

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL ANNUITY APPLICATION FORM

For an Inherited IRA, the Owner (Annuity Application Section B) must identify either the original beneficiary, or the beneficiary of the original beneficiary. The "Complete Name" field must provide the applicant's name, the original-owner name and deceased date.

- Example, Original Beneficiary: Jimmy Doe, Bene of John Doe, deceased 5/7/17

If the applicant is the beneficiary of the Original Beneficiary, the Original Beneficiary's name must also appear.

- Example, Beneficiary of Original Beneficiary: Jane Doe, Bene of Jimmy Doe, Bene of John Doe, deceased 5/7/17

The Annuitant (Annuity Application Section A) must be the current individual beneficiary's name.

- Example, Annuitant of EquiTrust contract: Jimmy Doe

SECTION 1: ANNUITANT OF EQUITRUST CONTRACT

Current Annuitant Name:	Social Security Number:
Address:	Date of Birth:
City/State/Zip:	Daytime Phone Number:

SECTION 2. BENEFICIARY AND DECEASED OWNER INFORMATION

Deceased Owner:	Deceased Owner's Date of Birth:
Relationship of first Beneficiary to the Deceased Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Deceased Owner's Date of Death:

Please elect one of the following:

I am the original beneficiary
 I am the beneficiary of a beneficiary

 Deceased Beneficiary's Date of Birth _____

 Deceased Beneficiary's Date of Death _____
 Percentage of Original Contract Inherited: _____

Previous Contract IRA Plan Type:

Traditional/SEP/SIMPLE
 Roth – Original Roth Effective Year _____

Required Minimum Distribution Information:

December 31 Value of the Previous Contract _____

I have taken the Required Minimum Distribution for the current year
 I have **not** taken the Required Minimum Distribution for the current year.

SECTION 3. PAYMENT START DATE AND FREQUENCY

If you would like to begin your payments as of a particular date, please specify ____/____/____. Allow at least 15 days from the issue date of the policy.

Monthly, Quarterly, and Semi-Annual payments are **ONLY** available via electronic funds transfer (EFT) to the owner's checking or savings account. **See the accompanying Automatic Deposit Authorization Agreement form for this information.** If bank information is not provided and/or should bank information be subsequently rejected at any time, future payments will be made annually to the owner at their address of record. The minimum EFT amount to be sent must be at least \$25.00. EquiTrust Life Insurance Company may alter the payment mode if the initial or any subsequent net payment fails to meet the minimum. If a payment frequency is not elected, payments will be made on an **ANNUAL** basis.

Select payment frequency:

Monthly (EFT only) Quarterly (EFT only)
 Semi-Annual (EFT only) Annual

SECTION 4: TAX WITHHOLDING ELECTION

Note: If a withholding option is not selected, a 10% federal income tax will be automatically withheld. Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution in addition to any federal tax withholding.

I do not want to have Federal or State Income Tax withheld from my payments.

I would like the following Federal Income Tax withheld: _____ %

I would like the following State Income Tax withheld: _____ %

If you do not elect withholding, or if you do not have enough tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding are inadequate. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions from an annuity contract prior to age 59 ½ may be subject to a 10% excise tax. I understand that I am subject to mandatory federal withholding of 20% on any funds eligible for a qualified rollover.

Certain states require the Company to withhold state income taxes. If you live in one of those states, state income tax will be withheld from your distribution.

SECTION 5: OWNER ACKNOWLEDGEMENT AND SIGNATURE AUTHORIZATION

I UNDERSTAND AND AGREE:

1. Inherited IRA systematic payments will be reduced by any withdrawals taken from the annuity contract during the same calendar year. Inherited IRA systematic payments are intended to satisfy the Required Minimum Distribution for this annuity contract for the current year IF no withdrawals from the annuity contract were direct transferred to another Inherited IRA. If any such direct transfers occurred, then Inherited IRA systematic payments will be insufficient to satisfy the Required Minimum Distribution for this annuity contract.
2. The RMD calculation method chosen above must match the RMD calculation method used for the payments of each prior year (if any) since the death of the Deceased Owner that were made from this Inherited IRA or from any 401 plan, 403(b), TSA plan, governmental 457(b) plan, or IRA from which funds were transferred or rolled over into this Inherited IRA.
3. Inherited IRA systematic payments are made to the annuitant and cannot be rolled over or direct transferred.
4. I am personally responsible for any income tax implications of my election.

I HAVE READ, UNDERSTOOD, AND AGREED to the Inherited IRA Systematic Payment Terms and Conditions. I **AUTHORIZE** EquiTrust Life Insurance Company to process this election.

By signing below, I acknowledge that I understand the costs and features of the annuity I am purchasing. In addition, I acknowledge the information I provided in this form is complete and accurate to the best of my knowledge. I further acknowledge that EquiTrust Life Insurance Company and its representatives do not offer legal or tax advice. I have been advised to consult my personal tax advisor or lawyer with any questions or concerns. I believe the annuity I am applying for is suitable based on my insurance needs and financial objectives.

Owner's Signature: _____ Date: _____



AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT

NOTE: If automatic deposit is already established on this contract, use this form only to revise or update bank account information.

EquiTrust Contract Owner/Joint Owner: _____ **Contract Number:** _____

Contract type: Deferred Annuity Contract Single Premium Immediate Annuity

AGREEMENT

I hereby authorize EquiTrust Life Insurance Company® to make direct deposits to my account and for the bank named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in force until EquiTrust has written notification from me of its termination in such time and in such manner as to afford EquiTrust a reasonable opportunity to act on it.

BANK ACCOUNT INFORMATION

Account Owner Name: _____ Joint Owner Name: _____
(as it appears on the account) (as it appears on the account)

Owner Social Security #: _____ Joint Owner Social Security #: _____

Account Owner Signature: _____ Joint Account Owner Signature: _____

Date Signed: _____ Date Signed: _____

EquiTrust Contract Owner Signature: _____

EquiTrust Contract Joint Owner Signature: _____

Account Information: Checking Savings
Must be checking or savings account, no money market or brokerage accounts

Bank Name: _____

Address: _____

City, State, Zip: _____

Bank Routing Number (9 digits): _____

Bank Account Number: _____

Important Notes:

- **Amounts greater than \$50,000 must be distributed via check.**
- **The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office and is subject to your bank processing time.**