



ENTITY INFORMATION FORM
CERTIFICATION AND
INDEMNIFICATION AGREEMENT

Owner: \_\_\_\_\_ Policy/Contract Number: \_\_\_\_\_

Joint Owner: \_\_\_\_\_

ENTITY INFORMATION

Please provide the following information regarding the entity:

1. Legal name of the entity: \_\_\_\_\_

2. Type of Entity:

- Checkboxes for Sole Proprietorship, General Partnership, Limited Partnership, Limited Liability Partnership, Limited Liability Company, Corporation, S Corporation, and Other.

3. Date of Formation: \_\_\_\_\_

4. Taxpayer Identification Number for the entity: \_\_\_\_\_

5. State of domicile: \_\_\_\_\_

6. Is the entity registered with a governmental body such as the Secretary of State, County Recorder, etc.?

- Yes/No checkboxes

If so, where registered? \_\_\_\_\_

7. List individuals authorized to act on behalf of the entity: (Attach additional page if necessary)

Table with 3 columns: Name, Title, Address. Multiple rows for listing individuals.

8. Are there any limitations on the authority of the above-listed individuals to act with regard to products and services offered through EquiTrust Life Insurance Company. and its affiliated companies ("EquiTrust Life Companies")?

- Yes/No checkboxes

If "Yes," describe the limitations: \_\_\_\_\_

If "No" is marked or if the boxes are left blank, EquiTrust Life Companies are authorized to act upon instructions from any of the individuals listed in #7.

**REQUIRED: ATTACH THE FOLLOWING DOCUMENTATION FOR THE APPROPRIATE ENTITY TYPE**

- Corporation (either C or S): Copy of filed Articles of Incorporation and any amendments
- Limited Liability Company: Copy of filed Articles of Organization and any amendments
- Limited Liability Partnership: Copy of filed Partnership Registration and any amendments
- Limited Partnership: Copy of filed Certificate of Limited Partnership and any amendments
- Partnership: Copy of Partnership Document and any amendments
- Other entities: Copy of Governing Documents and any amendments

**CERTIFICATION AND INDEMNIFICATION AGREEMENT**

The undersigned hereby certifies that the information provided in the "Entity Information" section above is true and correct, and that the entity has not been dissolved, modified, or amended in any manner which would cause above representations to be incorrect.

EquiTrust Life Insurance Company and its affiliated companies<sup>1</sup> and each of their officers, directors, employees and agents, or the successors and assigns of any of them (collectively, the "EquiTrust Life Companies") are authorized to rely on the information set forth in this document until the EquiTrust Life Companies are notified of any change to said information in writing. Any changes are to be delivered to the EquiTrust Life Companies' main office and will become effective as soon as the EquiTrust Life Companies have had a reasonable amount of time to act upon the changes. No change will affect any transactions initiated by the EquiTrust Life Companies before the change has become effective.

The undersigned hereby agrees to personally indemnify and hold harmless the EquiTrust Life Companies from any and all liability, including attorneys' fees, the EquiTrust Life Companies incur by acting upon instructions reasonably believed by any of them to be valid instructions originating from authorized individuals with respect to any policy/contract, account, fund or similar instrument in which the entity listed above has an interest.

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

<sup>1</sup> "Affiliated companies" shall include any company now in existence or that comes into existence that controls, is controlled by or is under common control with EquiTrust Life Insurance Company. "Controls" means the power to direct or cause to be directed the management or affairs of the applicable company. "Affiliated companies" shall also include any investment company which is managed by or advised by another affiliated company.