

<i>SERFF Tracking Number:</i>	<i>FRCS-127761997</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50130</i>
<i>Company Tracking Number:</i>	<i>5480</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Simplified Level Term</i>		
<i>Project Name/Number:</i>	<i>Gerber/174/174</i>		

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Simplified Level Term

TOI: L04I Individual Life - Term

SERFF Tr Num: FRCS-127761997 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 50130

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: 5480

State Status: Approved-Closed

Filing Type: Form

Author: Kevin Wiggs

Reviewer(s): Linda Bird

Date Submitted: 10/28/2011

Disposition Date: 11/29/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Gerber/174

Project Number: 174

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This filing has not yet been submitted to the domicile state (NY), but will be submitted soon.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/29/2011

State Status Changed: 11/14/2011

Deemer Date:

Created By: Kevin Wiggs

Submitted By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Gerber Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$150 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

SERFF Tracking Number: FRCS-127761997 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

These forms are new and will not replace any previously approved forms on file. The forms are in final format.

Policy LTL-11-AR is a non-participating term life product with a level death benefit. Benefits range from \$10,000 to \$1,000,000. There are no surrender benefits.

Premiums are payable to age 95 and are guaranteed at issue. The product has an initial level term period of 10, 15, 20 or 30 years, followed by a period of annually increasing premiums. The initial premium rates vary by age band, gender face amount, smoking status (including varying degrees of preferred and standard nonsmoker and smoker rates, depending on the face amount) and the length of the level term period. There is no policy fee in the premium rates. A specification page for each of the different term periods is included with the policy.

Issue ages range from 18-70 for the 10 year level premium period, 18-65 for the 15 year level premium period, 18-60 for the 20 year level premium period and 18-50 for the 30 year level premium period.

The policy allows conversion to a permanent product offered by the company in the first 7 years for the 10 year level premium period, the first 12 years for the 15 year level premium period, the first 15 years for the 20 year level premium period and the first 25 years for the 30 year level premium period. However, in all cases, all conversions must occur prior to age 65.

Accelerated Death Benefit Rider, form ADB-11-TL-AR, will always be issued with this policy. The rider allows the Owner to receive an Accelerated Death Benefit upon proof of the insured's contracting a terminal illness that will result in the death of the Insured in 12 months or less. There is no cost for this rider.

In addition to the rider listed above, rider, Waiver of Premium Rider, form WPB-11, will also be offered with this product. This rider was recently submitted to your Department for approval with whole life policy. Please refer to SERFF # FRCS-127761297.

Also, application, form AWLTL-11 and Reflexive Questions, RQ-WLTL-11, will be used to apply for this term life policy. These forms were also recently submitted to your Department for approval with a whole life policy. Please refer to SERFF # FRCS-127761297.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

SERFF Tracking Number: FRCS-127761997 State: Arkansas
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 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2736 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York
 1311 Mamaroneck Avenue Group Code: Company Type:
 White Plains, NY 10605 Group Name: State ID Number:
 (914) 272-4025 ext. [Phone] FEIN Number: 13-2611847

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: AR fee of \$50 per form (3) = \$150
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$150.00	10/28/2011	53301025

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2011	11/29/2011
Approved-Closed	Linda Bird	11/14/2011	11/14/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/02/2011	11/02/2011	Lynn Cravin	11/10/2011	11/11/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accelerated Death Benefit Disclosure Notice	Exselsa Cartwright	11/28/2011	11/28/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen Request	Note To Filer	Linda Bird	11/22/2011	11/22/2011
Reopen Request	Note To Reviewer	Exselsa Cartwright	11/18/2011	11/21/2011

SERFF Tracking Number: FRCS-127761997 *State:* Arkansas
Filing Company: Gerber Life Insurance Company *State Tracking Number:* 50130
Company Tracking Number: 5480
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

Disposition

Disposition Date: 11/29/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has replaced form TLADBD-11 Accelerated Death Benefit Disclosure Notice on the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Third Party Authorization		Yes
Form (revised)	Individual Term Life Policy		Yes
Form	Individual Term Life Policy	Replaced	Yes
Form	Accelerated Death Benefit Rider		Yes
Form (revised)	Accelerated Death Benefit Disclosure Notice		Yes
Form	Accelerated Death Benefit Disclosure Notice	Replaced	Yes

SERFF Tracking Number: *FRCS-127761997* *State:* *Arkansas*
Filing Company: *Gerber Life Insurance Company* *State Tracking Number:* *50130*
Company Tracking Number: *5480*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Simplified Level Term*
Project Name/Number: *Gerber/174/174*

Disposition

Disposition Date: 11/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Third Party Authorization		Yes
Form (revised)	Individual Term Life Policy		Yes
Form	Individual Term Life Policy	Replaced	Yes
Form	Accelerated Death Benefit Rider		Yes
Form (revised)	Accelerated Death Benefit Disclosure Notice		Yes
Form	Accelerated Death Benefit Disclosure Notice	Replaced	Yes

SERFF Tracking Number: FRCS-127761997 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
Company Tracking Number: 5480
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/02/2011
Submitted Date 11/02/2011
Respond By Date 12/02/2011

Dear Kevin Wiggs,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The Arbitration provision is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will only allow voluntary post dispute non-binding arbitration.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/10/2011
 Submitted Date 11/11/2011

Dear Linda Bird,

Comments:

In response to your objection letter dated 11-2-11, on behalf of Gerber Life Insurance Company, we offer the following for your consideration.

Response 1

Comments: The Arbitration provision, which appeared on page 9 has been deleted. The entry for Arbitration was also removed from the Table of Contents on page 2.

Related Objection 1

Comment:

The Arbitration provision is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will only allow voluntary post dispute non-binding arbitration.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Term Life Policy	LTL-11-AR		Policy/Contract/Fraternal Certificate	Initial		54.400	LTL-11-AR.pdf
Previous Version							
Individual Term Life Policy	LTL-11-AR		Policy/Contract/Fraternal Certificate	Initial		54.400	LTL-11-AR.pdf

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Amendment Letter

Submitted Date: 11/28/2011

Comments:

Subsequent to the approval of these forms, Gerber Life Insurance Company discovered a discrepancy in the reference to interest rate in the Cost of the Accelerated Death Benefit provisions. The interest rate in the disclosure statement did not match that in the rider.

Therefore, the Company, revised the Costs of the Accelerated Death Benefit Payment provision in the Disclosure Statement for the Accelerated Death Benefit, form TLADBD-11 to match that of the rider, form ADB-11-TL-AR. The reference to interest rate in the disclosure now reads, "Interest will accrue on the amount of the Accelerated Death Benefit, and it will not exceed the current yield on 90-day United States Treasury bills."

We would like to replace the previously approved disclosure statement with the one submitted now. The Company has not issued this disclosure, and therefore would like to keep the same form number, TLADBD-11.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLADBD-11	Other	Accelerated Death Benefit Disclosure Notice	Initial				54.000	TLADBD-11.pdf

SERFF Tracking Number: FRCS-127761997 *State:* Arkansas
Filing Company: Gerber Life Insurance Company *State Tracking Number:* 50130
Company Tracking Number: 5480
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

Note To Filer

Created By:

Linda Bird on 11/22/2011 08:48 AM

Last Edited By:

Linda Bird

Submitted On:

11/22/2011 08:48 AM

Subject:

Reopen Request

Comments:

Filing has been re-opened in order for correction to be made.

SERFF Tracking Number: FRCS-127761997 *State:* Arkansas
Filing Company: Gerber Life Insurance Company *State Tracking Number:* 50130
Company Tracking Number: 5480
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

Note To Reviewer

Created By:

Exselsa Cartwright on 11/18/2011 05:31 PM

Last Edited By:

Exselsa Cartwright

Submitted On:

11/21/2011 04:49 PM

Subject:

Reopen Request

Comments:

Subsequent to the approval of these forms, Gerber Life Insurance Company discovered a discrepancy in the reference to interest rate in the Cost of the Accelerated Death Benefit provisions. The interest rate in the disclosure statement did not match that in the rider. Therefore, could you please reopen the filing so that the we can replace the previously approved disclosure statement with the revised disclosure?

