

DEBIT CHECK AUTHORIZATION FORM

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
Agents.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, EquiTrust Insurance Marketing Services, in California doing business as EQT Insurance Marketing Services and EquiTrust Life Insurance Company ("EquiTrust") and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. EquiTrust and its affiliates and authorized third parties (collectively, EquiTrust) is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, EquiTrust may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

EquiTrust is hereby authorized to obtain and conduct a commission-related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that EquiTrust may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust. I understand and acknowledge that EquiTrust may obtain commission-related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information"), may be used for the purpose of obtaining and conducting a commission-related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with EquiTrust, whether voluntary or involuntary, if a commission-related debit balance is owed to EquiTrust, EquiTrust may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize EquiTrust to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust, utilizing Debit-Check.

(B) _____ Authorize EquiTrust to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to EquiTrust.

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(D) _____ Authorize EquiTrust to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with EquiTrust, whether voluntary or involuntary, to the extent a commission related debit balance is owed to EquiTrust.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent Printed Name: _____

Agency Name (if applicable): _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY EQUITRUST:

Name of Company: EquiTrust Insurance Marketing Services

Signature:



Name and Title: Susan Andersen, Senior Manager, Marketing Administrative Services

Name of Company: EquiTrust Life Insurance Company

Signature:



Name and Title: Andrew Swanson, Assistant Vice President, Policy Administration