

**INTERNAL TRANSFER/EXCHANGE
REQUEST - KANSAS**

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.

- 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 (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 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 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 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.

**AUTOMATIC DEPOSIT
AUTHORIZATION AGREEMENT**

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NOTE: Only one bank account may be on file per client. If automatic deposit is already established, use this form only to revise or update bank account information.

1. OWNER INFORMATION – Please print

Contract/Policy Number	
Owner	Joint Owner (if any)
Owner Social Security Number	Joint Owner Social Security Number
Owner Telephone No. (REQUIRED)	Joint Owner Telephone No. (REQUIRED)
Email Address	State(s) in Which Taxes are Filed (REQUIRED)

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 if 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.

2. BANK ACCOUNT INFORMATION

Name of Bank Account Owner (as it appears on the account)		Name of Joint Bank Account Owner (as it appears on the account)	
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Must be a checking or savings account. Money Market or Brokerage accounts are not accepted.			
Bank Name			
Street Address		City	State
Bank Routing Number (9 digits)		Bank Account Number	
SIGNATURE(S) (REQUIRED)			
Bank Account Owner Signature	Date	Joint Bank Account Owner Signature	Date
EquiTrust Owner Signature		EquiTrust Joint Owner Signature	

IMPORTANT NOTES

- Distributions greater than \$50,000 will 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.
- Lump Sum death claim elections are not eligible for automatic deposits.