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Form Schedule

Lead Form Number: LTL-11-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTL-11-AR	Policy/Contract/Fraternal Certificate	Individual Term Life	Initial		54.400	LTL-11-AR.pdf
	ADB-11-TL-AR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accelerated Death Benefit Rider	Initial		50.300	ADB-11-TL-AR.pdf
	TLADBD-11	Other	Accelerated Death Benefit Disclosure Notice	Initial		54.000	TLADBD-11.pdf

GERBER LIFE INSURANCE COMPANY

A Stock Company
Home Office
[1311 Mamaroneck Ave, White Plains, New York 10605]
Customer Service [1-800-253-3074]

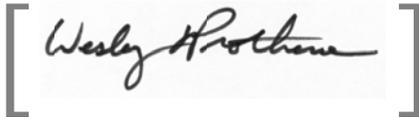
Gerber Life Insurance Company (“We”, “Our”, “Us” or “the Company”) promises to pay the Death Benefit to the Beneficiary, subject to the provisions of the Policy. The Death Benefit is payable upon receipt at Our Administrative Office of proof satisfactory to Us of the Insured’s death. This Policy is issued in consideration of the Application and payment of the premium(s) as described within the Policy. This Policy is a legal Contract between the Owner (“You” or “Your”) and Gerber Life Insurance Company. **READ YOUR POLICY CAREFULLY.**

This Policy will not take effect until it has been approved and the initial full premium(s) due have been received by Us while the person to be insured is alive and is actually in the same state of health and insurability as described in the Application. You must notify Us of any changes to the statements and answers given by You in any part of the application which occur before the policy is approved and payment is received by Us. Times referred to in the Policy begin at 12:01 A.M. Standard Time at the residence of the Insured.

NOTICE OF 30 DAY RIGHT TO EXAMINE POLICY

If for any reason You are not satisfied with this Policy, You may cancel it no later than thirty (30) days after the Policy has been received by You. You may cancel it by returning the Policy, with a written request to cancel, to the agent who sold it or to Our Administrative Office. Upon Our receipt of the Policy and request to cancel, the Policy shall be void from the inception. We will refund all premiums paid and it shall be as if no Policy was issued.

Signed by the Company:



President and CEO



Secretary

TERM LIFE POLICY

**Level Premiums During Initial Term Period
Yearly Renewable with Premiums Increasing After Initial Term Period
Insurance Payable at Death of Insured Prior to Expiry Date
Convertible – Non-Participating
See Policy Specifications for Amount of Insurance and Premiums**

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A copy of the Application is attached to the Policy.

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	10 YRS from Policy Date	[December 1, 2021]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM N/A	[December1, 2071] N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

Policy	Annual	Semi-Annual	Quarterly	PAC
	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Seventh anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	15 YRS from Policy Date AFTER INITIAL TERM	[December 1, 2026]
ICC11-ADB-TL	Accelerated Death Benefit Rider	N/A	[December 1, 2071] N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

	Annual	Semi-Annual	Quarterly	PAC
Policy	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Twelfth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	20 YRS from Policy Date	[December 1, 2031]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM	[December 1, 2071]
		N/A	N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium

Modes Available:	Annual	Semi-Annual	Quarterly	PAC
Policy	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Fifteenth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	30 YRS from Policy Date	[December 1, 2041]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM	[December 1, 2071]
		N/A	N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

	Annual	Semi-Annual	Quarterly	PAC
Policy	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Twenty-fifth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

DEFINITIONS

ADMINISTRATIVE OFFICE – The Company's office at [445 State Street, Fremont, MI 49413]

AGE - The Insured's age at last birthday.

APPLICATION - The Application for this Policy, including all signed questionnaires and amendments which are attached to and made a part of this Policy.

BENEFICIARY - The person or persons named to receive the Death Benefits of this Policy subject to its terms.

DEATH BENEFIT – The Death Benefit, as stated in the Payment of Death Benefit provision, is the amount payable on the death of the Insured.

EXPIRY DATE – The date that the Policy ends as set forth on the Policy Specifications page.

FACE AMOUNT - The amount as specified on the Policy Specifications page.

GRACE PERIOD – The amount of time the Owner has to pay overdue premiums before the Policy lapses as defined in the Grace Period provision.

HOME OFFICE - Gerber Life Insurance Company's office at the address shown on the first page.

INITIAL TERM PERIOD - The period equal to the number of years from the Policy Date shown on the Policy Specifications page.

INSURED - The person whose life is insured under the Policy and is named as such on the Policy Specifications page.

ISSUE DATE – The date the Policy is issued by the Company.

LAPSE – The termination of the Policy as defined in the Nonpayment of Premium provision.

OWNER - The Owner of the Policy is the person named on the Policy Specifications page.

POLICY DATE - The effective date of coverage under this Policy if all the terms of the Application and Policy are satisfied, including the payment of all premiums due. This is the date from which Policy anniversaries, Policy years, Policy months and premium due dates are determined. This date is shown on the Policy Specifications page.

PREMIUM – The amount due to Us payable at Our Administrative Office in the amount set forth on the Policy Specifications Page.

PAYMENT OF DEATH BENEFIT

Payment of Death Benefit

The Death Benefit of this Policy will be paid, in accordance with its terms, upon receipt of due proof, satisfactory to Us, at Our Administrative Office that the Insured has died. We may require that the Policy be returned to Us before We make any payment, which will be in a single sum. The Company retains its right to conduct an investigation before benefits are paid.

Interest on the Death Benefit will accrue from the date of death to the date of payment at a rate equal to the rate for proceeds left on deposit with Us or if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

Death Benefit

The Death Benefit payable at the death of the Insured is:

1. The Face Amount; plus
2. Any premium paid for a period after the end of the Policy month in which the Insured dies; less
3. The amount of premium due to the end of the Policy month in which the Insured dies.

OWNERSHIP AND BENEFICIARY

Owner

The Owner is the person named on the Policy Specifications page or in any subsequent changes shown in Our records. If an Owner is not named on the Policy Specifications page, the Insured is the Owner. In the event that more than one Owner is named, all elections and other actions that may be taken by the Owner pursuant to the terms of the Policy require joint action of all such persons.

Rights of the Owner

While the Insured is living, You may exercise all rights allowed in this Policy. These rights include, but are not limited to:

1. Changing the beneficiary;
2. Transferring ownership or assigning this Policy;
3. Receiving benefits; and
4. Reinstating this Policy.

The consent of any irrevocable beneficiary needs to be obtained to change a beneficiary.

Transfer of Ownership

If You transfer ownership of this Policy, Your ownership rights terminate and the new Owner will be entitled to all rights available under this Policy. To transfer ownership, we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. Your written request, unless specified by You, will not be effective until it is recorded in our Administrative Office. Once recorded it will be effective as of the date You signed the request whether or not You or the Insured are alive on the date we record the request. A transfer of ownership will not apply to any actions, including payments, taken by Us before the transfer has been recorded by Us.

Beneficiary

The Primary Beneficiary(ies) or any contingent beneficiary(ies) are named in the Application or last beneficiary designation filed with Us. If more than one Primary Beneficiary is named, death benefits will be paid in equal shares to the Primary Beneficiaries who survive the Insured unless the Owner has provided otherwise in the application or last designation. If no Primary Beneficiary is living when the Insured dies, death benefits will be paid in equal shares to the contingent

beneficiaries who survive the Insured unless the Owner has provided otherwise in the application or last designation. If no Beneficiary is living when the Insured dies, death benefits will be paid to You, if You are living, otherwise to Your estate.

Change of Beneficiary

To change a beneficiary we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required. Your written request, unless specified by the owner, will not be effective until it is recorded in our Administrative Office. Once recorded it will be effective as of the date You signed the request whether or not You or the Insured are alive on the date we record the request. A change of beneficiary will not apply to any actions, including payments, taken by Us before the change has been recorded by Us.

PREMIUMS

Premiums

Premiums are payable in the amount and frequency shown on the Policy Specifications page. You may change the frequency of the premium payment subject to Our approval. If premiums are paid more frequently than on an annual basis, their sum total will be more than the annual premium for the same time period.

When Premiums Are Due

The first premium is due as of the Policy Date. Subsequent premiums are payable at Our Administrative Office. Each subsequent premium, after the first premium, is due on the first day following the period covered by the preceding premium.

