

# ANNUITY APPLICATION



EquiTrust Life Insurance Company  
5400 University Ave Attn: Box 14500  
West Des Moines IA 50266

**Contract #** \_\_\_\_\_  
(Home Office Use Only)

**Product** \_\_\_\_\_

Print Legibly Producer Name	Full Office Address	Office Phone #	Producer #	%
#1				
#2				

All references to "the Company" shall mean EquiTrust Life Insurance Company of West Des Moines, Iowa, 50266.

<b>SECTION A – ANNUITANT</b>	<b>SECTION A - JOINT ANNUITANT (NOT AVAILABLE FOR QUALIFIED PLANS)</b>
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1. Complete Name (first-middle-last)				12. Complete Name (first-middle-last)		
2. Sex	3. Age	4. Birth Date	13. Sex	14. Age	15. Birth Date	
5. Residential Address			16. Residential Address			
6. City	7. State	8. ZIP	17. City	18. State	19. ZIP	
9. Social Security #	10. Daytime Phone #		20. Social Security #	21. Daytime Phone #		

<b>SECTION B – OWNER (IF LEFT BLANK, OWNER WILL BE THE SAME AS THE ANNUITANT)</b>	<b>SECTION B – JOINT OWNER (NOT AVAILABLE FOR QUALIFIED PLANS)</b>
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23. Complete Name (first-middle-last)			33. Complete Name (first-middle-last)		
24. Sex	25. Age	26. Birth Date	34. Sex	35. Age	36. Birth Date
27. Residential Address			37. Residential Address		
28. City	29. State	30. ZIP	38. City	39. State	40. ZIP
31. Social Security/TIN #	32. Daytime Phone #		41. Social Security/TIN #	42. Daytime Phone #	

<b>SECTION C – BENEFICIARY</b>
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Beneficiary proceeds will be split equally if no percentages are provided. If joint ownership is elected, "surviving spouse" must be listed as primary beneficiary.

**PRIMARY:**

FULL NAME (FIRST-MIDDLE-LAST)	SS#/TIN	RELATIONSHIP TO INSURED	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONTINGENT:**

FULL NAME (FIRST-MIDDLE-LAST)	SS#/TIN	RELATIONSHIP TO INSURED	PERCENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check here if you are attaching additional Beneficiary information.

<b>SECTION D – PLAN TYPE (CHECK ONE)</b>
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- IRA Transfer  
  IRA Rollover  
  IRA Contribution - Tax Year \_\_\_\_\_  
 SEP IRA  
  Simple IRA  
  Roth IRA  
  Roth Conversion IRA  
  Nonqualified  
  Other \_\_\_\_\_  
 Plans accepted but **NOT** administered by EquiTrust Life Insurance Company:  
 TSA/403(b)  
  Keogh/Corporate Pension  
  Sec. 457 Def. Comp.  
  Other \_\_\_\_\_

## SECTION E – SPECIAL REQUESTS, REMARKS AND CORRECTIONS OR ENDORSEMENTS

## SECTION F – PREMIUM PAYMENTS

- a. Premium Submitted with Application \$ \_\_\_\_\_ b. Anticipated Value of 1035 Exchange/Transfer/Rollover \$ \_\_\_\_\_

## SECTION G – EXISTING COVERAGE/REPLACEMENT

- a. Does either the Owner or Proposed Insured have any other life insurance policies or annuity contracts?  Yes  No  
If "Yes" and required by your state, complete the Replacement Notice
- b. Is the Contract applied for replacing or likely to replace any existing life insurance or annuity contracts?  Yes  No  
If "Yes", complete your state-specific Replacement Notice

## SECTION H – STATE REQUIRED NOTICES

**For applicants in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For applicants in the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For applicants in Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**For applicants in Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For applicants in New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For applicants in Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For applicants in Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For applicants in Nebraska, Oregon, and Vermont:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**For applicants in ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



**DISCLOSURE STATEMENT**

Some features of this annuity may not be available or may vary by state. If you have any questions, please contact your agent or EquiTrust Life Insurance Company ("the Company"). This form is not intended to be a complete explanation of your annuity. **Please refer to your Contract for complete details.**

**WHAT IS AN ANNUITY?**

An annuity is a long-term financial product offered by insurance companies. You may cancel your annuity Contract within a certain number of days of your receipt to receive a complete refund of your premium.

**HOW MUCH WILL I EARN ON MY ANNUITY?**

When you purchase a MARKETBOOSTER INDEX Contract, you choose among different accounts. Each account earns interest differently.

**Fixed Rate Account** – The Fixed Rate Account will earn a declared interest rate. This rate is guaranteed for one year and may change on subsequent Contract Anniversaries. The Guaranteed Minimum Interest Rate will be no lower than 1% and no higher than 3%, subject to variations by state. Ask your agent for the current interest rate and Guaranteed Minimum Interest Rate for your state.

