

**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.

**IMPORTANT NOTICE REGARDING
REGARDING REPLACEMENT OF LIFE
INSURANCE - KANSAS (INTERNAL)**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
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Our agent is recommending to you that you purchase a life insurance policy from us. In connection with this purchase, you have indicated either as a result of his recommendation or at your own initiative, that you may terminate or change your existing policy issued by our insurance company or that you may obtain a loan from our company against your policy to pay premiums on the proposed policy. Any of these actions is a replacement of life insurance. This notice must be given to you, along with a Comparative Information Form which includes preliminary information comparing the proposed policy with your existing policy to be replaced. Please read this notice and the Comparative Information Form carefully.

Whether it is to your advantage to replace your existing insurance coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and of your existing insurance coverage.

To this end, we are required to give you a Policy Summary including complete information on the proposed policy no later than when that policy is delivered to you. In addition, we are required to notify the insurance company that issued your existing policy. That company may then furnish you with additional information concerning your existing policy. You may want to discuss your purchase with other advisors. The information you receive will be of value to you in reaching a final decision.

If either the proposed policy or the existing insurance you intend to replace is a participating policy, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should also recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misstatement or omission on your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

CAUTION

If, after studying the information made available to you, you do decide to replace the existing life insurance with our company with a new life insurance policy issued by our company, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

I have received and read a copy of this Replacement Notice

Applicant Signature	Date
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**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.