To keep this contract in full force, all premiums must be paid when due, or before the end of the 31-day period after the due date of an unpaid premium, as described in the Grace Period provision.

Yearly Renewable

Following the Initial Term Period, the Policy may be renewed. Evidence of insurability is not required. Premiums will increase on Renewal Dates as shown in the Renewal Table. Renewal premiums must be paid as described in When Premiums Are Due. The Policy will no longer be renewable at the Expiry Date.

Grace Period

A Grace Period of 31 days will be allowed for payment of a premium after its due date. The Grace Period does not apply to the first premium. Your Policy will continue in force during the Grace Period.

If the Insured dies during the Grace Period, We will deduct from the proceeds of the Policy, the past premiums due from the due date up to the last day of the Policy month in which the Insured dies.

Nonpayment of Premiums

If any premium is not paid when due and if such premium is not paid within the Grace Period, such premium shall be in default. If this happens, this Policy shall immediately terminate without value. Termination of this Policy for nonpayment of premium is referred to as a lapse and the insurance provided under this Policy will end.

Reinstatement

If this Policy Lapses, the Owner may reinstate it within three years of the due date of the first unpaid premium, and prior to the Expiry Date, by providing the following:

1. A written application for reinstatement on a form provided by Us to You upon written request to Our Administrative Office;
2. Evidence of insurability satisfactory to Us; and
3. During the Initial Term Period, payment of all overdue premiums with 6% interest compounded annually. After the Initial Term Period, payment of the premium for the Grace Period with 6% interest compounded annually. Compounding of interest means that each year interest is added to the amount owed and begins to bear interest itself.

The suicide provision does not begin anew after reinstatement. We may contest a reinstated Policy for a period of two years from the reinstatement date. Thereafter, the reinstated Policy is incontestable. We may contest the reinstated Policy with respect to representations made in the application for reinstatement.

CONVERSION OPTIONS

The Owner of this Policy may exchange this Policy, without a medical examination or other evidence of insurability, for a whole life insurance policy. The exchange is subject to the following conditions:

If no premium is in default you may convert this Policy to a whole life insurance policy at anytime prior to the End of Conversion Period as stated on the Policy Specifications page. In no event may You convert later than age 65. The date of the conversion will be the date of the application for conversion. The whole life policy will be issued as of the date of conversion based on the Insured's age on that date and the premium rate then in use. The whole life policy must be available for delivery in Your jurisdiction on the date of conversion.

The whole life policy will be based on Our then current rules for amount, age and premium class. The minimum amount that may be converted is \$25,000. The face amount of the whole life policy may not exceed the Face Amount under this Policy on the date of conversion.

Any rider available under the whole life policy You convert to will be included only with Our consent. We may request evidence of insurability on any rider You request.

The period of time stated in the suicide exclusion and incontestability provisions of the whole life policy will run from the Issue Date of this Policy.

GENERAL PROVISIONS

Contract and Representations

This Policy is a legal contract. It is between You and Us. It consists of:

1. The Policy, endorsements and attachments, if any; and
2. Any Application attached to the Policy.

This Policy constitutes the entire contract between You and Us.

Statements in any Application, in the absence of fraud, are representations, not warranties. Unless a part of the Policy, no statement by You or the Insured will:

1. Reduce benefits; or
2. Be used as a defense to a claim.

Changes

The terms of the Policy may be altered only by written agreement signed by Our President or a Vice President. This authority cannot be delegated.

Incontestability

Except after reinstatement, we cannot contest this Policy after it has been in force during the Insured's lifetime for a period of two years from the Issue Date except for failure to pay premiums or fraud. Any addition of a rider after the Issue Date shall be incontestable, after it has been in force during the Insured's lifetime for 2 years after the effective date of such addition of rider, except as to fraud. We may contest this Policy on the basis of any misrepresentation in the Application, supplemental application, reinstatement application or other document signed by You that becomes part of the Policy.

Suicide

If the Insured dies by suicide, whether sane or insane within two years from the Issue Date, the only amount payable by Us will be the premium paid for the Policy.

Misstatement of Age or Sex

If the Insured's Age or Sex has been misstated in the Application, the Face Amount will be that which the most recent premium paid would have bought for correct Age or Sex. If, because of an Insured's Age, the Policy would not have been issued:

1. There will be no insurance; and
2. We will refund all premiums.

Termination

This Policy will terminate on the earliest of:

1. The date We receive a written request from the Owner to terminate the Policy;
2. The date the Insured dies;
3. The Expiry Date; or
4. The end of the Grace Period, if a past due premium remains unpaid.

Nonparticipating

This Policy does not share in Our earnings.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the fullest extent permitted by law. Payments may not be assigned without Our consent.

Assignment

This policy may be assigned. No assignment will be recognized by Us unless a copy is filed with Us. We are not responsible for the validity of any assignment. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the Policy. Assignments, unless otherwise specified by You, shall take effect on the date You signed the assignment, subject to any payments made or actions taken by Us prior to the receipt of this notice.

RENEWAL TABLE

Renewal Premiums After Term Period

Age At Renewal	Renewal Date	Annual	Semi- Annual	Quarterly	PAC Monthly
45	12/01/2015	\$345.00	\$175.95	\$89.70	\$28.75
46	12/01/2016	\$373.00	\$190.23	\$96.98	\$31.08
47	12/01/2017	\$403.00	\$205.53	\$104.78	\$33.58
48	12/01/2018	\$436.00	\$222.36	\$113.36	\$36.33
49	12/01/2019	\$472.00	\$240.72	\$122.72	\$39.33
50	12/01/2020	\$513.00	\$261.63	\$133.38	\$42.75
51	12/01/2021	\$560.00	\$285.60	\$145.60	\$46.67
52	12/01/2022	\$614.00	\$313.14	\$159.64	\$51.17
53	12/01/2023	\$676.00	\$344.76	\$175.76	\$56.33
54	12/01/2024	\$745.00	\$379.95	\$193.70	\$62.08
55	12/01/2025	\$822.00	\$419.22	\$213.72	\$68.50
56	12/01/2026	\$906.00	\$462.06	\$235.56	\$75.50
57	12/01/2027	\$995.00	\$507.45	\$258.70	\$82.92
58	12/01/2028	\$1,094.00	\$557.94	\$284.44	\$91.17
59	12/01/2029	\$1,205.00	\$614.55	\$313.30	\$100.42
60	12/01/2030	\$1,329.00	\$677.79	\$345.54	\$110.75
61	12/01/2031	\$1,467.00	\$748.17	\$381.42	\$122.25
62	12/01/2032	\$1,626.00	\$829.26	\$422.76	\$135.50
63	12/01/2033	\$1,806.00	\$921.06	\$469.56	\$150.50
64	12/01/2034	\$2,006.00	\$1,023.06	\$521.56	\$167.17
65	12/01/2035	\$2,225.00	\$1,134.75	\$578.50	\$185.42
66	12/01/2036	\$2,462.00	\$1,255.62	\$640.12	\$205.17
67	12/01/2037	\$2,716.00	\$1,385.16	\$706.16	\$226.33
68	12/01/2038	\$2,992.00	\$1,535.92	\$777.92	\$249.33
69	12/01/2039	\$3,298.00	\$1,681.98	\$857.48	\$274.83
70	12/01/2040	\$3,644.00	\$1,858.44	\$947.44	\$303.67
71	12/01/2041	\$4,039.00	\$2,059.45	\$1,050.14	\$336.58
72	12/01/2042	\$4,495.00	\$2,292.45	\$1,168.70	\$374.58
73	12/01/2043	\$5,011.00	\$2,555.61	\$1,302.86	\$417.58
74	12/01/2044	\$5,578.00	\$2,844.78	\$1,450.28	\$464.83
75	12/01/2045	\$6,184.00	\$3,153.84	\$1,607.84	\$515.33
76	12/01/2046	\$6,824.00	\$3,480.24	\$1,774.24	\$568.67
77	12/01/2047	\$7,493.00	\$3,821.43	\$1,948.18	\$624.42
78	12/01/2048	\$8,195.00	\$4,179.45	\$2,130.70	\$682.92
79	12/01/2049	\$8,952.00	\$4,565.52	\$2,327.52	\$746.00
80	12/01/2050	\$9,788.00	\$4,991.88	\$2,544.88	\$815.67
81	12/01/2051	\$10,725.00	\$5,469.75	\$2,788.50	\$893.75
82	12/01/2052	\$11,782.00	\$6,008.82	\$3,063.32	\$981.83
83	12/01/2053	\$12,954.00	\$6,606.54	\$3,368.04	\$1,079.50
84	12/01/2054	\$14,218.00	\$7,251.18	\$3,696.68	\$1,184.84
85	12/01/2055	\$15,545.00	\$7,927.95	\$4,041.70	\$1,295.42
86	12/01/2056	\$16,918.00	\$8,628.18	\$4,398.68	\$1,409.83
87	12/01/2057	\$18,316.00	\$9,341.16	\$4,762.16	\$1,526.33
88	12/01/2058	\$19,733.00	\$10,063.83	\$5,130.58	\$1,644.42
89	12/01/2059	\$21,189.00	\$10,806.39	\$5,509.14	\$1,765.75
90	12/01/2060	\$22,705.00	\$11,579.55	\$5,903.30	\$1,892.08
91	12/01/2061	\$24,316.00	\$12,401.16	\$6,322.16	\$2,026.33
92	12/01/2062	\$26,082.00	\$13,301.82	\$6,781.32	\$2,173.50
93	12/01/2063	\$28,175.00	\$14,369.25	\$7,325.50	\$2,347.92
94	12/01/2064	\$30,983.00	\$15,801.33	\$8,055.58	\$2,581.92]

