

AGENT LICENSE AGREEMENT

EquiTrust Life Insurance Company®
7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
www.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

AN AGREEMENT BETWEEN EQUITRUST LIFE INSURANCE COMPANY

AND _____ (Licensee)

I _____ request that the company make application with the Department of Insurance in my resident state for the issuance of a life insurance agent’s license authorizing me to solicit applications on behalf of EquiTrust Life Insurance Company.

I hereby agree that your consent to the issuance for such license is subject to, and I agree hereby to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to and under the jurisdiction of the agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my agent, who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of my state or states in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall ensure that the Company and my sponsoring agent have my current contact information, including but not limited to, email, mailing address and phone number; and
6. That I shall not alter, modify, waive or change any of the terms, rates or conditions of an advertisements, receipts, policies or contracts of the Company, in any respect; and
7. That I shall promptly remit to my agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first-year or renewal premiums, or any other item whatsoever; and
8. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
9. That the Company may, without liability to me whatsoever, upon request of my agent or upon its own initiative, cancel my license at any time.
10. I acknowledge receipt of the Company’s privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

<p>FOR HOME OFFICE USE ONLY Date of effective agreement (month/day/year) _____, 20____ .</p>

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my agent’s contract with the Company and this agreement.	
Agent Signature (Licensee)	
Individual /Agency receiving commissions	Signature of Individual/ Agency principal
The Company approves the above agreement subject to all provision herein.	
Authorized Home Office Signature	

