

**INTERNAL TRANSFER/EXCHANGE
REQUEST - FLORIDA**

EquiTrust Life Insurance Company®

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(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.

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.

Please complete all sections below:

Existing Contract Number	State(s) in Which Taxes are Filed (REQUIRED)	
Owner	Social Security Number	Primary Phone Number
Joint Owner (if applicable)	Social Security Number	Primary 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, those payments will cease.**

The amount indicated above will be applied to a new 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 AND REQUIRED MINIMUM DISTRIBUTIONS

Non-Qualified (skip to section 4) Qualified (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, complete the below election.

Automatic Yearly Distribution Election – Select one

_____ Annual _____ Monthly _____ Quarterly _____ Semi-Annual

Please specify the month, day and year 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 ELECTION (REQUIRED)

Federal Income Tax Withholding Information:

Federal withholding applies to the taxable portion of any payment made from your annuity contract or life insurance policy. Your withholding rate is determined by the type of payment you receive.

NOTE: If you do not make a proper withholding election with your request, we will withhold federal income tax according to the mandatory rate required under law. You may be able to claim a credit for any amounts withheld when you file your tax return with the IRS.

Nonperiodic Payments:

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate apply by submitting **IRS Form W-4R** (Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions) and entering a rate between 1% and 100%. You may also choose to not have federal withholding apply.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by submitting **IRS Form W-4R**, but you may not choose a rate less than 20%.
- Generally, you can't choose federal withholding less than 10% for payments to be delivered outside the United States and its territories.

(select one option only)

- Do not withhold federal income tax for my payment.
- Withholding federal income tax at the applicable default rate of 10% or 20% as defined above.
- Withhold federal income tax based upon the submitted **IRS Form W-4R**.
- Withhold federal income tax at the rate of _____% or withhold the flat amount of \$_____
- You can access **IRS Form W-4R** (Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions) [here](#) and on the IRS website at IRS.gov

State Income Tax Withholding Information:

If you reside in the US, your state of residence may require or permit us to withhold state income tax. Some states may require you to use specific state forms. If you do not use the proper form or otherwise fail to properly communicate your withholding choice to us, we may withhold in accordance with state default withholding rules. It is your responsibility to determine any applicable state forms that may be required and to provide them to us.

- If your state allows voluntary withholding, you may be able to choose a state withholding rate that differs from the default rate or you may choose not to have state withholding apply.
- No state tax withholding will be taken for states where withholding is not available.
- If your state requires withholding at an amount greater than that indicated below, we will withhold the amount required by your state.
- State specific tax withholding requirements are subject to change at any time. Please consult a tax preparer or your state Department of Revenue for more information.

(select one option only)

- Do not withhold state income tax for my payment (if allowed).
- Withhold state income tax at the default rate applicable for my state.
- Withhold state income tax at the rate of _____% or withhold the flat amount of \$_____ (if allowed).

Additional Withholding Information:

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 distribution from an annuity contract prior to 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 (if applicable)	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.

**FLORIDA INTERNAL
REPLACEMENT DISCLOSURE**

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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.