TERM LIFE POLICY
Level Premiums During Initial Term Period
Yearly Renewable with Premiums Increasing After Initial Term Period
Insurance Payable at Death of Insured Prior to Expiry Date
Convertible – Non-Participating
See Policy Specifications for Amount of Insurance and Premiums

GERBER LIFE INSURANCE COMPANY

A Stock Company
Home Office
[1311 Mamaroneck Ave, White Plains, New York 10605]
Customer Service [1-800-253-3074]

GERBER LIFE INSURANCE COMPANY

[1311 Mamaroneck Avenue
White Plains, New York 10605]

ACCELERATED DEATH BENEFIT RIDER

ACCELERATED PAYMENT OF LIFE INSURANCE BENEFITS FOR NON-CORRECTABLE MEDICAL CONDITIONS RESULTING IN A LIFE EXPECTANCY OF 12 MONTHS OR LESS

Gerber Life Insurance Company has issued this Rider as a part of the Policy to which it is attached, provided the benefit is listed on the Policy Specifications page.

All terms of the Policy which are not inconsistent with this Rider apply to this Rider.

ANY BENEFIT PAYMENT AND COSTS UNDER THIS RIDER WILL BE A LIEN AGAINST THE POLICY DEATH BENEFIT.

ANY BENEFIT PAYMENT MADE UNDER THIS RIDER MAY BE TAXABLE. AS WITH ALL TAX MATTERS, A TAX ADVISOR SHOULD BE CONSULTED.

All terms used in this Rider have the same meaning as in the Policy unless otherwise stated. This Rider will have no effect on any other Rider attached to the Policy.

BENEFIT

This Rider allows the Owner of the Policy to which this Rider is attached to receive an Accelerated Death Benefit following a Qualifying Event. A Qualifying Event is defined as a non-correctable medical condition of the Insured that, with reasonable medical certainty, will result in the death of the Insured in 12 months or less.

The Owner may make only one request for an Accelerated Death Benefit. We must receive a written request. We must receive the request while the Policy is in force. We must receive written approval from any irrevocable beneficiary and any assignee on record.

The Accelerated Death Benefit will be paid as a lump sum to the Owner or Owner's estate while the Insured is living, unless the benefit has been otherwise assigned or designated by the Owner. If the Insured dies after the Owner elects to receive an Accelerated Death Benefit but before any such benefit is received, the election shall be cancelled and the Death Benefit paid pursuant to the Policy.

AMOUNT OF BENEFIT

Subject to the conditions and limits stated in this Rider, We will pay the Accelerated Death Benefit You request.

Your request may not exceed 50% of the Death Benefit payable under the Policy.

The minimum amount that must be requested is the greater of 10% of the Death Benefit or \$10,000.

Notwithstanding these minimum and maximum limits, if the Death Benefit payable under the Policy is less than \$20,000, you may accelerate the lesser of \$10,000 or 100% of the Death Benefit.

PAYMENT PROCEDURES

We will provide a claim form within 15 days of the acceleration request. If the claim form is not furnished within 15 days, You will have complied if You submit a written statement from a Physician certifying the Insured's medical condition and the Insured's life expectancy.

Physician means a Medical Doctor (MD) or Doctor of Osteopathy (DO) practicing within the scope of his or her license issued by the jurisdiction in which the Physicians' services are rendered. Such jurisdiction must be within the United States of America. The Physician may not be:

- (a) the Insured;
- (b) the Owner; or
- (c) a family member of either the Owner or the Insured which includes any person related by blood or marriage.

We reserve the right to require a second or third medical opinion to confirm benefit eligibility. The second or third medical opinions are at Our expense. The second medical opinion may include a physical examination by a Physician designated by Us. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to You and Us.

Prior to the payment of the Accelerated Death Benefit, We must receive from any assignee or irrevocable beneficiary a signed acknowledgement of concurrence for payout.

Payment of the Accelerated Death Benefit is due immediately upon Our receipt of the due written proof of eligibility as provided above. Any delay in the payment of the Accelerated Death Benefit is subject to the Payment of Death Benefit provisions of the Policy.

FUTURE POLICY PREMIUMS

You have the option at the time of acceleration to either reduce the Accelerated Death Benefit payment by an amount actuarially determined to pay the remaining premiums or continue to pay premiums to keep the Policy in force. If any premium is not paid when due, the amount of the unpaid premium will be added to the lien.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium for this Rider. There will be an administrative fee added to the Accelerated Death Benefit at the time of payment. The fee will not exceed \$250.00.

We will charge interest on the Accelerated Death Benefit payment. Interest will not exceed the current yield on 90-day United States Treasury bills.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENT

The Accelerated Death Benefit payment, the administrative fee and any accrued interest will be a lien against the Death Benefit of the Policy. The total amount of this lien will reduce the amount otherwise available under the Policy's Death Benefit.

Policy premiums will be waived only as stated under the Future Policy Premiums provision above.

No matter how long the Insured lives, the Policy will terminate only if the total of all liens equals or exceeds the Death Benefit. You may repay all or part of the lien at any time.

Any accidental death benefit provision of the Policy or any other rider attached to it will not be affected by the payment of an Accelerated Death Benefit payment.

Prior to or concurrent with the election to accelerate the Policy Death Benefits, We will provide the Owner, any irrevocable beneficiary and any assignee on record with a statement demonstrating the effect of the acceleration of the payment of Death Benefits on the Death Benefit and premium of the Policy. The statement will display any premium necessary to continue the Policy following the acceleration, and will display all expense and interest charges associated with accelerating the Death Benefit. The statement will state that future due and unpaid premiums may be included in the lien. The statement will include a disclosure that receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences.

REINSTATEMENT

If the Policy is reinstated, this Rider may be reinstated upon the same terms as stated in the Policy.

ELIGIBILITY

You are not eligible for payment under this Rider if:

- (a) You are required by law to use the Policy or this Rider to meet the claims of creditors, whether due to bankruptcy or otherwise;
- (b) You are required by a government agency to use the Policy or this Rider in order to apply for, obtain or retain a government benefit or entitlement; or
- (c) The Policy or this Rider is subject to any restrictions imposed by any court order or rule of law.

ASSIGNMENT

You may not assign this Rider or the Accelerated Death Benefit payment.

TERMINATION

This Rider will terminate at the earliest of the following:

- (a) You make a written request; or
- (b) The Policy terminates.

Termination will not prejudice the payment of an Accelerated Death Benefit for a Qualifying Event that occurred while the form was in force.

EFFECTIVE DATE

The Rider Effective Date will be the Policy Date, unless a later date is shown below.

The Accelerated Death Benefit is effective for accidents and illnesses which occur or first manifest on or after the Rider Effective Date.

Effective Date:



President and CEO

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, New York 10605

DISCLOSURE STATEMENT FOR ACCELERATED BENEFIT PAYMENT OPTION

GENERAL DESCRIPTION OF THE ACCELERATED DEATH BENEFIT

The Accelerated Benefit Payment Option allows the Owner of the Policy to receive an accelerated benefit if the Insured's life expectancy is 12 months or less.

