

**AGENT CONTRACT  
TRANSMITTAL FORM**

**EquiTrust Life Insurance Company®**

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

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level, or
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request a change of existing level.

**NEW AGENT/PRODUCER**       **TRANSFER OR CHANGE IN CONTRACT LEVEL**

Full Name of Agent being contracted	
Business Name (if different than Producer's Name)	
Agent Contract Level (e.g. MGA, GA, A10)	
Agency Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number

Agent's Signature ( <b>Required</b> )	Date ( <b>Required</b> )
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Marketing Organization Name ( <b>Please Print</b> )	
Authorized Signature ( <b>Required</b> )	Date ( <b>Required</b> )

Mail to:  
EquiTrust  
Attn: Agent Administration  
PO Box 14500  
Des Moines, IA 50306-3500

Can also be sent via fax or email to:  
515-226-5102 or [Agent.Administration@EquiTrust.com](mailto:Agent.Administration@EquiTrust.com)

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