FINANCIAL NEEDS ANALYSIS

EquiTrust Life Insurance Company® 7100 Westown Parkway, Suite 200

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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	Owner/Applicant		Joint Owner/Applicant	
Full Name					
Current Age					
Employment Status	☐ Employed ☐ Un	employed	☐ Employed ☐ Une	employed Retired	
CURRENT FINANCIA	AL STATUS				
	owner. For joint owners, i uardian. If the annuity will b				
1. Annual Gross Housel	nold Income				
□ \$0–19,999	□ \$20,000-49,999	□ \$50,000-99,999	□ \$100,000-149,999		
□ \$150,000-199,999	□ \$200,000-249,999	□ \$250,000-499,999	☐ Over \$500,000		
2. Source of Income (Ch	eck all that apply)				
☐ Wages	☐ Pension Payments	☐ Guaranteed Annuity	y Payments		
☐ Investments	☐ Social Security	☐ Rental Income	Other	 	
3. Annual Household Ex	xpenses (Examples include	e mortgage/rent, health c	are, insurance, daily exp	penses, etc.)	
□ \$0-24,999	□ \$25,000-49,999	□ \$50,000-74,999	□ \$75,000-100,000	☐ Over \$100,000	
	Fincluding the funds use out incurring penalty charge				
☐ Under \$10,000	□ \$10,000-24,999	□ \$25,000-49,999	□ \$50,000-99,999		
□ \$100,000-149,999	□ \$150,000-199,999	□ \$200,000-249,999	□ \$250,000-500,000	☐ Over \$500,000	
5. Estimated Total Net W	Vorth (Exclude primary res	idence, furnishings & aut	comobiles)		
□ \$0-49,999	□ \$50,000-99,999	\$100,000-149,999	\$150,000-199,999		
□ \$200,000-249,999	□ \$250,000-499,999	□ \$500,000-999,999	☐ Over \$1,000,000		
6. Total amount of debt	excluding primary reside	ence (credit cards, studer	nt loans, personal loans,	auto loans, etc.)	
☐ Under \$10,000	□ \$10,000-50,000	\$50,000-100,000	\$100,000-250,000	☐ Over \$250,000	
7. Types of current asse	ets (Check all that apply)				
		Accumulation Value	☐ Real Estate	☐ 401k/Pension	
☐ Stocks/Bonds/Mutu	al Funds 🔲 CD/Money	Market Funds	☐ Other		
☐ Life Insurance ☐	d to purchase this annuit Variable Life Insurance [arket □ 401k/pension[☐ Fixed/Indexed Annuity	•	☐ Checking/Savings	
,		_	_		



CURRENT FINANCIAL STATUS (CONT'D)

		kes a loan agaiı	n your primary residenst the equity in their hosold.)						
	D. Do you have an emergency fund for unexpected expenses? Yes No (please explain)								
FII	NANCIAL OBJEC	TIVES							
11.	☐ Estate Planning	☐ Potential Gr	uity? (Check all that ap owth ☐ Tax Deferral	☐ Flexible Income	Options				
12.	. Indicate your risk to ☐ Conservative	olerance Moderate	☐ Aggressive						
13.	. What is your financ ☐ 0-5 years	-		☐ Over 20 years					
14.	. Federal tax bracket ☐ 10-20%		□ 31-40%	☐ 41-50%	☐ Other (Details	3)			
15.	. Do you anticipate n of the annuity you a		es in your income, ex j?	penses, or assets	during the surren	der charge period			
	□No								
16.	. How long do you pl ☐ 3 years	-	s annuity?	☐ More than 10	years				
17.	. When do you antici ☐ < 1 year		ur first distribution fr ☐ 6-10 years		(Check one) ☐ I don't plan to	o take distributions			
18.	In consideration of your answer to item 17, how do you anticipate taking distributions from this annuity? (Check all that apply)								
	☐ Immediate Income	e 🗌 Income Ri	der 🔲 Required Mi	nimum Distribution	☐ Penalty-free	withdrawals			
	☐ Lump sum	☐ Annuitize	☐ Leave to Ber	neficiary	☐ I don't plan to	take distributions			
19.			ity contract for which hdrawal and there are						
	☐ Yes ☐ No (please explain) ☐ N/A - Confidence Income Immediate Annuity								
20.	. Are you aware that	withdrawals p	rior to age 59-1/2 may	result in a 10% IF	RS penalty tax?				
	☐ Yes	☐ No	□ N/A						
21.	☐Yes	□No	this transaction sold			its?			
	Type of Coverage	the following in	nformation (attach addi		y Number	Year Issued			
	Type of Coverage		issuing Company	FOIIC	y Number	i Gai 155UGU			



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 Telephone Number National Producer Number 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. ☐ Stocks/Bonds ☐ Mutual Funds Certificates of Deposits 4. ANNUITIES I CAN SELL: Annuities from One (1) Insurer Annuities from Two (2) or more Insurers I am authorized to sell: 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 provid	e the requested	information, Equil rust is unable to issue	tne contract.							
Statement of Purchaser:										
☐ I have provided complete and accurate information at this time.										
☐ I <u>REFUSE</u> 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 ACKNOWLED	AGENT/PRODUCER ACKNOWLEDGEMENT									
By signing below, I acknowledge that I have retax status, investment objectives and other in on this information and all circumstances knowledge and objectives provided by my clients. In additional and accurate and I understand the Company	formation conside wn to me at this ti ition, I have verific	ered reasonable for this purchase. It is my b ime, the annuity being applied for meets the ed identity, believe the information provided	elief that based e financial needs l to me is true							
I understand and acknowledge that some and certain retirement plans or IRAs, could be "fid ERISA and the Internal Revenue Code. If I m for complying with the requirements of an appropriate any receipt of sales-related compensation. It disclosure form must be completed, signed by understand that the 84-24 disclosure form shows	luciary" investmer ake such a fiducia blicable U.S. Depa understand and ac y the applicant an	nt advice recommendations as that term is of ary recommendation, I acknowledge that I a artment of Labor prohibited transaction exec cknowledge that if I choose to rely on PTE 8 d the producer, and a copy left with the app	defined by am responsible mption covering 34-24, an 84-24							
REQUIRED: The basis for my recommendati	on to purchase th	e proposed annuity(ies):								
										
Agent/Producer Signature	Date	Agent/Producer Number								