The Owner may make only one request for an Accelerated Death Benefit payment. The Owner may request an Accelerated Death Benefit payment of up to 50% of the Death Benefit. The minimum Accelerated Death Benefit payment the Company will pay is 10% of the Death Benefit or \$10,000 whichever is greater. Notwithstanding these minimum and maximum limits, if the Death Benefit payable under the Policy is less than \$20,000, you may accelerate the lesser of \$10,000 or 100% of the Death Benefit. The Accelerated Death Benefit will be paid as a lump sum.

Request for an Accelerated Death Benefit payment must be in writing and the Company must receive the request while the Policy is in force. The Company must receive written approval by any irrevocable beneficiary under the Policy and a full release of any assignment of the Policy as collateral.

TAX CONSEQUENCES OF RECEIVING AN ACCELERATED DEATH BENEFIT PAYMENT

Depending on a number of factors, an Accelerated Death Benefit payment may be considered taxable income. The Owner should seek assistance from a qualified tax advisor before requesting an Accelerated Death Benefit.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium or cost of insurance for the Option. However, the Company will add an administrative fee not exceeding \$250 to the Accelerated Death Benefit at the time of payment. The Company will charge interest on the Accelerated Death Benefit payment. Interest will accrue on the amount of the Accelerated Death Benefit, and it will not exceed the current yield on 90-day United States Treasury bills.

EFFECT OF ACCELERATED BENEFIT PAYMENT

The Accelerated Death Benefit payment, the administrative fee and any accrued interest will be a lien against the Policy. The total amount of the lien outstanding will reduce the amount otherwise available under the Policy's Death Benefit.

If premiums are required to be paid under the Policy, they will remain payable and will not be reduced or eliminated as a result of an Accelerated Death Benefit payment.

No later than the time the benefit payment is made, We will provide You with a written notice showing the dollar amount of the payment and the remaining available amount of death benefit, if any.

ACKNOWLEDGMENT

I, the undersigned Insured (and Owner if other than the Insured), acknowledge that I have read and received this Disclosure Statement for Accelerated Death Benefit Option at the time of application for the Policy.

Proposed Insured's Signature

Date

Owner's Signature (if other than Insured)

Date

Agent or Broker's Signature

Date

SAMPLE ILLUSTRATION

The sample illustration below shows the effect of an Accelerated Death Benefit payment. The sample assumes a policy in the sixteenth (16th) policy year with a: 1) \$100,000 death benefit; 2) \$20,000 Cash Value, and 3) no outstanding Indebtedness. It also assumes the owner has requested the maximum accelerated benefit amount and an administrative fee of \$250. The lien interest rate at the time of calculation is 5%.

Before Accelerated Death Benefit Payment

Death Benefit	\$ 100,000
	<u> x 50%</u>
Maximum Accelerated Death Benefit Available	\$ 50,000

Immediately After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment (Lien Amount)	\$ 50,000
less: Administrative Fee	<u> \$ 250</u>
Amount Paid	\$ 49,750
Death Benefit	\$ 100,000
less: Lien Amount	<u> \$ 50,000</u>
Death Proceeds Payable at Insured's Death	\$ 50,000

One Year After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment	\$ 49,750
plus: Administrative Fee	\$ 250
plus: Accrued Lien Interest *	<u> \$ 2,500</u>
Lien Amount	\$ 52,500
Death Benefit	\$ 100,000
less: Lien Amount	<u> \$ 52,500</u>
Death Proceeds Payable at Insured's Death	\$ 47,500

* Important Notice: Interest begins at payment and will increase the amount of the Indebtedness over time.

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
 AR RDB.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
 Application form AWLTL-11 and Reflexive Questions, RQ-WLTL-11, will be used to apply for this term life policy. These forms were also recently submitted to your Department for approval with a whole life policy. Please refer to SERFF # FRCS-127761297.

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Actuarial Memo
Comments:
Attachments:
 Actuarial Memo ADB-11-TL-AR.pdf
 Actuarial Memo LTL-11-AR 10 Year Term.pdf
 Actuarial Memo LTL-11-AR 15 Year Term.pdf
 Actuarial Memo LTL-11-AR 20 Year Term.pdf
 Actuarial Memo LTL-11-AR 30 Year Term.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification of Compliance
Comments:
Attachment:
 AR CoC.pdf

SERFF Tracking Number: FRCS-127761997 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
Company Tracking Number: 5480
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Simplified Level Term
Project Name/Number: Gerber/174/174

Item Status: **Status
Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
SOV LTL-11-AR.pdf

Item Status: **Status
Date:**

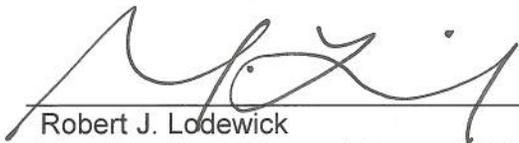
Satisfied - Item: Third Party Authorization
Comments:
Attachment:
Auth_10-24-11.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Gerber Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LTL-11-AR	54.4
ADB-11-TL-AR	50.3
TLADBD-11	54.0



Robert J. Lodewick
Vice President, General Counsel & Secretary

October 24, 2011

Date

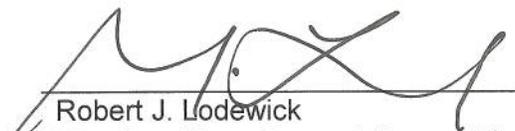
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Gerber Life Insurance Company

Form Title(s): Individual Term Life Policy
Accelerated Death Benefit Rider
Accelerated Death Benefit Disclosure Notice

Form Number(s): LTL-11-AR
ADB-11-TL-AR
TLADBD-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Robert J. Lodewick
Vice President, General Counsel & Secretary

October 24, 2011

Date

**Memorandum of Variable Material for
Forms LTL-11-AR and ADB-11-TL-AR**

Gerber Life Insurance Company
October 15, 2011

Individual Term Life Policy LTL-11-AR

Provision with Brackets and Page Number	Description
Company Address and Customer Service Phone Number (Cover page)	The Company address and customer service phone number are displayed in brackets to allow for changes that may occur in the future.
Signatures and Titles of Officers (Cover page)	The signatures and titles of the signing company officers are bracketed to allow for future changes in the officers authorized to sign the policy.
Insured, Policy Number, Sex and Age (page 3)	John Doe Information: Name, sex and age of individual who is insured and the assigned policy number is inserted. Varies by insured.
Owner (page 3)	John Doe Information: Name of owner inserted; may be the same or different from named insured.
Face Amount (page 3)	John Doe Information. Face amount will be based on the actual insured. Face amounts will range from \$10,000 through \$1 million, in increments of \$1,000 in any combination. The face amount could be lower if it is issued as a conversion from a group life policy.
Rate Classification (page 3)	John Doe Information: This will be one of the following options: Preferred Plus, Preferred, Standard (Table A & B) and Substandard (Tables C-H)
Expiry Date (page 3)	John Doe Information based on actual insured.
Policy Date (page 3)	John Doe information based on actual insured. Insert exact date policy is effective.
Issue Date (page 3)	John Doe information based on actual insured. Insert exact date policy is issued by the company to an individual.
Date Premiums are Payable to during Initial Period (page 3)	John Doe information based on actual insured.
Date Premiums are Payable to after Initial Period (page 3)	John Doe information based on actual insured. Premiums are payable to age 95.
Premium Mode Selected	John Doe information based on actual insured. This will be one of the premium modes shown below.
Premium Due Date	John Doe information based on actual insured.
Values for Initial Term Premium Mode Available	John Doe information based on actual insured for each of the modes.

Administrative Office (page 4)	The Administrative Office address is displayed in brackets to allow for changes that may occur in the future.
Renewal Table Values (page 10)	John Doe information based on actual insured showing the renewal premiums for each of the four modes after the initial term period. Additional values in this table include Age at Renewal and the Renewal Date.
Company Address and Customer Service Phone Number (Back cover)	The Company address and customer service phone number are displayed in brackets to allow for changes that may occur in the future.

