

**AGENT BENEFICIARY DESIGNATION
FOR TRAIL COMMISSIONS**

EquiTrust Insurance Marketing Services™

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Please complete this form to designate a beneficiary to receive your outstanding trail commissions in accordance with your agent contract. See the current commission schedules for details.

If no designee is named or if the designee predeceases you, any unpaid owed commissions will be paid to your estate.

AGENT INFORMATION (Please print)

Agent Name	Agent Number
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BENEFICIARY INFORMATION – Only one beneficiary may be named

Complete Name (first-middle-last)	SSN/TIN:	
	Birth Date:	Phone #:
Address, City, State, Zip:		
Email:	Relationship to agent:	

By signing below, I revoke all previous beneficiary designations and designate the above beneficiary to receive, in the event of my death, all commissions as defined in my commission schedule.

I reserve the right to revoke or change this beneficiary designation. Any such revocation or change will be effective when recorded in the home office during my lifetime.

The interest of any beneficiary shall be subject to any indebtedness I owe to EquiTrust.

Agent's Signature: _____ Date: _____