FINANCIAL NEEDS ANALYSIS

EquiTrust Life Insurance Company® 7100 Westown Parkway, Suite 200

7100 Westown Parkway, Suite 200 West Des Moines, Iowa 50266-2521 (866) 598-3692 (515) 226-5103

www.EquiTrust.com

Mailing Address: PO Box 14500 Des Moines, Iowa 50306-3500

The information provided on this form will help you, your agent and EquiTrust to determine if the annuity product being applied for meets your current financial needs and objectives. **This entire form must be completed.**

	Owner/Applicant		Joint Owner/Applicant	
Full Name				
Current Age				
Employment Status	☐ Employed ☐ Une	employed	☐ Employed ☐ □	Unemployed ☐ Retired
CURRENT FINANCIAL S	STATUS			
Complete on behalf of the own				
1. Annual Gross Household	Income			
□ \$0–19,999 □	\$20,000-49,999	□ \$50,000-99,999	□ \$100,000-149,99	9
□ \$150,000-199,999 □	\$200,000-249,999	□ \$250,000-499,999	☐ Over \$500,000	
2. Source of Income (Check a	all that apply)			
☐ Wages ☐	Pension Payments	☐ Guaranteed Annuit	y Payments	
☐ Investments ☐] Social Security	☐ Rental Income	Other	
3. Annual Household Expens	ses (Examples include	mortgage/rent, health c	are, insurance, daily	expenses, etc.)
□ \$0-24,999 □	\$25,000-49,999	□ \$50,000-74,999	\$75,000-100,000	Over \$100,000
4. Liquid Net Worth NOT incl converted to cash without inc from current assets))				
• • • • • • • • • • • • • • • • • • • •	\$10,000-24,999	□ \$25,000-49,999	□ \$50,000-99,999	
□ \$100,000-149,999 □	\$150,000-199,999	□ \$200,000-249,999	□ \$250,000-500,0	00
5. Estimated Total Net Worth	ı (Exclude primary resi	dence, furnishings & au	comobiles)	
□ \$0-49,999 □	\$50,000-99,999	\$100,000-149,999	\$150,000-199,9	99
□ \$200,000-249,999 □	\$250,000-499,999	□ \$500,000-999,999	☐ Over \$1,000,000)
6. Total amount of debt exclu	uding primary reside	nce (credit cards, studer	nt loans, personal loa	ns, auto loans, etc.)
☐ Under \$10,000 ☐	\$10,000-50,000	\$50,000-100,000	\$100,000-250,0	00
7. Types of current assets (C	Check all that apply)			
		Accumulation Value	☐ Real Estate	☐ 401k/Pension
☐ Stocks/Bonds/Mutual Fu	ınds ☐ CD/Money I	Market Funds	Other	None
8. Source of funds used to Life Insurance Varia CD Money Market	able Life Insurance			ry □ Checking/Savings



CURRENT FINANCIAL STATUS (CONT'D)

9. Do you have a reverse mortgage on your primary residence? ☐ Yes ☐ No									
10. Do you have an emergency fund for unexpected expenses? ☐ Yes ☐ No (please explain) FINANCIAL OBJECTIVES									
12.	Indicate your risk t ☐ Conservative	tolerance	☐ Aggressive						
13.	What is your finand ☐ 0-5 years	-	? □ 11-20 years	☐ Over 20	years				
14.	Federal tax bracke ☐ 10-20%	t □ 21-30%	□ 31-40%	□ 41-50%	o □ Othe	r (Details)			
15.	15. Do you anticipate material changes in your income, expenses, or assets during the surrender charge period of the annuity you are purchasing?								
	□ No	☐ Yes (please	e explain)			_			
16.	16. How long do you plan to keep this annuity? ☐ 3 years ☐ 4-7 years ☐ 8-10 years ☐ More than 10 years								
17.	17. When do you anticipate taking your first distribution from this annuity? (Check one)								
	☐ < 1 year	☐ 1-5 years	☐ 6-10 years	s □ 11+ ye	ars 🔲 I do	n't plan to take distributions			
18. In consideration of your answer to item 17, how do you anticipate taking distributions from this annuity? (Check all that apply)									
		der	☐ Required Minimum Distribution		☐ Penalty-free withdrawals				
	☐ Lump sum	☐ Annuitize	☐ Leave to I	Beneficiary	☐ I dor	n't plan to take distributions			
19.	19. Are you aware that the fixed annuity contract for which you are applying may be a long-term contract with substantial penalties for early withdrawal and there are non-guaranteed elements in the annuity?								
	☐ Yes ☐ No (please explain)								
20. Are you aware that withdrawals prior to age 59-1/2 may result in a 10% IRS penalty tax?									
	☐ Yes	☐ No	□ N/A						
21. Has the agent assisting you with this transaction sold you any existing policies or contracts? Yes No If yes please provide the following information (attach additional pages if necessary)									
	Type of Coverage		Issuing Company		Policy Number	Year Issued			
			. ,		-				