Accelerated Death Benefit Rider ADB-11-TL-AR

Provision with Brackets and Page Number	Description
Company Address	The Company address is displayed in brackets to allow for changes that may occur in the future.
Signature and Titles of Officer (last page)	The signature and title of the signing company officer is bracketed to allow for future changes in the officer authorized to sign the rider.



Gerber Life Insurance Company
1311 Mamaroneck Avenue • Suite 350
White Plains, New York 10605
Tel: 914.272.4069 • Fax: 914.272.4099

October 24, 2011

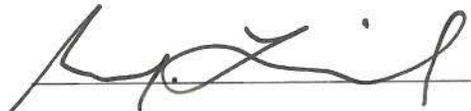
To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Gerber Life Insurance Company

By: _____

Title: Vice President, General Counsel & Secretary

SERFF Tracking Number: FRCS-127761997 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 50130
 Company Tracking Number: 5480
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Simplified Level Term
 Project Name/Number: Gerber/174/174

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/27/2011	Form	Accelerated Death Benefit Disclosure Notice	11/28/2011	TLADBD-11.pdf (Superseded)
10/27/2011	Form	Individual Term Life Policy	11/10/2011	LTL-11-AR.pdf (Superseded)

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue
White Plains, New York 10605

DISCLOSURE STATEMENT FOR ACCELERATED BENEFIT PAYMENT OPTION

GENERAL DESCRIPTION OF THE ACCELERATED DEATH BENEFIT

The Accelerated Benefit Payment Option allows the Owner of the Policy to receive an accelerated benefit if the Insured's life expectancy is 12 months or less.

The Owner may make only one request for an Accelerated Death Benefit payment. The Owner may request an Accelerated Death Benefit payment of up to 50% of the Death Benefit. The minimum Accelerated Death Benefit payment the Company will pay is 10% of the Death Benefit or \$10,000 whichever is greater. Notwithstanding these minimum and maximum limits, if the Death Benefit payable under the Policy is less than \$20,000, you may accelerate the lesser of \$10,000 or 100% of the Death Benefit. The Accelerated Death Benefit will be paid as a lump sum.

Request for an Accelerated Death Benefit payment must be in writing and the Company must receive the request while the Policy is in force. The Company must receive written approval by any irrevocable beneficiary under the Policy and a full release of any assignment of the Policy as collateral.

TAX CONSEQUENCES OF RECEIVING AN ACCELERATED DEATH BENEFIT PAYMENT

Depending on a number of factors, an Accelerated Death Benefit payment may be considered taxable income. The Owner should seek assistance from a qualified tax advisor before requesting an Accelerated Death Benefit.

COSTS OF THE ACCELERATED DEATH BENEFIT PAYMENT

There is no premium or cost of insurance for the Option. However, the Company will add an administrative fee not exceeding \$250 to the Accelerated Death Benefit at the time of payment. The Company will charge interest on the Accelerated Death Benefit payment. Interest will accrue on the amount of the Accelerated Death Benefit at the rate of 8% through Policy year 15 and 5% in Policy years 16 and thereafter.

EFFECT OF ACCELERATED BENEFIT PAYMENT

The Accelerated Death Benefit payment, the administrative fee and any accrued interest will be a lien against the Policy. The total amount of the lien outstanding will reduce the amount otherwise available under the Policy's Death Benefit.

If premiums are required to be paid under the Policy, they will remain payable and will not be reduced or eliminated as a result of an Accelerated Death Benefit payment.

No later than the time the benefit payment is made, We will provide You with a written notice showing the dollar amount of the payment and the remaining available amount of death benefit, if any.

ACKNOWLEDGMENT

I, the undersigned Insured (and Owner if other than the Insured), acknowledge that I have read and received this Disclosure Statement for Accelerated Death Benefit Option at the time of application for the Policy.

Proposed Insured's Signature	Date	Owner's Signature (if other than Insured)	Date
		Agent or Broker's Signature	Date

SAMPLE ILLUSTRATION

The sample illustration below shows the effect of an Accelerated Death Benefit payment. The sample assumes a policy in the sixteenth (16th) policy year with a: 1) \$100,000 death benefit; 2) \$20,000 Cash Value, and 3) no outstanding Indebtedness. It also assumes the owner has requested the maximum accelerated benefit amount and an administrative fee of \$250. The lien interest rate at the time of calculation is 5%.

Before Accelerated Death Benefit Payment

Death Benefit	\$ 100,000
	<u> x 50%</u>
Maximum Accelerated Death Benefit Available	\$ 50,000

Immediately After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment (Lien Amount)	\$ 50,000
less: Administrative Fee	<u> \$ 250</u>
Amount Paid	\$ 49,750
Death Benefit	\$ 100,000
less: Lien Amount	<u> \$ 50,000</u>
Death Proceeds Payable at Insured's Death	\$ 50,000

One Year After Accelerated Death Benefit Payment

Amount of Accelerated Benefit Payment	\$ 49,750
plus: Administrative Fee	\$ 250
plus: Accrued Lien Interest *	<u> \$ 2,500</u>
Lien Amount	\$ 52,500
Death Benefit	\$ 100,000
less: Lien Amount	<u> \$ 52,500</u>
Death Proceeds Payable at Insured's Death	\$ 47,500

* Important Notice: Interest begins at payment and will increase the amount of the Indebtedness over time.

GERBER LIFE INSURANCE COMPANY

A Stock Company
Home Office
[1311 Mamaroneck Ave, White Plains, New York 10605]
Customer Service [1-800-253-3074]

Gerber Life Insurance Company (“We”, “Our”, “Us” or “the Company”) promises to pay the Death Benefit to the Beneficiary, subject to the provisions of the Policy. The Death Benefit is payable upon receipt at Our Administrative Office of proof satisfactory to Us of the Insured’s death. This Policy is issued in consideration of the Application and payment of the premium(s) as described within the Policy. This Policy is a legal Contract between the Owner (“You” or “Your”) and Gerber Life Insurance Company. **READ YOUR POLICY CAREFULLY.**

This Policy will not take effect until it has been approved and the initial full premium(s) due have been received by Us while the person to be insured is alive and is actually in the same state of health and insurability as described in the Application. You must notify Us of any changes to the statements and answers given by You in any part of the application which occur before the policy is approved and payment is received by Us. Times referred to in the Policy begin at 12:01 A.M. Standard Time at the residence of the Insured.

NOTICE OF 30 DAY RIGHT TO EXAMINE POLICY

If for any reason You are not satisfied with this Policy, You may cancel it no later than thirty (30) days after the Policy has been received by You. You may cancel it by returning the Policy, with a written request to cancel, to the agent who sold it or to Our Administrative Office. Upon Our receipt of the Policy and request to cancel, the Policy shall be void from the inception. We will refund all premiums paid and it shall be as if no Policy was issued.

Signed by the Company:



President and CEO



Secretary

TERM LIFE POLICY

**Level Premiums During Initial Term Period
Yearly Renewable with Premiums Increasing After Initial Term Period
Insurance Payable at Death of Insured Prior to Expiry Date
Convertible – Non-Participating
See Policy Specifications for Amount of Insurance and Premiums**

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A copy of the Application is attached to the Policy.

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	10 YRS from Policy Date	[December 1, 2021]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM N/A	[December1, 2071] N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

Policy	Annual	Semi-Annual	Quarterly	PAC
	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Seventh anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	15 YRS from Policy Date AFTER INITIAL TERM	[December 1, 2026]
ICC11-ADB-TL	Accelerated Death Benefit Rider	N/A	[December 1, 2071] N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

Policy	Annual	Semi-Annual	Quarterly	PAC
	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Twelfth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	20 YRS from Policy Date	[December 1, 2031]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM	[December 1, 2071]
		N/A	N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium

Modes Available:	Annual	Semi-Annual	Quarterly	PAC
Policy	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Fifteenth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[10000010]
FACE AMOUNT	[\$50,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD NON-SMOKER]	AGE	[35]
EXPIRY DATE	[December 1, 2065]	POLICY DATE	[December 1, 2011]
OWNER	[JOHN DOE]	ISSUE DATE	[December 1, 2011]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	INITIAL TERM PERIOD	PREMIUMS PAYABLE TO:
LTL-11	FACE AMOUNT PAYABLE AT DEATH	30 YRS from Policy Date	[December 1, 2041]
ICC11-ADB-TL	Accelerated Death Benefit Rider	AFTER INITIAL TERM	[December 1, 2071]
		N/A	N/A

Premium Mode Selected: [Annual]
Premium Due Date: [December 1]

Initial Term Period Premium Modes Available:

	Annual	Semi-Annual	Quarterly	PAC
Policy	[\$128.00]	[\$65.28]	[\$33.28]	[\$10.67]

See Renewal Table for Premium Modes Available After Initial Term Period.

