

**TRANSFER UNDER UNIFORM GIFT TO
MINORS ACT OR UNIFORM TRANSFER
TO MINORS ACT**

EquiTrust Life Insurance Company®

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DONOR/FIDUCIARY CERTIFICATION

I, _____ (name of donor, or name and representative capacity if a fiduciary), hereby transfer to _____ (name of custodian) for _____ (name of minor) under the laws of the state in which the contract will be issued, the following:

_____ (insert a description of the annuity contract to be issued by EquiTrust).

In the event that the custodian named above becomes ineligible, dies or becomes incapacitated, _____ (name of successor custodian) will assume custodial responsibilities for the contract named above.

Signature of Donor/Fiduciary

Dated

CUSTODIAN CERTIFICATION

I, _____ (name of custodian) acknowledges application for the contract described above, as custodian of the minor named above, subject to the laws of the state in which the contract will be issued.

Signature of Custodian

Dated