**Annual Reset Point-to-Point Index Account** - Annual Index Credits are based on the percentage change in the Index Number from the previous Contract Anniversary to the current Contract Anniversary, after recognition of the Index Cap, Index Margin and Participation Rate.

**Annual Reset Daily Averaging Index Account** - Annual Index Credits are based on the percentage change in the Index Number from the previous Contract Anniversary to the daily average of the Index Numbers for the Contract Year, after recognition of the Index Cap, Index Margin and Participation Rate.

**Two-Year Averaging Index Account** - Index Credits are based on the percentage change in the Index Number from the previous Account Accumulation Date to the monthly average of the Index Numbers for the two-year Indexing Period, after recognition of the Index Cap, Index Margin and Participation Rate.

**Index Account Definitions**

- The **Index Number** on any specified date is the closing value of the S&P 500® Index on the previous trading day.
- The **Index Cap** is the maximum annual percentage excess of the applicable average Index Numbers or the end-of-year Index Number over the beginning-of-year Index Number. The Index Cap will be declared on each Contract Anniversary and is guaranteed for the following Contract Year. The minimum Index Cap is 4% for the Annual Reset Point-to-Point, 5% for the Annual Reset Averaging, and 12% for the Two-Year Averaging account.
- The **Index Margin** is a percentage rate subtracted from the calculated change in the Index, subject to the Index Cap. The Index Margin is declared at issue for each index account and will not change for the duration of the Contract.
- The **Participation Rate** is the portion of growth in the Index, after recognition of the Index Cap and the Index Margin, that is used in the calculation of Index Interest. The Participation Rate is declared at issue for each equity index account and will not change for the duration of the Contract.
- **The Index Credits** will be added to the Index Accounts at the end of each Contract Year. The Index Credit in any Contract Year will never be less than zero.
- The **Indexing Period** is the period in which Index Credits are calculated. The Indexing Period is one year for the Annual Reset Point-to-Point and Annual Reset Averaging accounts. The Indexing Period is two years for the Two-Year Averaging account.

**Accumulation Value** – Your Accumulation Value is the total of the individual Account Accumulation Values.

**Maximum Premium** - The maximum premium allowed in the first Contract Year is \$1,000,000 without Home Office approval. The maximum premium allowed in any subsequent year is \$250,000 per Contract Year without Home Office approval.

**Subsequent Premiums** – All subsequent premium(s) will be allocated to the Fixed Rate Account at the time of receipt. On each Contract Anniversary, the Accumulation Value associated with any premium received since the prior Contract Anniversary will be reallocated among the Accounts according to your most recent instructions.

**Premium Bonus** – This Contract offers a Premium Bonus equal to the premium paid in the first five Contract years multiplied by 5%. The Premium Bonus is allocated to the Accounts proportionately in the same manner as your Premium allocation instructions.

**Minimum Guaranteed Contract Value** – The Minimum Guaranteed Contract Value will be 87.5% of Premium(s) Paid, less any partial withdrawals, plus interest earned at a rate no lower than 1% and no higher than 3%. Contact your agent for the minimum guaranteed rate for your state, and refer to your Contract for complete details.

**WHAT HAPPENS WHEN I NEED MY MONEY?**

You may receive partial surrenders or periodic income payments from your annuity by submitting a request acceptable to the Company. When you make withdrawals, surrender or annuitize your annuity, the amount withdrawn will not be credited with any index return in the current Indexing Period. Withdrawals do not participate in any index gains during the Contract Year of the withdrawal.

**Surrender Charges** – The Surrender Charge is a percentage of the Accumulation Value and declines on each Contract Anniversary over 9 years as follows: 15, 15, 15, 15, 15, 13, 10, 8, 6%. **Please keep in mind that surrender during the surrender charge period may result in a loss of principal.** Surrender Charges may vary by state.

**Market Value Adjustment** – We may make a Market Value Adjustment (MVA) on amounts withdrawn or surrendered from this Contract. It may result in either an increase or a decrease to the amount withdrawn or surrendered. A Market Value Adjustment will be made only when a



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We have always protected the privacy of our customers' personal information. We know this is very important. This notice explains our information practices. State and federal laws require us to do this.

**INFORMATION WE COLLECT**

We want to help with your financial needs. We must follow legal and regulatory laws. We must collect certain information about you. This information changes depending on the products or services you seek from us. It may include:

- Information we receive from you on your application or other forms (such as name, address, social security number and financial and health information);
- Information you allow us to collect (such as health information so you can get an insurance policy);
- Information the law says we must have (such as your taxpayer ID number);
- Information about your business with us, our affiliates, or others (such as your payment history or account balances);
- Information we receive from a consumer reporting agency (such as an investigative consumer report); and
- Information we receive from public records (such as your driving record).

