

## Choices...to Balance Accumulation and Liquidity Needs

# ChoiceFour®

A tax-deferred fixed annuity from  
EquiTrust Life Insurance Company®

### First-Year Liquidity-Option Rate

- One-Year Renewable Interest Rates
- Four Contract Options:
  - Base Contract – 9 years
  - Market Value Adjustment Option – 9 years + 1.5% Premium Bonus
  - Liquidity Option – 6 years + 10% Annual Withdrawals Without Surrender Charges
  - Both Options – 6 years + 1.5% Premium Bonus + 10% Annual Withdrawals without Surrender Charges

**Contact me today for  
more information**

EquiTrust Life Insurance Company cannot give legal, tax or accounting advice. Your personal tax advisor can provide important information with respect to the purchase of this annuity contract and its taxation. Surrender of the contract may be subject to Surrender Charges or market value adjustment. Withdrawals before age 59 ½ may be subject to 10% IRS penalty tax. Product features and riders may vary by state. Product not approved in all states. Contract issued on Contract Form Series ET-SPA-2000(11-04). EquiTrust does not offer investment advice to any individual and this material should not be construed as investment advice. EquiTrust Life Insurance Company, West Des Moines, Iowa.  
ET-CH4-PA (3-19)

## **Advertising Requirements**

Ad must be printed as is. No other copy or design revisions other than the addition of your contact information can be made without prior approval from EquiTrust Life Insurance Company. To customize this ad, highlight and replace the text in the shaded box with your contact information.

**EquiTrust print ads, flyers and mailers may not be distributed to clients through email or other electronic-delivery systems.**

### **Note Regarding Inserting Contact Information in Fillable Field**

In order to change and save your contact information inside the fillable field, you need Adobe Acrobat on your computer. If you or someone in your office does not have the appropriate software, please send an email with the exact contact information you wish to appear in the ad, and the specific ad you want to use.

### **Prior to use, send a copy of the final ad proof to EquiTrust Life, with the following information:**

- Name of agent or organization running the ad
- Phone Number
- Email address
- How or where the ad will be used (mailed, newspaper ad, etc.)
- States in which the publication will be distributed

### **Send this information to:**

EquiTrust Life Insurance Company  
Attn: Susan Andersen / Mackenzi Swenson  
7100 Westown Pkwy Suite 200  
West Des Moines, IA 50266-2521

### **Or, send information and ad as an e-mail attachment to:**

Susan.Andersen@EquiTrust.com, or  
Mackenzi.Swenson@EquiTrust.com

### **Questions? Please call:**

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