

Gerber*life*.com
Gerber Life Insurance Company

Mail signed and completed form to:

Gerber Life Insurance Company
445 State Street
Fremont, MI 49412

Change of Beneficiary Form

Policy Number: _____ Policyowner:_____

Address: _____ Apt: _____

City: _____ State:_____ Zip Code: _____

Phone Number: ( ) _____ Insured's Name: _____

Email:_____

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 percentage after the name, such as 80% and 20%.

NAME(s)		DATE OF BIRTH	RELATIONSHIP TO INSURED	
ADDRESS	APT	CITY	STATE	ZIP 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 percentage after the name, such as 80% and 20%.

NAME(s)		DATE OF BIRTH	RELATIONSHIP TO INSURED	
ADDRESS	APT	CITY	STATE	ZIP 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 Joint 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.**

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

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 percentage after the name.

John Smith	(80%)
Mary Smith	(20%)

6. Please be sure to note the relationship to Insured, and the date of birth and address of the proposed beneficiary.
7. The insured cannot be named beneficiary of their own benefits.
8. If naming a trust, please provide us with copies of the trust papers.

THE CHANGE OF BENEFICIARY FORM, WHEN COMPLETED, MUST BE DATED AND SIGNED IN INK BY THE POLICYOWNER. THE SIGNATURE DATE MUST BE WITHIN 45 DAYS OF THE FORM BEING RECEIVED AT GERBER LIFE INSURANCE.

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.