

**ANNUITY AGENT CONTRACT
TRANSMITTAL FORM**

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515)226-5102
Agents.EquiTrust.com
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

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

TRANSFER OR CHANGE IN CONTRACT LEVEL (Agent Signature Required)

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

Marketing Organization Name (please print)	
Authorized Signature	Date

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

FOR INTERNAL HOME OFFICE USE ONLY

