



**Gerber Life
Insurance Company**

Contract Checklist for General Agent (Corporations with Advancing)

Name: _____

REQUIRED DOCUMENTS FOR CONTRACTING

General Agent Agreement

- Signature Page Signed & Dated
- Full Name Printed or Typed
- Tax Identification Number Section Completed
- Certification Section Completed, Signed & Dated
- Return Signature Page Only**

Special Agent Agreement

- Signature Page Signed & Dated
- Full Name Printed or Typed
- Tax Identification Number Section Completed
- Certification Section Completed, Signed & Dated **by the Principal**
- Return Signature Page Only**

Advance Commission Issue Amendment

- Select Advance Commission Mode on Signature Page
- Signature Page Signed & Dated **by the Principal**
- Signature Page Signed & Dated by MGA

Background & Information Sheet

- Personal Section Completed
- Business Section Completed
- Background Experience Questions 1 and 2 Answered
- Answering "YES" to either question requires a written, signed and dated explanation.
- Signed & Dated

Fair Credit Reporting Act Disclosure

- Signed & Dated

Check Deposit Authorization (Optional)

- Completed, Signed & Dated
- Voided Check or Deposit Slip Attached

Current State Licenses

ALL States in Which General Agent Will Be Soliciting Business.

NOTE: For contracted entities who will not sell, solicit, negotiate or hold themselves out as an insurance agency, no license is required except in the following states:

Corporations: GA MS MO PA KY MT UT

Individuals: GA KS MS MO PA KY MT NC UT

PLEASE NOTE

**ALL MATERIALS MUST BE RETURNED TO YOUR MASTER
GENERAL AGENCY TO CONTINUE THE CONTRACTING PROCESS**



Gerber Life Insurance Company

General Agent

▶ _____
Sign Name (required)

Print Name

Title

General Agent

Date

Designated Beneficiary

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number							

OR

Employer Identification Number							

Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7)).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.

Sign Here ▶	Signature of U.S. person ▶	Date ▶
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[Remainder of page blank]



**Gerber Life
Insurance Company**

Special Agent

▶ _____

Sign Name (required)

Print Name

Special Agent

Date

For commissions to be paid to a Corporation

[Remainder of page blank]



**Gerber Life
Insurance Company**

BACKGROUND AND INFORMATION SHEET

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____ Cell Phone: _____
(optional)

E-mail Address: _____
(optional)

Business Name: _____
(if applicable)

Personal Business Address: _____

***Note** – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.

Address for overnight packages (cannot be a P.O. Box): _____

Business Phone: _____ Business Fax: _____

Tax I.D. Number: _____ E-mail Address: _____

Please identify your Master General Agency (if applicable): _____

BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, FINRA (formerly known as the NASD), SEC or any other regulatory authority?
_____ Yes _____ No
2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?
_____ Yes _____ No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.

Candidate Signature

Date



**Gerber Life
Insurance Company**

FAIR CREDIT REPORTING ACT DISCLOSURE

Gerber Life Insurance Company will obtain and use consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer. We will obtain these consumer reports from:

First Advantage Corporation
100 Carillon Parkway, Suite 100
St. Petersburg, FL 33716

“Consumer report” means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Gerber Life Insurance Company, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be contracted and appointed.

For California, Minnesota and Oklahoma: You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

For New York: You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

CANDIDATE’S STATEMENT – READ CAREFULLY

Gerber Life Insurance Company is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this consumer report will include information as to my general reputation, personal characteristics and mode of living.

AUTHORIZATION

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report records, data and information to Gerber Life Insurance Company.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Gerber Life Insurance Company.

A photocopy of this authorization shall be considered as effective as the original.

Candidate Signature

Date

Print Name



**Gerber Life
Insurance Company**

Check Deposit Authorization

I, the undersigned, do hereby authorize Gerber Life Insurance Company to deposit my check as indicated below. This authority is to remain in full force and effect until Gerber Life Insurance Company has received notification from me of its termination in such time and in such manner as to afford Gerber Life Insurance Company a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

I understand, this is not an assignment of commissions. 1099's will continue to be issued to the commission owner.

New Deposit or Change Deposit

Name of Bank _____

Bank Routing Number _____

Checking Account No. _____

or

Savings Account No. _____

This electronic deposit is for (check one):

Company or Individual

Printed Name _____

Signature _____

Tax ID or Social Security Number _____

Producer Number _____

Effective Date _____

Telephone Number (_____) _____ - _____

A Voided Imprinted Check, Savings Deposit Slip or a Letter from the Bank Must Be Attached to Verify Account and Routing Numbers

Mail to

Gerber Life Insurance Company

or

Fax to 1-866-931-5503

Attn: 6 – IDN Compensation

P.O. Box 2271

Omaha, NE 68103-2271

Administration Use Only

Entered & Verified By _____ Date _____

Gerber EFT

Selection of Mode of Advance.

Please Select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

- Six-Month (QK4)
 Nine-Month (QK5)
 Twelve-Month (QK6)

<i>Master General Agency</i>		
▶ _____		
Signature (Required)		

Print Name		

Title		

Date		
<i>General Agent</i>		

Individual, Partnership or Corporate Name		
▶ _____		
Signature (Required)		

Print Name (and Title, If Applicable)		

Address		

City	State	Zip
<i>Gerber Life Insurance Company</i>		
▶ _____		
Signature (Required)		

Print Name		

Title		

Date		

Master General Agency

▶ _____
Signature (Required)

Print Name

Title

Date

General Agent

Individual, Partnership or Corporate Name

▶ _____
Signature (Required)

Print Name (and Title, If Applicable)

Address

City State Zip

Gerber Life Insurance Company

▶ _____
Signature (Required)

Print Name

Title

Date