

**IDAHO ANNUITY DISCLOSURE
MARKETVALUE INDEX® ANNUITY**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5101

www.EquiTrust.com

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

This form is required to be completed for any Annuity Contract executed in the state of Idaho, and it is to be retained with the Annuity Application and Contract during the contract period and for five years after termination. All information, where applicable, must be completed in percentages or dollar amounts.

1. PRODUCER INFORMATION

Producer Name	NIPR Number	Idaho License Number
Producer Address, City, State, Zip	Email Address	
Telephone	Website	
I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products <input type="checkbox"/> Fixed/Indexed Annuities <input type="checkbox"/> Variable Annuities <input type="checkbox"/> Life Insurance		
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about: <input type="checkbox"/> Mutual Funds/ETFs <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Certificates of Deposit		
You can ask how I am compensated. Depending on the particular annuity I sell, I may be paid cash compensation as follows: <input type="checkbox"/> Commission (Paid by Company) <input type="checkbox"/> Fees (Paid by consumer) <input type="checkbox"/> Other (Describe):		

2. OWNER INFORMATION

Owner Name	<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Joint Owner Name	<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Owner Address, City, State, Zip	Email Address	Telephone	

3. COMPANY INFORMATION

Company Name EquiTrust Life Insurance Company	Idaho Certificate of Authority LC 957
Company Address City, State, Zip 7100 Westown Pkwy, Ste 200, West Des Moines, IA 50266	Email Address Customer.Service@equitrust.com
Telephone 866-598-3692	Website www.EquiTrust.com

4. CONTRACT INFORMATION

If projections are used, guaranteed and non-guaranteed elements shall be given equal prominence. Attach addendum if additional space is needed.	
Product Name MarketValue Index®	Form Number: ICC12-ET-EIA-2000(01-12)
Product Type: Indexed	
Application <input type="checkbox"/> In person <input type="checkbox"/> Direct Solicitation <input type="checkbox"/> Electronic <input type="checkbox"/> Other (please explain)	

CONTRACT INFORMATION (CONT'D) – Complete the Current Interest Rate in the first column below. NOTE: If the initial premium is not received with the application but is received within 60 days, your contract will be credited with the higher of the rates on the date of receipt of the application and the rates for new issues on the date the premium is received.

Current Rates will vary based on Income Rider election. Complete current rates based on the strategy selected on the EquiTrust product disclosure submitted with this application

Fixed Account			
Current Interest Rate	<input type="text"/> %	Minimum Interest Rate	1% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 1-Year Point-to-Point Cap Index Account			
Current Cap Rate	<input type="text"/> %	Minimum Cap Rate	1% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 1-Year Point-to-Point Participation Index Account			
Current Participation Rate	<input type="text"/> %	Minimum Participation Rate	10% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 1-Year Monthly Average Cap Index Account			
Current Cap Rate	<input type="text"/> %	Minimum Cap Rate	1% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 1-Year Monthly Average Participation Index Account			
Current Participation Rate	<input type="text"/> %	Minimum Participation Rate	10% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 1-Year Monthly Cap Index Account			
Current Cap Rate	<input type="text"/> %	Minimum Cap Rate	0.50% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
S&P 500® 2-Year Monthly Average Cap Index Account			
Current Cap Rate	<input type="text"/> %	Minimum Cap Rate	3% Subject to change annually <input type="checkbox"/> Y <input checked="" type="checkbox"/> N*
Barclays Focus50™ 1-year Point-to-Point Participation Index Account			
Current Participation Rate	<input type="text"/> %	Minimum Participation Rate	10% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Barclays Focus50™ 2-year Point-to-Point Participation Index Account			
Current Participation Rate	<input type="text"/> %	Minimum Participation Rate	10% Subject to change annually <input type="checkbox"/> Y <input checked="" type="checkbox"/> N*
S&P MARC 5% Excess Return 1-Year Point-to-Point Participation Index Account			
Current Participation Rate	<input type="text"/> %	Minimum Participation Rate	10% Subject to change annually <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

*The Rate is subject to change every second Contract Anniversary

Describe additional elements/rates/fees (e.g. floors, monthly caps, M&E charge):	<i>Additional fee of 0.95% will be deducted annually from the Accumulation Value if the Income Rider is chosen.</i>
Explain value reductions caused by withdrawals or surrender:	<i>When you make withdrawals, surrender or annuitize your annuity, the amount withdrawn will not be credited with any index return in the current Indexing Period. Withdrawals do not participate in any index gains during the Contract Year of the withdrawal.</i> <i>If the income Rider is elected, withdrawals exceeding the Income Withdrawal amount are allowed at any time, but will reduce the Benefit Base and amount of future Income Withdrawals proportionately.</i>
Explain penalties applicable on withdrawal of values from the contract:	<i>A surrender charge is assessed on any amount withdrawn in excess of the penalty free amount. The surrender charges are for 10 years and decline each year.</i> <i>We may make a Market Value Adjustment (MVA) on amounts withdrawn or surrendered from this Contract. It may result in either an increase or a decrease to the amount withdrawn or surrendered. A MVA will be made only when a Surrender Charge is deducted. Generally, the MVA decreases the Accumulation Value surrendered when interest rates rise, and increases it when interest rates fall.</i>
Death Benefit: Yes	<i>Death Benefit equals the Contract Accumulation Value</i>

5. RIDERS TO THE CONTRACT

Rider Name: Income Rider	Form Number: ICC15-ET-IBR-STR(04-15)
Current Fee 0.95 % Maximum Fee 0.95 %	Subject to change annually <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of Benefit: Optional Rider that can only be elected at the time of application. Fee deducted annually from the Contract Accumulation Value. See product disclosure to make rider election and for additional information.	
ADDITIONAL CONTRACT OR RIDER INFORMATION	

6. REPLACEMENT

A replacement is: Any transaction by which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that existing life insurance or an annuity has been or is to be lapsed, forfeited, surrendered, or otherwise terminated.	
This contract <input type="checkbox"/> is <input type="checkbox"/> is not	replacing any life insurance Policy/product or any Annuity Contract.
Company Name	Policy/Contract Number
Does the replaced Policy/Contract have surrender charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the surrender charges/penalties:	

7. SIGNATURES

Owner: Your signature below indicates that the above-named producer has explained all elements and risks and that you have read and understood the terms and conditions of your new Annuity Contract.	
Owner Signature	Date
Joint Owner Signature	Date
Producer: I have explained all elements and risks involved in this Annuity Contract.	
Producer Signature	Date