

# 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</b> (IF LEFT BLANK, OWNER WILL BE THE SAME AS THE ANNUITANT)	<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 in all states and may vary by state. If you have any questions, please contact your representative or EquiTrust Life Insurance Company (“the Company”) for details. 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 MARKETPOWER BONUS INDEX Contract, you can choose different accounts for your money. Each earns interest differently.

**Fixed Rate Account** – The Fixed Rate Account will earn a declared interest rate. This rate will be guaranteed for one year and may change on subsequent Contract Anniversaries. The Minimum Guaranteed 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 Minimum Guaranteed Interest Rate for your state.

**Annual Reset Point-to-Point Equity 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 Equity 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 Equity 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.

**Equity 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 5% for the Annual Reset Point-to-Point, 6% 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 equity 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 Credits. 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 Equity Index Accounts at the end of each Indexing Period. The Index Credit in any Indexing Period 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.

**Subsequent Premiums** – In addition to the Single Premium, subsequent Premium(s) will be allowed in the first Contract Year only. All subsequent premium(s) will be allocated to the Fixed Account at the time of receipt. On the first Contract Anniversary, the Accumulation Value associated with any premium received since the Contract Date 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 year multiplied by 10%. The Premium Bonus is allocated to the Accounts proportionately in the same manner as your Premium allocation instructions.

**Premium Amounts** – The minimum premium allowed is \$2,000 for a Qualified account and \$5,000 for a Non-Qualified account. The maximum premium allowed is \$1,000,000 without Home Office approval.

**Minimum Guaranteed Contract Value** – The Minimum Guaranteed Contract Value will be 87.5% of Premium Paid (excluding any Premium Bonus), less any partial withdrawals, plus interest earned at a rate no lower than 1% and no higher than 3%. Please 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 within any index return in the current Indexing Period. Withdrawals do not participate in any index gains during the Indexing Period of the withdrawal.

**Surrender Charges** – The Surrender Charge is a percentage of the Accumulation Value and declines on each Contract Anniversary over 14 years as follows: 20, 20, 19, 19, 18, 17, 16, 14, 12, 10, 8, 6, 4, 2, 0%. **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 Surrender Charge is deducted. Generally, the MVA decreases the Accumulation Value when interest rates rise, and increases it when interest rates fall. The MVA will not reduce the Accumulation Value surrendered below the Minimum Guaranteed Contract Value.

**Partial Surrenders** – Each Contract Year after the first, you may withdraw up to 10% of the Accumulation Value after the most recent Contract Anniversary without Surrender Charge or MVA. If the Contract is subsequently surrendered during the Contract Year, the Surrender Charge and MVA will be applied to any previously uncharged Partial Surrender amounts taken in the same Contract Year.

**Cash Surrender Value** – The Cash Surrender Value equals the greater of (a) the Minimum Guaranteed Contract Value; or (b) the Accumulation Value less any applicable Surrender Charge, and adjusted for any applicable MVA, determined as of the date of surrender. In no event will the Cash Surrender Value be less than the Minimum Guaranteed Contract Value or greater than the Accumulation Value.

**Tax Treatment** – You may be subject to a 10% Federal penalty tax if you make withdrawals or surrender your annuity before age 59½. If this is a qualified annuity, all distributions may be taxable. Under current tax law, annuities grow tax deferred and an annuity is not required for tax deferral in qualified plans. Consult your tax attorney for more details.

**Annuitization** – You may choose to have the proceeds of this Contract paid under a payment option. This is called annuitizing your Contract. When you annuitize, you can choose from several options, including income for life and/or a specified period of years. Once you annuitize your Contract, you may not surrender it or have access to any values of your annuity, other than your income payments.

**Death Benefit** – The death benefit is the larger of (a) the Contract’s Accumulation Value; or (b) the amount that would have been payable in the event of a full surrender on the date of death, adjusted for any payments made since the date of death. Upon death of an Owner, the Beneficiary may choose to have the Death Benefit paid immediately or applied to a payment option.

