

**INTERNAL TRANSFER/EXCHANGE
REQUEST**

EquiTrust Life Insurance Company®

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Use this form to transfer or exchange one EquiTrust product for another.

- Before electing to replace your annuity Contract you should understand the benefits and limitations of your existing annuity Contract in comparison to the one for which you are applying.
- If transferring to a new Contract, a free-look period will apply allowing you to cancel the transfer request and have the original annuity Contract reinstated or value restored in the existing Contract.
- If the death of the Owner occurs before the completion of the transfer transaction, only one death benefit will be paid based on the terms and conditions of the Contract in effect at the time of death.

Please complete all sections below:

Existing Contract Number	State(s) in Which Taxes are Filed	
Owner	Social Security Number	Phone Number (required)
Joint Owner (if applicable)	Social Security Number	Phone Number

1. TRANSFER/EXCHANGE REQUEST

Please transfer/exchange to New Contract Existing Contract Number _____
 Entire Surrender Value or Partial Surrender Value \$ _____ or % _____
 Immediately or on _____ (date)

- **If payments are currently being received under an Income Benefit Rider or a systematic withdrawal on your existing Contract and you request a full transfer, those payments will cease. A new request will be required to begin payments under the new Contract subject to the new terms and limitations.**

By signing this form, you acknowledge that if a new Contract is issued it will contain new provisions as outlined in the product disclosure, including a new Surrender Charge schedule and Market Value Adjustment (if applicable).

2. TAX QUALIFICATION AND REQUIRED MINIMUM DISTRIBUTIONS

Non-Qualified (skip to section 3) Qualified (please complete the following section)

Required Minimum Distribution (RMD) Information for Qualified Plans

1. Have you satisfied your RMD for this calendar year? Yes No
2. Do you elect to set up your future RMD payments? Yes No
3. If yes, please complete the below election.

Automatic Yearly Distribution Election – Select one

_____ Annual _____ Monthly _____ Quarterly _____ Semi-Annual

Please specify the month and date of the first payment (available dates are the 1st through 28th) _____

Note: If any option other than Annual is chosen, Electronic Funds Transfer (EFT) is required. Please complete the Automatic Deposit Authorization Agreement (Form ET-2513). **The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.**



3. TAX WITHHOLDING

The Internal Revenue Service (IRS) requires that you complete the following section:

Note: If a federal withholding option is not selected, a 10% federal income tax will be automatically withheld.

FEDERAL No, I do not want to have Federal Income Tax withheld from my payments.
 Yes, I would like the following Federal Income Tax withheld: \$ _____ or _____%.

STATE* No, I do not want to have State Income Tax withheld from my payments.
 Yes, I would like the following State Income Tax withheld: \$ _____ or _____%.

***Certain states require the Company to withhold state income taxes. If you file taxes in any of those states, state income tax will be withheld from your distribution in addition to any federal tax withholding.**

If you elect not to have withholding apply to your distribution, or if you do not have enough tax withheld, you may be responsible for payment of estimated tax. You may also be subject to tax penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Subject to specific exceptions under the Internal Revenue Code, any taxable distributions for an annuity Contract before age 59½ may be subject to a 10% excise tax.

4. EXISTING CONTRACT INFORMATION

My existing Contract is:

Enclosed

Lost or destroyed. I hereby certify that the above-referenced Contract has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. If the entire Surrender Value is to be applied to a new Contract, I understand that the original Contract becomes null and void and that I, and my heirs, have no further claim against EquiTrust concerning this Contract.

5. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or U.S. resident for tax purposes.

NOTE: The IRS does not require your consent to any provision of this document other than the certification above.

6. SIGNATURES

Owner Signature	Date
Joint Owner Signature	Date
Spouse Signature (if required)	Date
Agent Signature	Date

Note: If the Owner is a corporation, an officer must sign (including title).
If the Owner is a trust, a trustee must sign as "trustee".

Spouse signature is required where community property laws are applicable. State jurisdictions with community property laws are Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Unless EquiTrust has been notified of a community or marital property interest in this Contract, EquiTrust will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.