

## NEW BUSINESS AGENT CHECKLIST

## EquiTrust Life Insurance Company®

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

The following information will assist you in completing good-order applications and prevent processing delays.

- Do not use white-out. If a correction is necessary, cross it out, initial and date the change.
- Any correction to agent-only information must be initialed and dated by the agent.
- Any correction to client-only information must be initialed and dated by the client.
- When submitting corrections, write the contract number on all pages so they can be matched to the correct file.

### Required Forms

<input type="checkbox"/> Annuity Application	Page 1, Section E – May need replacement form if required by your state Page 3, Section J – If replacement – reason must be given
<input type="checkbox"/> Product-specific Disclosure Statement	
<input type="checkbox"/> Financial Needs Analysis	State specific versions required in CA, FL and MA Page 1 – Source of Funds – if “Other”, must provide the source (e.g. gift from father, inheritance, savings, etc.) An IRA is not a source of funds.
<input type="checkbox"/> Privacy Notice	Leave with proposed owner at time of application
<input type="checkbox"/> Government Issued Photo I.D.	Only required if application is faxed. Image must be clear and legible

### Forms required for replacements of life insurance or annuity contracts

<input type="checkbox"/> Disclosure & Comparison of Products	Complete all information. Do not leave any blanks
<input type="checkbox"/> Replacement Form	In some states, required any time a client has existing life policies or annuity contracts even if a replacement is not taking place

### Forms subject to specific circumstances

<input type="checkbox"/> 1035 Exchange/Transfer Form	
<input type="checkbox"/> Trust Information Form	If a Trust is the owner. All trustees must sign
<input type="checkbox"/> Charitable Remainder Trust Disclosure	If a Charitable Remainder Trust will be the owner
<input type="checkbox"/> Entity Certification and Indemnification	If an entity will be the owner
<input type="checkbox"/> Power of Attorney Certification	Required for POA. Include additional POA documents
<input type="checkbox"/> Purchase Across State Lines Disclosure	Required if purchase takes place outside of owner's resident state
<input type="checkbox"/> Transfer under UGMA/UTMA	Required if the owner is a minor, unless there is a court appointed guardian

### State-Specific Forms

<input type="checkbox"/> AZ & CA – Notice of Residents Age 65 or Older	Leave with proposed owner at time of application
<input type="checkbox"/> CA – Notice of Annuity/Life Sales Visit	Leave with proposed owner at time of application
<input type="checkbox"/> FL – Accredited Investor Certification Form	Required for MarketPower Bonus applicants age 65 & older
<input type="checkbox"/> KS & OH – Single Premium Deferred Annuity Disclosure Form	Required with Single Premium products