

**AGENT BENEFICIARY DESIGNATION  
FOR TRAIL COMMISSIONS**

**EquiTrust Insurance Marketing Services™**

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Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

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: \_\_\_\_\_