointed arbitrators shall appoint the third arbitrator.

The proceedings will be conducted in the city or county of residence of the Owner or Beneficiary.

The Company will ~~pay for~~ the cost of the arbitration. The Company will pay the arbitrators fees including any deposits or administrative fees, but will not be responsible for any costs or fees for the Owner's or Beneficiary's legal representation.

If there is any inconsistency between this provision and AAA rules, this provision shall control.

WHOLE LIFE POLICY
Insurance Payable at Death
Premiums are Payable to Age 121
Non-Participating - No Dividends Applicable
See Policy Specifications for Amount of Insurance and Premiums

GERBER LIFE INSURANCE COMPANY

A Stock Company
Home Office
1311 Mamaroneck Ave, White Plains, New York 10605
Customer Service 1-800-253-3074

GERBER LIFE INSURANCE COMPANY
1311 MAMARONECK AVE, WHITE PLAINS, N.Y. 10605

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PREPARED FOR --JOHN E DOE
POLICY - 89141861

DATE --12/20/18

THIS IS AN ANALYSIS OF YOUR WHOLE LIFE POLICY, WHICH IS LEVEL WHOLE LIFE INSURANCE. IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY OR THIS SUMMARY PLEASE CALL OUR CONSUMER SERVICES DEPARTMENT TOLL FREE AT 800-253-3074.

INSURED	AGE AT ISSUE	SEX	AMOUNT OF INSURANCE
	55	M	\$50,000

-----PREMIUM AND BENEFIT INFORMATION-----

YEARS	ANNUAL PREMIUM	DEATH BENEFITS	SURRENDER VALUE	PAYMENT TERMINATION
1	1,560.00	50,000	\$0.00	AGE 121
2	1,560.00	50,000	\$29.50	
3	1,560.00	50,000	\$928.50	
4	1,560.00	50,000	\$1,859.00	
5	1,560.00	50,000	\$2,800.50	
6	1,560.00	50,000	\$3,811.50	
7	1,560.00	50,000	\$4,828.00	
8	1,560.00	50,000	\$5,869.00	
9	1,560.00	50,000	\$6,933.50	
10	1,560.00	50,000	\$8,021.00	
11	1,560.00	50,000	\$9,132.50	
12	1,560.00	50,000	\$10,269.00	
13	1,560.00	50,000	\$11,430.50	
14	1,560.00	50,000	\$12,616.50	
15	1,560.00	50,000	\$13,824.00	
16	1,560.00	50,000	\$15,050.50	
17	1,560.00	50,000	\$16,290.50	
18	1,560.00	50,000	\$17,539.50	
19	1,560.00	50,000	\$18,793.50	
20	1,560.00	50,000	\$20,049.50	
AT AGE 65	1,560.00	50,000	\$8,021.00	
AT AGE 121	00.00	50,000	\$50,000.00	

-----LIFE INSURANCE COST INDEXES-----

	--NET PAYMENTS AT--		--SURRENDER AT--
	10 YEARS	20 YEARS	10 YEARS
			20 YEARS

WHOLE LIFE POLICY	31.20	31.20	19.05	19.65
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EXPLANATION OF THE INTENDED USE OF THE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDE. THESE INDEXES ARE USEFUL ONLY FOR THE COMPARISON OF THE RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

THE EFFECTIVE POLICY LOAN ANNUAL PERCENTAGE RATE IS 8.00 % APPLIED IN ARREARS.