

Part I. Select Premium Payment Option

<p>Initial Premium Payment (Select option #1 or #2) Initial premium amount (based on age at application date and includes one-time application fee in applicable states).....</p> <p>1. Paper Check (submit signed check with applicaion).....</p> <p>2. Automated Bank Account Withdrawal.....</p> <p>Ongoing Premium Payments (Select option #1 or #2)</p> <p>1. I want my payments automatically withdrawn from my bank account every month on (Circle date).....</p> <p>2. I will mail my premium to the company every 3, 6, or 12 months. (Monthly billing is not allowed. Select frequency of billing).....</p>	<p>Applicant A</p> <p>\$ _____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>1st or 15th every _____ months Insert 3, 6, or 12</p>	<p>Applicant B</p> <p>\$ _____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>1st or 15th every _____ months Insert 3, 6, or 12</p>
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When choosing automatic bank account withdrawal, MONEY WILL BE WITHDRAWN FROM YOUR ACCOUNT IMMEDIATELY UPON POLICY APPROVAL AND ISSUE. The first withdrawal date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is placed inforce, the amount of the first ongoing withdrawal may exceed one modal premium and may occur on a date other than the policy date. The Proposed Insured/Insured will not receive premium billing notices while on this premium payment option. We **CANNOT** establish electronic payments from foreign banks.

Ongoing premiums are due and will be automatically withdrawn from the account below on the same day of the month as the policy date or the date selected above. The policy date is determined at the time the policy is issued and can be found within the policy. **Ongoing withdrawals will begin once the policy is placed inforce.**

Part II. Payor Information

<p>1. Account Owner Name, if different than applicant's.....</p> <p>2. If premium is NOT paid by Proposed Insured/Insured (includes spouse or joint-married account), indicate the bank account owner's relationship to Proposed Insured/Insured by selecting one of the following.</p> <p style="text-align: right;">Living Trust <input type="checkbox"/></p> <p>Power of Attorney or legal guardian (documentation required) <input type="checkbox"/></p> <p>Business owned by applicant or applicant's spouse <input type="checkbox"/></p>	<p>Applicant</p> <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Applicant B</p> <p>_____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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Part III. Account Information

Complete the Following ONLY if Automated Bank Account Withdrawal is Chosen:

This section is intended as authorization to debit your bank account.

Complete bank account information below **OR** attach a copy of a voided check (Do NOT use a deposit slip)

Can attach voided check here	<p>Applicant A</p> <p>Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>_____ Name of Financial Institution</p> <p>_____ Routing Number (9 digits on lower left side of check)</p> <p>_____ Account Number (Do NOT use Debit/Credit Card numbers)</p> <p>_____ Name as Shown on Account</p>	<p>Applicant B <input type="checkbox"/> Same account as Applicant A</p> <p>Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>_____ Name of Financial Institution</p> <p>_____ Routing Number (9 digits on lower left side of check)</p> <p>_____ Account Number (Do NOT use Debit/Credit Card numbers)</p> <p>_____ Name as Shown on Account</p>
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- Payments cannot be postponed until a later date.
- Payment from a third party, including any foundation, will not be accepted, except in certain pre-approved situations.
- All refunds will be made to the applicant in the event of rejection, incomplete submission, overpayment, cancellation, etc.



Example:

Account Holder Name	Do NOT include the check # in the Routing or Account Number.
John Doe	Check #1234
Street Address	Date: _____
Town, City ZIP Code	
Pay to:	Dollars
Financial Institution Name & Address	Account Number
Memo	Signed By: _____
⑆123456789⑆ 12345678 ⑆ 1234 ⑆	

Part III. Account Information (continued)

I authorize Gerber Life Insurance Company to withdraw funds from my account for the initial and/or monthly renewal premiums and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to Gerber Life Insurance Company any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. This authorization will be effective until I give you at least three business days' notice to cancel. If notice is given verbally, Gerber Life Insurance Company may require written confirmation from me within 14 days after my verbal notice.

Applicant A



Authorized Signature as Shown on Account

Date

Applicant B



Authorized Signature as Shown on Account

Date

