

ANNUITANT ALIGNMENT ON TRANSFER

EquiTrust Life Insurance Company®

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

EquiTrust requires that the Annuitant(s) is/are the same as the Owner(s) when purchasing an Income Benefit Rider. To request a transfer of funds from another annuity or a life policy, the Owner(s) and Annuitant(s) shown on the Letter of Acceptance and transfer paperwork must reflect how the Owner(s) and Annuitant(s)/Insured(s) appear on the current contract or policy.

USE THIS FORM WHEN THE ANNUITANT OR INSURED SETUP ON THE CURRENT ANNUITY CONTRACT OR LIFE POLICY DIFFERS FROM THE EQUITRUST ANNUITY BEING PURCHASED

1. ANNUITANT(S)/INSURED(S) ON EXISTING ANNUITY CONTRACT

Transferring Company Name	Transferring Contract Number
Current Annuitant or Insured	Current Joint Annuitant or Insured (if any)

2. ANNUITANT(S) AS APPLIED FOR ON NEW EQUITRUST ANNUITY CONTRACT

EquiTrust Annuitant	EquiTrust Joint Annuitant (if any)
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Owner Signature	Date
Joint Owner Signature (if any)	Date
Note: If Owner is a corporation, an officer must sign. If Owner is a trust, the trustee must sign as "trustee."	