**Transfer Options** – You may transfer amounts between Accounts on each Contract Anniversary without a Surrender Charge or MVA. Transfers are allowed into any Account each year. Transfers are allowed from the Fixed Rate Account, the Annual Reset Point-to-Point Account, and the Annual Reset Averaging Account each year. Transfers from the Two-Year Averaging Account are only allowed at the end of each two-year indexing period. A written request for transfer must be received prior to the Contract Anniversary. Transfers are subject to minimums.

**Nursing Home Waiver Rider** – After the first Contract Year, you may make a partial or a full surrender without incurring a Surrender Charge or MVA if you become confined to a Hospital or nursing Care Center for at least 90 consecutive days. Waiver of Surrender Charge Rider availability may vary by state and issue age.

**OTHER NOTES**

Any examples of historical performance of the S&P 500® should not be considered a representation of future performance of the S&P 500®. Future performance of the S&P 500® may be greater or less than any index performance shown in connection with the sale and issue of your annuity Contract. Your Index Credits are based not only on the index, but also the Index Cap, Index Margin and Participation Rate.

- The MARKETPOWER BONUS INDEX Annuity is backed by the financial strength of the Company. It is not guaranteed by any bank and is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the federal government.
- Funded plans under the Employee Retirement Income Security Act of 1974 (ERISA) may not be used with this annuity.
- The Company can be contacted toll-free at (866) 598-3692 for further clarification if, for any reason, your understanding of your annuity is different from this explanation.

“S&P 500®” is a trademark of The McGraw-Hill Companies, Inc., and has been licensed for use by EquiTrust Life Insurance Company. The Product is not sponsored, endorsed, sold or promoted by Standard & Poor’s, and Standard & Poor’s makes no representation regarding the advisability of purchasing the Product. The S&P 500® Index does not reflect dividends paid on the underlying stocks.

<b>Initial Premium Allocation:</b>	<b>Fixed Rate Account</b>	_____ %	
	<b>Annual Point-to-Point Equity Index Account</b>	_____ %	Minimum allocation of \$2,000 in an account. Percentages must be whole percentages.
	<b>Annual Daily Averaging Equity Index Account</b>	_____ %	
	<b>Two-Year Averaging Equity Index Account</b>	_____ %	
	<b>Total</b>	<b>100%</b>	

If this annuity is replacing an existing annuity, it is important that you compare the two, taking into account whatever charges you may incur on the surrender of the existing annuity and your need to access your funds. For information about your existing annuity, contact the issuing company. **We will provide you with a Contract Summary and Wisconsin Buyer’s Guide upon request.**

The insurance producer is appointed to represent the Company and is approved to provide services to you on our behalf. The insurance producer will be compensated by us in connection with any business placed with our company.

**Applicant Statement:**

By signing below, I acknowledge I have read, or have been read, this document and understand I am applying for an equity indexed annuity. I also acknowledge that the annuity meets my financial objectives. I have received a copy of this document, as well as any advertisement that was used in connection with the sale of this annuity. I understand this is not a registered security and that while the values of the policy may be affected by an external index, the policy does not directly participate in any stock or equity investments. Other than the minimum guaranteed values, there are no guarantees, promises or warranties.

\_\_\_\_\_  
Signature of Owner(s)/Applicant(s) Date

\_\_\_\_\_  
Name of Owner(s)/Applicant(s) (please print)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Daytime Telephone Number

**Agent Statement:**

By signing below, I acknowledge I have reviewed this document with the applicant. I certify that a copy of this document, as well as any advertisement used in connection with the sales of this annuity, has been provided to the applicant. I have not made statements that differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any nonguaranteed elements.

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

\_\_\_\_\_  
Agent Name & Number (please print)

\_\_\_\_\_  
Agent’s Address



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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 TO APPLICANTS  
REGARDING REPLACEMENT  
OF LIFE INSURANCE  
WISCONSIN**

**DEFINITION:** REPLACEMENT IS any transaction where, in connection with the purchase of New Insurance or a New Annuity, you LAPSE, SURRENDER, CONVERT to Paid-up Insurance, Place on Extended Term, or BORROW all or part of the policy loan values on an existing insurance policy or an annuity. (See reverse side for DEFINITIONS.)