If we get a report prepared by an insurance support organization, the information in the report may be kept by the insurance support organization. They may also share it with others. Your state laws may permit you to ask for and correct the information we have collected about you. You are also allowed to get certain information about your medical records we have used. To do this, you will need to write to the address below.

**THE SECURITY OF YOUR INFORMATION**

We have information protection procedures. They include physical, electronic and process safeguards. These help ensure only people who need to see your information do so. We do not allow people to see information about you if they do not need it for their job. If someone sees information about you they promise to protect it.

**INFORMATION WE SHARE**

Federal and state laws limit the ways we can share your information. We may share some of the information about you with other companies that perform services for us. These may include affiliated or non-affiliated companies. Examples of the services they perform are printing, mailing or accounting services. These companies are limited as to how they can use or share your information. We only share information that is necessary.

Privacy laws also allow us to share information with third parties in other ways. For example, we may share information if we get a subpoena, to prevent fraud, or to provide the service you asked for. We do not share medical information, information from a consumer reporting agency or motor vehicle reports for marketing purposes. We do not share information about former customers except as stated in this Privacy Notice.

**This notice is being provided on behalf of EquiTrust Life Insurance Company.**

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**MAIL INQUIRIES TO:** EquiTrust Life Insurance Company  
Customer Privacy  
5400 University Avenue  
West Des Moines, IA 50266

**APPLICANT COPY**

The following information will allow you and your agent to determine if the annuity product being applied for meets your financial needs and objectives, as of the date of application. If you elect not to provide the requested information, please mark "No Response". **If "No Response" is regularly indicated, please be advised that the Company may elect not to issue the annuity contract for which you have applied.**

**A – Personal Information**

Owner/Applicant Full Name		Social Security #/Tax ID #
Owner/Applicant Full Name		Social Security #/Tax ID #
Legal Address	City	State/Zip

Owner Age     49 and Below     Age 50- 59     Age 60-69     Age 70-79     Age 80 and Above  
 Joint Owner Age     49 and Below     Age 50- 59     Age 60-69     Age 70-79     Age 80 and Above

**B – Account/Financial Profile** (For Joint Accounts, information may be combined.)

1. Annual Gross Income

\$0-99,999                       \$100,000 – 299,999  
 \$300,000 – 499,999         \$500,000 and over     No Response

2. Source of Income (Check all that apply)

Salary     Investments     Social Security     Retirement Plans     Other

3. Percentage of Net Worth Annuity Represents

0% - 20%             21% - 40%         41% - 60%  
 61% - 80%         over 80%         No Response

4. Primary Financial Objective (Choose One):

Tax Deferral, Estimated Federal Tax Bracket:     0-15%     16-28%     29-35%     36% and up  
 Income     Growth     Estate Planning     Preservation of Principal     Other

5. Have you considered the surrender charge period of the product applied for in relation to the period of time in which you will need the full account value?

Yes     No

6. Current Investments:

Stocks/Bonds/Options             Mutual Funds/CDs             Annuities  
 Real Estate                       Personal Business/Partnerships     No Response

7. Willingness to Accept Risk for Additional Financial Performance?

Aggressive                       Moderate                       Conservative

**C – Replacements**

Not applicable, (not using an existing life insurance or annuity contract to fund new purchase).

1. If you are replacing a life insurance policy or annuity contract, is the agent assisting you with this purchase the same agent that sold you the life insurance policy or contract being replaced?

Yes       No

2. If you are considering using funds from existing life insurance policy(ies) or annuity contract(s), how long has the policy(ies) or contract(s) been in force?

1 - 3 years     4 - 7 years     8 - 10 years     More than 10 years

3. Is there a surrender charge associated with the existing contract?

Yes     No

Percentage of surrender charge associated with the existing life insurance policy(ies) or annuity contract(s):

1-2%     3-4%     5-6%     7-8%     9-10%     More than 10%

**By signing below, I acknowledge that the fixed annuity product I am applying for is a long term contract with substantial penalties for early withdrawal. I have reviewed the product specific Disclosure Statement with my agent, and I have determined that it meets my financial needs and objectives.**

\_\_\_\_\_  
Signature of Owner/Applicant                      Date

\_\_\_\_\_  
Printed Name of Owner/Applicant

\_\_\_\_\_  
Signature of Joint Owner/Applicant                      Date

\_\_\_\_\_  
Printed Name of Joint Owner/Applicant

\_\_\_\_\_  
Signature of Agent                                              Date

\_\_\_\_\_  
Printed Name of Agent



# NOTICE REGARDING REPLACEMENT CALIFORNIA

## REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

### EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED:

Full name of Insurance Company Including Home Office Location	Policy or Contract Number	Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

### PRODUCER INFORMATION: THREE COPIES NEEDED

Send the signed original to the Home Office, leave a signed copy with the applicant and retain a permanent copy in your producer file.

