

**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. Transfers/Exchanges are available at the end of the original Contract's surrender charge period and will result in the issuance of a new Contract. You will be issued a free-look period in which to cancel the replacement request and have the original annuity Contract reinstated.

Before electing to replace your annuity Contract you should understand the benefits and limitations of your existing annuity Contract in comparison to the annuity for which you are applying. You should review and determine if this replacement is in your best interest and consult with a qualified advisor if you have questions.

If death of the owner occurs prior to completion of the replacement transaction, only one death benefit will be paid, based on the terms and conditions of the contract or policy in effect at the time of death.

| | | |
|--------------------------|------------------------|--------------|
| Existing Contract Number | | |
| Owner | Social Security Number | Phone Number |
| Joint Owner | Social Security Number | Phone Number |

1. TRANSFER/EXCHANGE REQUEST

Please transfer/exchange the surrender value of the contract listed above and process as requested:

Entire Surrender Value or Partial \$ _____ or % _____

Immediately or on _____ (date)

From: IRA Simple IRA Roth IRA SEP IRA Stretch IRA Non-Qualified Other

To: IRA Simple IRA Roth IRA SEP IRA Stretch IRA Non-Qualified Other

- If establishing a Roth IRA Conversion, a 1099R will be issued for the conversion, as applicable.
- If payments are currently being received under an Income Benefit Rider on your existing Contract, those payments will cease.

The amount indicated above will be applied to a new Policy/Contract issued by EquiTrust. By signing this form you acknowledge that a new Contract will be issued and will contain a new Surrender Charge schedule and Market Value Adjustment (if applicable), and all other provisions as outlined in the product disclosure.

2. TAX QUALIFICATION STATUS

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

Required Minimum Distribution (RMD) Information for Qualified Plans:

- Have you reached age 72 or older in this calendar year? Yes No
- Have you satisfied your RMD for this calendar year? Yes No
- Do you want your RMD disbursed/paid prior to completing this transfer? Yes No
- Do you want to continue your existing RMD or interest withdrawals schedule? Yes No

Note: If you request an RMD after the Transfer/Exchange is complete, the distribution in excess of any penalty free distributions will be subject to Surrender Charges and any applicable Market Value Adjustment under the provisions of your new Contract. Please review the product disclosure for the product for which you are applying for available withdrawal options compared to those contained in the Contract being replaced.

3. 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 with respect to this Contract.

4. 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.

5. SIGNATURES

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

Note: If Owner is a corporation, an officer must sign (including title).
If 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.