

**ENTITY INFORMATION FORM CERTIFICATION  
AND INDEMNIFICATION AGREEMENT -  
FOR AGENT/AGENCY USE**

**EquiTrust™**  
7100 Westown Parkway, Suite 200  
West Des Moines, Iowa 50266-2521  
(866) 598-3692 [EquiTrust.com](http://EquiTrust.com)  
Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

Principal Agent	Principal Agent Number (if known)
-----------------	-----------------------------------

**1. AGENCY INFORMATION** – Please provide the following information regarding the Agency:

Agency Legal Name (the "Agency")	Agency Number (if known)
Entity Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other _____	
Date of Formation	Taxpayer Identification Number for the Agency
Is the entity licensed by the Department of Insurance in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what states? _____	

**2. LIST INDIVIDUALS AUTHORIZED TO ACT ON BEHALF OF THE AGENCY** - Attach additional pages if needed

Name	Title
Name	Title
Name	Title
Are there any limitations on the authority of the above-listed individuals to act with regard to products and services offered through EquiTrust and its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," describe the limitations: _____	
If "No" is marked or if the boxes are left blank, EquiTrust and its affiliates are authorized to act upon instructions from any of the individuals listed above.	

### 3. CERTIFICATION AND INDEMNIFICATION AGREEMENT

The undersigned hereby certifies that the information provided in the Agency Information section above is complete, true and accurate, and that the Agency remains valid in good standing and has not been dissolved, modified, or amended in any manner which would cause the above representations to be incorrect.

EquiTrust, its affiliates and their respective officers, directors, employees, and agents (collectively "EquiTrust") are authorized to rely on the information set forth in this document until EquiTrust is notified of any change to said information in writing by an authorized representative of the Agency. Any changes are to be delivered to the EquiTrust main office and will become effective when recorded by EquiTrust. No change will affect any transactions initiated by EquiTrust prior to the change becoming effective.

The Agency hereby agrees to indemnify and hold harmless EquiTrust from any and all liability, including attorney's fees, costs and expenses, which EquiTrust may incur by acting upon instructions believed to be valid instructions originating from authorized representatives of the Agency with respect to any policy, account, fund, or similar instrument in which the Agency listed above has an interest.

Principal Agent Signature	Print Name
Title	Date