INSURANCE AGENT/PRODUCER DISCLOSURE FOR ANNUITIES

Do not sign unless you have read and understand the information in this form. 1. INSURANCE/AGENT INFORMATION ("Me", "I", "My") Full Name (first-middle-last) **Business/Agency Name** Website **Business Mailing Address Email Address Business Telephone Number Producer Number and State** 2. OWNER/APPLICANT INFORMATION ("You", "Your") Full Name (first, middle, last) 3. TYPES OF PRODUCTS I CAN SELL: I am licensed to sell annuities to you in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs. I offer the following products: ☐ Fixed or Fixed Indexed Annuities ☐ Variable Annuities ☐ Life Insurance I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell. ☐ Mutual Funds ☐ Stocks/Bonds Certificates of Deposits 4. ANNUITIES I CAN SELL: I am authorized to sell: Annuities from One (1) Insurer Annuities from Two (2) or more Insurers Annuities from Two (2) or more Insurers although I primarily sell annuities from 5. HOW I'M PAID FOR MY WORK: It's important for You to understand how I'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me. Depending on the particular annuity You buy, I will or may be paid cash compensation as follows (select one): Commission, which is usually paid by the insurance company or other sources. Other (Details)



If you have questions about the above compensation I will be paid for this transaction, please ask me.

ACKNOWLEDGEMENTS AND SIGNATURES

By signing below, I acknowledge that I have reviewed the product-specific Disclosure Statement with my agent, in addition to the financial factors listed on this form, and have determined that the product meets my needs and objectives.

Do not sign this form if any item has been left blank, before carefully reviewing the information recorded, or if any of the information recorded is not true and correct to the best of your knowledge.

New Jersey residents ONLY: The sale and suitability of annuities is regulated by the Department of Banking and Insurance and consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or visiting the Department's website at www.njdobi.org.

APPLICANT/OWNER REFUSAL TO PROVIDE INFORMATION

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker or company needs information about you, your financial situation, insurance needs and financial objectives. If you refuse to provide your agent, broker, or company, some or all of the information needed to decide if this annuity effectively meets your needs, objectives and situation, or you provide inaccurate information, you may lose protections provided by various state insurance laws.

Note: if you refuse or are unable to provide the requested information, EquiTrust is unable to issue the contract.

Statement of Purchaser: ☐ I have provided complete and accurate information at this time. ☐ I **REFUSE** to provide information at this time. ☐ I have chosen to provide **LIMITED** information at this time **Purchase Recommendation:** My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer. My annuity purchase **IS BASED** on the recommendation of this agent or the insurer. **Owner/Applicant Signature** Date Joint Owner/Applicant Signature **Date** AGENT/PRODUCER ACKNOWLEDGEMENT By signing below, I acknowledge that I have made a reasonable effort to obtain information concerning the financial and tax status, investment objectives and other information considered reasonable for this purchase. It is my belief that based on this information and all circumstances known to me at this time, the annuity being applied for meets the financial needs and objectives provided by my clients. In addition, I have verified identity, believe the information provided to me is true and accurate and I understand the Company may contact my client directly for additional information, if necessary. **REQUIRED:** The basis for my recommendation to purchase the proposed annuity annuity(ies): **Agent/Producer Number Agent/Producer Signature Date**

