



FLORIDA ACCREDITED INVESTOR CERTIFICATION FORM

If you are an Accredited Investor age 65 or older who is applying for an Annuity Product with a surrender charge period longer than 10 years and/or surrender charge percentage higher than 10% in the state of Florida, you are required to submit this form. In addition to completing and submitting this form, your annuity application will be subject to our normal suitability requirements.

Applicant's Full Name

Joint Applicant's Full Name

I (We) understand that we are applying for an annuity contract that includes a surrender charge schedule that is longer than 10 years and/or whose surrender charge exceeds 10% in the first year.

I (We) understand that EquiTrust offers other annuity contracts that include a surrenders charge that is less than or equal to 10 years and/or whose surrender charge does not exceed 10% in the first year.

The undersigned (the "Applicant") hereby certifies to EquiTrust Life Insurance Company that the Applicant is an Accredited Investor within the meaning of Florida's Statute concerning annuity transactions by seniors based on the following:

(Please initial the statements that apply to you; at least one must apply.)

My net worth (or our joint net worth) exceeds \$1 million. (Net worth excludes equity in the primary residence and monies used to purchase this annuity.)

My individual income has been in excess of \$200,000 in each of the 2 most recent years, or my joint income with my spouse is in excess of \$300,000 in each of those years, and I/we have a reasonable expectation of reaching the same income level in the current year.

Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant / Owner Signature

By signing below, I certify that the above information is true and correct in all material respects. I recognize that EquiTrust Life Insurance Company is relying on the truth and accuracy of such information in determining whether the Applicant meets the standards under Florida law to purchase annuity products not otherwise available to Florida Applicants age 65 or older.

Applicant Signature

Date

Joint Applicant Signature

Date

Agent Statement – Acknowledgement of responsibility for suitability for Accredited Investor

By signing below, I certify that I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner based on the information they have provided.

Agent Signature

Date

Florida License Number

Agent Number