

**CALIFORNIA NOTICE OF LIFE  
INSURANCE OR ANNUITY SALES  
VISIT – AGE 65 OR OLDER**

**EquiTrust Life Insurance Company®**

7100 Westtown Parkway, Suite 200

West Des Moines, Iowa 50266-2521

(866) 598-3692 Fax: (515) 226-5101

www.EquiTrust.com

Mailing Address: PO Box 14500

Des Moines, Iowa 50306-3500

**Agent information, as it appears on his/her California insurance license:**

<b>Agent Name</b>	<b>License Number</b>
<b>Address and Telephone</b>	
I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following (indicate all that apply): <input type="checkbox"/> Life insurance, including annuities. <input type="checkbox"/> Other insurance products (specify): _____	

**You have the right to:**

- Have other persons present at the meeting, including family members, financial advisers, or attorneys.
- End the meeting at any time.
- Contact the Department of Insurance for information, or to file a complaint, at 1-800-927-HELP (4357) or 213-897-8921.

**The following individual(s) will be coming to your home (list all attendees, and insurance license information, if applicable):**

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that the meeting occurred outside of the senior's home. \_\_\_\_\_ (agent signature) \_\_\_\_\_ (date)

***The senior must select one of the following and sign below if meeting in the senior's home:***

I acknowledge that I have received this document no less than 24 hours and no more than 14 days prior to the initial meeting in my home with the above named insurance agent.

I have an existing relationship with the above named agent and I have received this document the same day as my meeting.

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_