End of Conversion Period: Up to Twenty-fifth anniversary of the Policy Date or age 65, whichever is earlier.

BASIS OF COMPUTATION: Reserves are based on the sex distinct 2001 Commissioners Standard Ordinary mortality tables, age last birthday.

Jurisdiction of Issue: Arkansas

Dept. Telephone Number: Division of Insurance Telephone Number: 1-800-282-9134

DEFINITIONS

ADMINISTRATIVE OFFICE – The Company's office at [445 State Street, Fremont, MI 49413]

AGE - The Insured's age at last birthday.

APPLICATION - The Application for this Policy, including all signed questionnaires and amendments which are attached to and made a part of this Policy.

BENEFICIARY - The person or persons named to receive the Death Benefits of this Policy subject to its terms.

DEATH BENEFIT – The Death Benefit, as stated in the Payment of Death Benefit provision, is the amount payable on the death of the Insured.

EXPIRY DATE – The date that the Policy ends as set forth on the Policy Specifications page.

FACE AMOUNT - The amount as specified on the Policy Specifications page.

GRACE PERIOD – The amount of time the Owner has to pay overdue premiums before the Policy lapses as defined in the Grace Period provision.

HOME OFFICE - Gerber Life Insurance Company's office at the address shown on the first page.

INITIAL TERM PERIOD - The period equal to the number of years from the Policy Date shown on the Policy Specifications page.

INSURED - The person whose life is insured under the Policy and is named as such on the Policy Specifications page.

ISSUE DATE – The date the Policy is issued by the Company.

LAPSE – The termination of the Policy as defined in the Nonpayment of Premium provision.

OWNER - The Owner of the Policy is the person named on the Policy Specifications page.

POLICY DATE - The effective date of coverage under this Policy if all the terms of the Application and Policy are satisfied, including the payment of all premiums due. This is the date from which Policy anniversaries, Policy years, Policy months and premium due dates are determined. This date is shown on the Policy Specifications page.

PREMIUM – The amount due to Us payable at Our Administrative Office in the amount set forth on the Policy Specifications Page.

PAYMENT OF DEATH BENEFIT

Payment of Death Benefit

The Death Benefit of this Policy will be paid, in accordance with its terms, upon receipt of due proof, satisfactory to Us, at Our Administrative Office that the Insured has died. We may require that the Policy be returned to Us before We make any payment, which will be in a single sum. The Company retains its right to conduct an investigation before benefits are paid.

Interest on the Death Benefit will accrue from the date of death to the date of payment at a rate equal to the rate for proceeds left on deposit with Us or if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

Death Benefit

The Death Benefit payable at the death of the Insured is:

1. The Face Amount; plus
2. Any premium paid for a period after the end of the Policy month in which the Insured dies; less
3. The amount of premium due to the end of the Policy month in which the Insured dies.

OWNERSHIP AND BENEFICIARY

Owner

The Owner is the person named on the Policy Specifications page or in any subsequent changes shown in Our records. If an Owner is not named on the Policy Specifications page, the Insured is the Owner. In the event that more than one Owner is named, all elections and other actions that may be taken by the Owner pursuant to the terms of the Policy require joint action of all such persons.

Rights of the Owner

While the Insured is living, You may exercise all rights allowed in this Policy. These rights include, but are not limited to:

1. Changing the beneficiary;
2. Transferring ownership or assigning this Policy;
3. Receiving benefits; and
4. Reinstating this Policy.

The consent of any irrevocable beneficiary needs to be obtained to change a beneficiary.

Transfer of Ownership

If You transfer ownership of this Policy, Your ownership rights terminate and the new Owner will be entitled to all rights available under this Policy. To transfer ownership, we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. Your written request, unless specified by You, will not be effective until it is recorded in our Administrative Office. Once recorded it will be effective as of the date You signed the request whether or not You or the Insured are alive on the date we record the request. A transfer of ownership will not apply to any actions, including payments, taken by Us before the transfer has been recorded by Us.

Beneficiary

The Primary Beneficiary(ies) or any contingent beneficiary(ies) are named in the Application or last beneficiary designation filed with Us. If more than one Primary Beneficiary is named, death benefits will be paid in equal shares to the Primary Beneficiaries who survive the Insured unless the Owner has provided otherwise in the application or last designation. If no Primary Beneficiary is living when the Insured dies, death benefits will be paid in equal shares to the contingent

beneficiaries who survive the Insured unless the Owner has provided otherwise in the application or last designation. If no Beneficiary is living when the Insured dies, death benefits will be paid to You, if You are living, otherwise to Your estate.

Change of Beneficiary

To change a beneficiary we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required. Your written request, unless specified by the owner, will not be effective until it is recorded in our Administrative Office. Once recorded it will be effective as of the date You signed the request whether or not You or the Insured are alive on the date we record the request. A change of beneficiary will not apply to any actions, including payments, taken by Us before the change has been recorded by Us.

PREMIUMS

Premiums

Premiums are payable in the amount and frequency shown on the Policy Specifications page. You may change the frequency of the premium payment subject to Our approval. If premiums are paid more frequently than on an annual basis, their sum total will be more than the annual premium for the same time period.

When Premiums Are Due

The first premium is due as of the Policy Date. Subsequent premiums are payable at Our Administrative Office. Each subsequent premium, after the first premium, is due on the first day following the period covered by the preceding premium.

To keep this contract in full force, all premiums must be paid when due, or before the end of the 31-day period after the due date of an unpaid premium, as described in the Grace Period provision.

Yearly Renewable

Following the Initial Term Period, the Policy may be renewed. Evidence of insurability is not required. Premiums will increase on Renewal Dates as shown in the Renewal Table. Renewal premiums must be paid as described in When Premiums Are Due. The Policy will no longer be renewable at the Expiry Date.

Grace Period

A Grace Period of 31 days will be allowed for payment of a premium after its due date. The Grace Period does not apply to the first premium. Your Policy will continue in force during the Grace Period.

If the Insured dies during the Grace Period, We will deduct from the proceeds of the Policy, the past premiums due from the due date up to the last day of the Policy month in which the Insured dies.

Nonpayment of Premiums

If any premium is not paid when due and if such premium is not paid within the Grace Period, such premium shall be in default. If this happens, this Policy shall immediately terminate without value. Termination of this Policy for nonpayment of premium is referred to as a lapse and the insurance provided under this Policy will end.

Reinstatement

If this Policy Lapses, the Owner may reinstate it within three years of the due date of the first unpaid premium, and prior to the Expiry Date, by providing the following:

1. A written application for reinstatement on a form provided by Us to You upon written request to Our Administrative Office;
2. Evidence of insurability satisfactory to Us; and
3. During the Initial Term Period, payment of all overdue premiums with 6% interest compounded annually. After the Initial Term Period, payment of the premium for the Grace Period with 6% interest compounded annually. Compounding of interest means that each year interest is added to the amount owed and begins to bear interest itself.

The suicide provision does not begin anew after reinstatement. We may contest a reinstated Policy for a period of two years from the reinstatement date. Thereafter, the reinstated Policy is incontestable. We may contest the reinstated Policy with respect to representations made in the application for reinstatement.

CONVERSION OPTIONS

The Owner of this Policy may exchange this Policy, without a medical examination or other evidence of insurability, for a whole life insurance policy. The exchange is subject to the following conditions:

If no premium is in default you may convert this Policy to a whole life insurance policy at anytime prior to the End of Conversion Period as stated on the Policy Specifications page. In no event may You convert later than age 65. The date of the conversion will be the date of the application for conversion. The whole life policy will be issued as of the date of conversion based on the Insured's age on that date and the premium rate then in use. The whole life policy must be available for delivery in Your jurisdiction on the date of conversion.

