



Mail signed and completed form to:

Gerber Life Insurance Company, 445 State Street, Fremont, MI 49412 or in Canada, PO Box 22265, STN BRM B, Toronto, ON M7Y 4A1.

Please Print Clearly

Policy Number: _____ Policyowner: _____

Address (include apt no.) _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____

Phone number: (_____) _____

Insured's Name: _____

PRIMARY BENEFICIARY (Person to receive proceeds if he/she is living at time of insured's death)

If you would like two or more Primary Beneficiaries, please use the word "and" between the names.

They will share benefits equally unless specified by a fractional share after the name, such as (1/2) or (1/3).

NAME(s)	DATE OF BIRTH / /	RELATIONSHIP TO INSURED	
ADDRESS (include apt no.)	CITY	STATE/ PROVINCE	ZIP CODE/ POSTAL CODE

CONTINGENT BENEFICIARY (Person to receive benefits if no primary beneficiary is living at time of insured's death and Contingent Beneficiary is still alive at time of insured's death)

If you would like two or more Contingent Beneficiaries, please use the word "and" between the names.

They will share benefits equally, unless specified by a fractional share after the name, such as (1/2) or (1/3).

NAME(s)	DATE OF BIRTH / /	RELATIONSHIP TO INSURED	
ADDRESS (include apt no.)	CITY	STATE/ PROVINCE	ZIP CODE/ POSTAL CODE

If no beneficiary survives the Insured, the proceeds shall be paid to the Insured's Estate.

By this Change of Beneficiary, I revoke any previous designation of beneficiary and settlement provisions under this policy.

Signature of Policyowner: _____ Date: _____

*Signature of Spouse: _____ Date: _____

***Community Property: The signature of the spouse is required if the Policyowner's legal residence is in a Community Property State. These states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas and Washington.**

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE.

INSTRUCTIONS FOR CHANGE OF BENEFICIARY

TYPE OR PRINT CLEARLY THE BENEFICIARY'S NAME, ADDRESS, RELATIONSHIP TO THE INSURED, AND DATE OF BIRTH

1. Primary Beneficiary – The primary beneficiary will receive the proceeds if he or she is living at the time of Insured's death.

2. Contingent Beneficiary – If no primary beneficiary is living at the time of the Insured's death, but a contingent beneficiary is still alive, he or she will receive the proceeds.

3. Married Women – If the beneficiary is a married woman, give her first name, maiden name and her last name – do not use her husband's first name.

RIGHT	Jane Doe Smith
WRONG	Mrs. John Smith

4. If you have two or more beneficiaries – They will automatically share equally, unless you specify otherwise. For equal shares, use the word 'and' between the names, not 'or':

RIGHT	John and Mary Smith
WRONG	John or Mary Smith

5. If you have two or more beneficiaries, and you want to specify unequal shares, you may write specifically what their shares will be by indicating each fractional share after the name.

John Smith	(1/3)
Mary Smith	(2/3)

6. Please be sure to note the relationship to Insured and the address of the proposed beneficiary.

THE CHANGE OF BENEFICIARY FORM, WHEN COMPLETED, MUST BE DATED AND SIGNED IN INK BY THE POLICYOWNER.

Examples of Beneficiary Designations:

Jane Doe, my wife, if living at my death, otherwise to John Doe, my son.

Jane Doe, my wife, if living at my death, otherwise in equal shares to my children, John Doe and Mary Doe, if they both survive me, otherwise all to the survivor.

All my surviving children in equal shares.