**IF YOU INTEND TO REPLACE COVERAGE:** In connection with the purchase of this insurance or annuity, if you have REPLACED or intend to REPLACE your present life insurance coverage or annuity(ies), you should be certain that you understand all the relevant factors involved.

You should BE AWARE that you may be required to provide Evidence of insurability and

- 1) If your HEALTH condition has CHANGED since the application was taken on your present policies, you may be required to pay ADDITIONAL PREMIUMS under the NEW POLICY, or be DENIED coverage.
- 2) Your present occupation or activities may not be covered or could require additional premiums.
- 3) The INCONTESTABLE and SUCIDE CLAUSE will begin anew in a new policy. This could RESULT in a CLAIM under the new policy BEING DENIED that would otherwise have been paid.
- 4) Current law DOES NOT REQUIRE your present insurer(s) to REFUND any premiums.
- 5) It may be to your advantage to OBTAIN INFORMATION regarding your existing policies from the insurer or agent form whom you purchase the policy.

(If an annuity is being purchased, Items 1,2 and 3 above would not apply to the new contract.)

**THE INSURANCE OR ANNUITY(IES) I INTEND TO PURCHASE FROM EQUITRUST  
LIFE INSURANCE COMPANY MAY REPLACE OR ALTER EXISTING LIFE INSURANCE  
OR ANNUITY POLICY(IES).**

The following policy(ies) may be replaced as a result of this transaction:

Insurer as it appears on the policy	Insured as it appears on the policy	Policy Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

The proposed policy is: \_\_\_\_\_ \$ \_\_\_\_\_  
Type of Policy-Generic Name
Face Amount

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I certify that this form was given to and completed by \_\_\_\_\_ prior to taking an application and that I am leaving a signed copy for the applicant. (applicant - please print or type)

Producer's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## DEFINITIONS

**PLACE ON EXTENDED TERM:** This means you use your cash **PREMIUMS:** Premiums are the payments you make in exchange for an insurance or annuity contract. They are unlike deposits in a savings or investment program, because if you drop the policy, you might get back less than you paid in.

**CASH SURRENDER VALUE:** This is the amount of money you can get in cash if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and the loan value. Not all policies have cash surrender values.

**LAPSE:** A life insurance policy may lapse when you don't pay the premiums within the grace period. If you had a cash surrender value, the insurer might change your policy to as much extend term insurance or paid-up insurance as the cash surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

**SURRENDER:** You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. Whenever a policy has a cash surrender value, you can get it in cash if you return the policy to the company with a written request. Most insurers will also let you exchange the cash value of the policy for paid-up or extended term insurance.

**CONVERT TO PAID-UP INSURANCE:** This means you use your cash surrender value to change your insurance to a paid-up policy with the same insurer. The death benefit generally will be lower than under the old policy, but you won't have to pay any more premiums.

**BORROW POLICY LOAN VALUES:** If your life insurance policy has a cash surrender value, you can almost always borrow all or part of it from the insurer. Interest will be charged according to the terms of the policy, and if the loan with unpaid interest ever exceeds the cash surrender value, your policy will be surrendered. If you die, the amount of the loaned and any unpaid interest due will be subtracted from the death benefits.

**EVIDENCE OF INSURABILITY:** This means proof that you are an acceptable risk. You have to meet the insurer's standards regarding age, health, occupation, etc., to be eligible for coverage.

**INCONTESTABLE CLAUSE:** This says that after one or two years (depending on the policy or insurer) the life insurer will not resist a claim because of you made a false or incomplete statement when you applied for the policy. For the early years, though, if there are wrong answers on the application and the insurer finds out about them, it can deny a claim as if the policy had never existed.

**SUICIDE CLAUSE:** This says that if you commit suicide after being insured for less than one or two years (depending on the policy and the insurer), your beneficiaries will receive only a refund of the premiums that were paid.

## 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 contact 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