

**INTERNAL TRANSFER/EXCHANGE
REQUEST**

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

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.

**FLORIDA INTERNAL
REPLACEMENT DISCLOSURE**

EquiTrust Life Insurance Company®

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PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see page 2 of this form for explanatory notes and instructions as to how this form has been completed.

PART A – CURRENT POLICY INFORMATION Life Annuity

Policyowner's Name: _____ Policy Number: _____

Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment: _____

Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____

[The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B below.]

PART B – PROPOSED POLICY INFORMATION Life Annuity

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment: _____

Proposed Effective Date: _____ Premium Payable to Age: _____ or for _____ Years

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

PART C – SOURCE OF FUNDING FOR THE PROPOSED POLICY

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____ %.

A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

PART D – YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

| | |
|--|------|
| Policyowner Signature | Date |
| Agent or Company Officer Signature | Date |
| Florida Licensed Agent ID No. or Corporate Title | |

POLICY DISCLOSURE FORM AND INSTRUCTIONS
COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY.
ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED.
ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE INSURER.

Any and all information applicable to the transaction shall be fully and completely disclosed on this form. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

PART A

The information to be disclosed in Part A of this form shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

PART B

The information to be disclosed in Part B of this form shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment, which is planned to be paid, or which is required to be paid under the proposed policy.

PART C

The information to be disclosed in Part C of this form shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

PART D

The information to be disclosed in Part D of this form shall apply to the current, in-force policy and the proposed additional policy, respectively.

SIGNATURES

In order to evidence that the required disclosure has been made, this form shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporate title, respectively, in the space provided.

**AUTOMATIC DEPOSIT
AUTHORIZATION AGREEMENT**

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

| | |
|---|------------------------|
| Owner Name | Policy/Contract Number |
| Joint Owner Name | Phone Number |
| Policy/Contract Type <input type="checkbox"/> Life Insurance Policy <input type="checkbox"/> Annuity Contract | |

AGREEMENT

I hereby authorize EquiTrust 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 INFORMATION

| | | | | |
|--|------|--|-------|-----|
| Bank Owner Name (as it appears on the account) | | Bank Joint Owner Name (as it appears on the account) | | |
| Owner Social Security Number | | Joint Owner Social Security Number | | |
| Account Owner Signature | Date | Joint Owner Signature | Date | |
| EquiTrust Owner Signature | | EquiTrust Joint Owner Signature | | |
| Account Information <input type="checkbox"/> Checking <input type="checkbox"/> Savings Must be checking or savings account, no money market or brokerage accounts | | | | |
| Bank Name | | | | |
| Street 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.