Beneficiary Designation Form

PLEASE PRINT CLEARLY

RETURN FORM TO GERBER LIFE INSURANCE ALONG WITH A COPY OF A LEGAL DOCUMENT WHICH INCLUDES YOUR SIGNATURE. EXAMPLES INCLUDE: DRIVER'S LICENSE, STATE ID CARD, COURT DOCUMENT, PASSPORT, OR SOCIAL SECURITY CARD.

Policy Information:

Name of Policy Owner:	Policy Number:
Address of Policy Owner: City, State, ZIP:	
Name of Insured:	Email:
Social Security Number of Insured:	Phone Number:

Primary Beneficiary(ies) - Person(s) to receive proceeds if they are living at time of insured's death:

Name:	Name:
Relationship to the Insured:	Relationship to the Insured:
Date of Birth:	Date of Birth:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Social Security Number:	Social Security Number:

Contingent Beneficiary(ies) – Person(s) to receive proceeds if no primary beneficiary is living at time of Insured's death:

Name:	Name:
Relationship to the Insured:	Relationship to the Insured:
Date of Birth:	Date of Birth:
Address:	Address:
City, State, ZIP:	City, State, ZIP:
Social Security Number:	Social Security Number:

If no beneficiary survives the insured, the proceeds will be paid in accordance with the policy provisions.
By this beneficiary designation I revoke any previous designation of beneficiary and settlement provision under this policy.

Date:	**Policy Owner's Signature:**	Policy Owner s Social Security #:
Date:	**Co-Owner's Signature:**	Co-Owner s Social Security #:
Date:	Spouse s Signature: (Required if issue or resident state is AK, AZ, CA, ID,LA, NV, NM, TX, WA, WI)	
Date:	*Witness s Signature:	

***** If any Owner lives in Massachusetts, that Owner s signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary. In all other states, witnessing by a disinterested adult is not required but is strongly recommended.

FRAUD STATEMENTS: The following fraud language is made part of this policy change form. Please read thoroughly.

CA – For your protection California law requires the following to appear on this form: "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."



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Please Note:

- If more than one primary or contingent beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries as survive the insured, unless otherwise provided herein.
- If additional space is needed in designating additional primary or contingent beneficiaries, or adding a tertiary beneficiary, attach a signed and dated sheet listing your additional beneficiaries clearly stating if they are primary, contingent or tertiary beneficiaries.

Instructions for Designating a Beneficiary

1. A primary beneficiary designation is required. A contingent beneficiary designation is optional.
2. Please be sure the relationship listed is the relationship of the beneficiary to the insured, not the policy owner.
3. An insured cannot be designated as a beneficiary of their own benefits.
4. List the full, legal name of the beneficiary.
    a. Right: Elizabeth J. Doe
    b. Wrong: Beth J. Doe
    c. Wrong: Mrs. John Doe
5. If designating a married person, please include their maiden name on the form. For example:
    a. Jane C. Smith Doe
6. If designating an estate as the beneficiary, please list this in the following format:
    a. Estate of Michael Doe
7. If designating a Trust as the beneficiary, a copy of the Trust papers needs to be returned with the form.
8. If listing multiple beneficiaries do not write the word or between them.
9. Do not list benefit amounts by any of your designations. If they are not to share equally, list percentages by each name, ensuring they equal 100%.
10. The sign date of the form must be within 45 days of the date it is received by Gerber Life Insurance.
11. If your Power of Attorney is signing the form, they must sign in this format, including a copy of the Power of Attorney papers with this form if not already on file with Gerber Life Insurance:
    John Doe, as attorney-in-fact for Jane Doe, under POA dated 1/1/2013
12. In the states of Michigan, New York and West Virginia, a funeral home cannot be designated as a beneficiary of a life insurance policy.
13. If you have a code name on this policy, it must be written on the form.
14. If any Owner lives in Massachusetts, that Owner s signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary.
15. Gerber Life Insurance cannot enforce how a beneficiary uses the benefits such as for burial expenses or for the benefit of John Doe so do not list special instructions on the form.
16. We are unable to issue a check to a minor, therefore if you designate a minor as the beneficiary, the proceeds of the policy will be paid to the legally appointed guardian of the minor child s estate. In the event no guardian has been appointed, the proceeds will be held until the child reaches adult age.
17. A COPY OF A LEGAL DOCUMENT THAT INCLUDES YOUR SIGNATURE IS REQUIRED, UNLESS THE FORM IS NOTARIZED. EXAMPLES OF DOCUMENTATION INCLUDE: DRIVER S LICENSE, STATE ID CARD, COURT DOCUMENT, PASSPORT, OR SOCIAL SECURITY CARD.