## 1. EXISTING CONTRACT/POLICY INFORMATION

\_\_\_\_\_  
Name of Distributing Plan/Company

\_\_\_\_\_  
Contract/Policy Number Being Exchanged/Transferred

\_\_\_\_\_  
**OVERNIGHT MAILING ADDRESS** of Current Company

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Annuitant's Name (please print)

\_\_\_\_\_  
Annuitant's Social Security Number

\_\_\_\_\_  
Owner's Name (please print)

\_\_\_\_\_  
Owner's Social Security Number

\_\_\_\_\_  
Joint Annuitant's Name – if applicable (please print)

\_\_\_\_\_  
Joint Annuitant's Social Security Number

\_\_\_\_\_  
Joint Owner's Name – if applicable (please print)

\_\_\_\_\_  
Joint Owner's Social Security Number

\_\_\_\_\_  
Owner(s) Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

### PLEASE SELECT A, B, OR C BELOW (SELECT ONE)

**A.  1035 EXCHANGE  Full  Partial** \$ \_\_\_\_\_ or \_\_\_\_\_ % (Check with your representative for availability)

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code.

*If this is an exchange into an existing contract, please provide the existing Contract Number \_\_\_\_\_.*

*Without this contract number, the exchange must be made into a new contract. Additionally, by signing this form, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.*

Upon receipt, the Company is directed to surrender all or part of my contract, as indicated above, and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above contract. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

**B.  QUALIFIED ACCOUNT TRANSFER** (Certain restrictions may apply)

From:  IRA  Simple IRA  Roth IRA  Qualified Retirement Plan  403(b)/TSA Plan  SEP IRA

I wish to liquidate and transfer the  entire value or  partial value (in the amount of) \$ \_\_\_\_\_ or \_\_\_\_\_ % of my present qualified account to the contract/policy I have established through EquiTrust Life Insurance Company.

*If this is a transfer into an existing contract, please provide the existing Contract Number \_\_\_\_\_.*

*Without this contract number, the transfer must be made into a new contract.*

#### **Prior Distribution Information (Participants age 70 and over only)**

If you have attained age 70 1/2, the IRS requires annual minimum distributions from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution (RMD) amount must be taken from the new IRA by December 31 of the current calendar year.

This is a transfer and my RMD amount for this tax year should be handled as follows:

- Proceed with the transfer, I will take responsibility for taking my RMD before December 31 of the current year.
- Proceed with the transfer, my Required Minimum Distribution has already been taken.
- Distribute my Required Minimum Distribution to me before transferring my funds to EquiTrust Life Insurance Company.

**C.  NON-QUALIFIED TRANSFER** (such as Mutual Fund shares, savings/checking account transfers)

I wish to liquidate and transfer \$ \_\_\_\_\_ or \_\_\_\_\_ % from the above-referenced account directly to the Company. The Company will apply all such funds received to an annuity contract issued to me. I understand that the Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the Company receives these proceeds and all other necessary paperwork in good order.

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**2. RETURN OF CONTRACT/POLICY**

(Please choose one if you are transferring the full value of your current contract/policy.)

- I certify that I cannot find my contract/policy.
- The contract/policy is attached.

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**3. SIGNATURES AND AUTHORIZATIONS**

Please make check(s) payable to: *EquiTrust Life Insurance Company*.

Mail to: EquiTrust Life Insurance Company  
Attn: Annuity New Business  
P.O. Box 14500  
Des Moines, IA 50306-3500

Overnight to: EquiTrust Life Insurance Company  
Attn: Annuity New Business, Box 14500  
5400 University Avenue  
West Des Moines, IA 50266-5997

Please transfer these funds  as soon as possible or  on a specific date \_\_\_/\_\_\_/\_\_\_ (Not later than the maturity date)

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment. I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

\_\_\_\_\_  
Signature of the Owner  
(Note: A signature guarantee may be required)

\_\_\_\_\_  
Spousal Signature – if applicable

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Signature Guarantee by: Name of Bank/Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer & Title

\_\_\_\_\_  
Place Signature Guarantee Stamp Here

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**4. ACCEPTANCE FOR TRANSFER/1035 EXCHANGE** (Home Office Use Only)

The Company requests this liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre- and post-TEFRA cost basis in the current contract, if applicable.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
New Contract Number