The whole life policy will be based on Our then current rules for amount, age and premium class. The minimum amount that may be converted is \$25,000. The face amount of the whole life policy may not exceed the Face Amount under this Policy on the date of conversion.

Any rider available under the whole life policy You convert to will be included only with Our consent. We may request evidence of insurability on any rider You request.

The period of time stated in the suicide exclusion and incontestability provisions of the whole life policy will run from the Issue Date of this Policy.

GENERAL PROVISIONS

Contract and Representations

This Policy is a legal contract. It is between You and Us. It consists of:

1. The Policy, endorsements and attachments, if any; and
2. Any Application attached to the Policy.

This Policy constitutes the entire contract between You and Us.

Statements in any Application, in the absence of fraud, are representations, not warranties. Unless a part of the Policy, no statement by You or the Insured will:

1. Reduce benefits; or
2. Be used as a defense to a claim.

Changes

The terms of the Policy may be altered only by written agreement signed by Our President or a Vice President. This authority cannot be delegated.

Incontestability

Except after reinstatement, we cannot contest this Policy after it has been in force during the Insured's lifetime for a period of two years from the Issue Date except for failure to pay premiums or fraud. Any addition of a rider after the Issue Date shall be incontestable, after it has been in force during the Insured's lifetime for 2 years after the effective date of such addition of rider, except as to fraud. We may contest this Policy on the basis of any misrepresentation in the Application, supplemental application, reinstatement application or other document signed by You that becomes part of the Policy.

Suicide

If the Insured dies by suicide, whether sane or insane within two years from the Issue Date, the only amount payable by Us will be the premium paid for the Policy.

Misstatement of Age or Sex

If the Insured's Age or Sex has been misstated in the Application, the Face Amount will be that which the most recent premium paid would have bought for correct Age or Sex. If, because of an Insured's Age, the Policy would not have been issued:

1. There will be no insurance; and
2. We will refund all premiums.

Termination

This Policy will terminate on the earliest of:

1. The date We receive a written request from the Owner to terminate the Policy;
2. The date the Insured dies;
3. The Expiry Date; or
4. The end of the Grace Period, if a past due premium remains unpaid.

Nonparticipating

This Policy does not share in Our earnings.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the fullest extent permitted by law. Payments may not be assigned without Our consent.

Assignment

This policy may be assigned. No assignment will be recognized by Us unless a copy is filed with Us. We are not responsible for the validity of any assignment. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the Policy. Assignments, unless otherwise specified by You, shall take effect on the date You signed the assignment, subject to any payments made or actions taken by Us prior to the receipt of this notice.

ARBITRATION

This provision applies to any dispute arising out of the formation, acceptance and construction, interpretation, performance, breach or validity of this Policy by or among, the Owner, or Beneficiary and the Company.

The Owner or Beneficiary may elect voluntary post-dispute binding Arbitration.

The Owner or Beneficiary can start arbitration by sending a written demand to the Company.

Arbitration shall be conducted in accordance with the rules of the American Arbitration Association ("AAA"), before a panel of 3 neutral arbitrators who are knowledgeable in the field of life insurance and appointed from a panel list provided by the AAA. The Owner or Beneficiary and the Company shall each appoint one arbitrator and the two appointed arbitrators shall appoint the third arbitrator.

The proceedings will be conducted in the city or county of residence of the Owner or Beneficiary.

The Company will pay for the cost of the arbitration. The Company will pay the arbitrators fees including any deposits or administrative fees, but will not be responsible for any costs or fees for the Owner's or Beneficiary's legal representation.

If there is any inconsistency between this provision and AAA rules, this provision shall control.

RENEWAL TABLE

Renewal Premiums After Term Period

Age At Renewal	Renewal Date	Annual	Semi- Annual	Quarterly	PAC Monthly
45	12/01/2015	\$345.00	\$175.95	\$89.70	\$28.75
46	12/01/2016	\$373.00	\$190.23	\$96.98	\$31.08
47	12/01/2017	\$403.00	\$205.53	\$104.78	\$33.58
48	12/01/2018	\$436.00	\$222.36	\$113.36	\$36.33
49	12/01/2019	\$472.00	\$240.72	\$122.72	\$39.33
50	12/01/2020	\$513.00	\$261.63	\$133.38	\$42.75
51	12/01/2021	\$560.00	\$285.60	\$145.60	\$46.67
52	12/01/2022	\$614.00	\$313.14	\$159.64	\$51.17
53	12/01/2023	\$676.00	\$344.76	\$175.76	\$56.33
54	12/01/2024	\$745.00	\$379.95	\$193.70	\$62.08
55	12/01/2025	\$822.00	\$419.22	\$213.72	\$68.50
56	12/01/2026	\$906.00	\$462.06	\$235.56	\$75.50
57	12/01/2027	\$995.00	\$507.45	\$258.70	\$82.92
58	12/01/2028	\$1,094.00	\$557.94	\$284.44	\$91.17
59	12/01/2029	\$1,205.00	\$614.55	\$313.30	\$100.42
60	12/01/2030	\$1,329.00	\$677.79	\$345.54	\$110.75
61	12/01/2031	\$1,467.00	\$748.17	\$381.42	\$122.25
62	12/01/2032	\$1,626.00	\$829.26	\$422.76	\$135.50
63	12/01/2033	\$1,806.00	\$921.06	\$469.56	\$150.50
64	12/01/2034	\$2,006.00	\$1,023.06	\$521.56	\$167.17
65	12/01/2035	\$2,225.00	\$1,134.75	\$578.50	\$185.42
66	12/01/2036	\$2,462.00	\$1,255.62	\$640.12	\$205.17
67	12/01/2037	\$2,716.00	\$1,385.16	\$706.16	\$226.33
68	12/01/2038	\$2,992.00	\$1,535.92	\$777.92	\$249.33
69	12/01/2039	\$3,298.00	\$1,681.98	\$857.48	\$274.83
70	12/01/2040	\$3,644.00	\$1,858.44	\$947.44	\$303.67
71	12/01/2041	\$4,039.00	\$2,059.45	\$1,050.14	\$336.58
72	12/01/2042	\$4,495.00	\$2,292.45	\$1,168.70	\$374.58
73	12/01/2043	\$5,011.00	\$2,555.61	\$1,302.86	\$417.58
74	12/01/2044	\$5,578.00	\$2,844.78	\$1,450.28	\$464.83
75	12/01/2045	\$6,184.00	\$3,153.84	\$1,607.84	\$515.33
76	12/01/2046	\$6,824.00	\$3,480.24	\$1,774.24	\$568.67
77	12/01/2047	\$7,493.00	\$3,821.43	\$1,948.18	\$624.42
78	12/01/2048	\$8,195.00	\$4,179.45	\$2,130.70	\$682.92
79	12/01/2049	\$8,952.00	\$4,565.52	\$2,327.52	\$746.00
80	12/01/2050	\$9,788.00	\$4,991.88	\$2,544.88	\$815.67
81	12/01/2051	\$10,725.00	\$5,469.75	\$2,788.50	\$893.75
82	12/01/2052	\$11,782.00	\$6,008.82	\$3,063.32	\$981.83
83	12/01/2053	\$12,954.00	\$6,606.54	\$3,368.04	\$1,079.50
84	12/01/2054	\$14,218.00	\$7,251.18	\$3,696.68	\$1,184.84
85	12/01/2055	\$15,545.00	\$7,927.95	\$4,041.70	\$1,295.42
86	12/01/2056	\$16,918.00	\$8,628.18	\$4,398.68	\$1,409.83
87	12/01/2057	\$18,316.00	\$9,341.16	\$4,762.16	\$1,526.33
88	12/01/2058	\$19,733.00	\$10,063.83	\$5,130.58	\$1,644.42
89	12/01/2059	\$21,189.00	\$10,806.39	\$5,509.14	\$1,765.75
90	12/01/2060	\$22,705.00	\$11,579.55	\$5,903.30	\$1,892.08
91	12/01/2061	\$24,316.00	\$12,401.16	\$6,322.16	\$2,026.33
92	12/01/2062	\$26,082.00	\$13,301.82	\$6,781.32	\$2,173.50
93	12/01/2063	\$28,175.00	\$14,369.25	\$7,325.50	\$2,347.92
94	12/01/2064	\$30,983.00	\$15,801.33	\$8,055.58	\$2,581.92]

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