

AGENT VERIFICATION FORM

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5103
www.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

Agent Name	Agent Number
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Business Address		Apt./Suite	
City	State	Zip	
Fax		Business Phone Number	
E-mail address			

Please check box to indicate any changes.

Business Address		Apt./Suite	
City	State	Zip	
Fax		Business Phone Number	
E-mail address			

I acknowledge and certify that the information previously provided on my EquiTrust Agent Application is accurate, complete, and has not changed from the most recently submitted application until the date this certification is executed. I further understand that if any material information given in the Appointment Application is found to be incorrect, incomplete, or inaccurate it will be grounds for contract termination for cause at the sole discretion of EquiTrust.

Applicant Signature _____

Printed Name _____

Date _____