

# 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<br>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> |
|------------------------------|--|

|                                      |                     |               |                         |                                       |                |  |
|--------------------------------------|---------------------|---------------|-------------------------|---------------------------------------|----------------|--|
| 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<br/>(IF LEFT BLANK, OWNER WILL BE THE SAME AS THE ANNUITANT)</b> | <b>SECTION B – JOINT OWNER (NOT AVAILABLE FOR QUALIFIED PLANS)</b> |
|---|--|

|                                       |                     |                |                                       |                     |                |
|---------------------------------------|---------------------|----------------|---------------------------------------|---------------------|----------------|
| 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> |
|--------------------------------|

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> |
|--|

- 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 MARKETVALUE 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 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 Monthly Averaging Equity Index Account** - Annual Index Credits are based on the percentage change in the Index Number from the previous Contract Anniversary to the monthly 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 monthly 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 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 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** – 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.

**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 Indexing Period of the withdrawal.

**Surrender Charges** – The Surrender Charge is a percentage of the Accumulation Value and declines on each Contract Anniversary over 10 years as follows: 12, 12, 12, 12, 11, 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 below the minimum guaranteed Contract value.



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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



IMPORTANT NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Table with 4 columns: INSURER NAME, CONTRACT OR POLICY #, ANNUITANT OR INSURED, REPLACED (R) OR FINANCING (F). Rows 1, 2, 3.

Make sure you know the facts. Contact your existing company or its registered representative for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the registered representative in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Name (printed)

Producer's Name (printed)

Applicant's Signature

Producer's Signature

Date

Date

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)

Notice continued on next page.

**IF THE NEW POLICY IS A REPLACEMENT, THE FOLLOWING NOTICE APPLIES:  
NOTICE OF 30-DAY RIGHT TO EXAMINE POLICY**

The owner may cancel this policy by delivering or mailing a written notice, sending a telegram or fax to the registered representative through whom it was purchased or the EquiTrust Life Insurance Company, 5400 University Avenue, West Des Moines, Iowa 50266-5997 and by returning the policy or contract before midnight of the thirtieth day after the date you receive the policy. Notice given by mail and return of the policy or contract by mail are effective on being postmarked, properly addressed and postage prepaid. The amount to be refunded is described on the first page of your policy or contract.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or registered representative that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your registered representative to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

Are they affordable?  
Could they change?  
You're older – are premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:**

New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid; you will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:**

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?  
Is this a tax-free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

## 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