

**DISCLOSURE & COMPARISON OF PRODUCTS
MARKETFORCE BONUS INDEX™ ANNUITY**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5103

www.EquiTrust.com

Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

This form must be submitted for each contract/policy being replaced (including partial and penalty-free transfers) in addition to any state-required replacement form(s). Do not leave any item unanswered. If any information requested is unavailable, not applicable or unknown, that must be indicated.

1. Owner Name _____ Joint Owner Name _____
2. Replaced Company Name _____ Replaced Product Name _____
3. Replaced Contract Number _____ Contract Effective Date (mm/dd/yyyy) _____
4. Current Surrender Charge (excluding MVA) _____%
5. Replacement Withdrawal Type Full Partial Partial Penalty Free Withdrawal

If the replaced product is an annuity, complete the information in the chart below. If the replaced product is life insurance, you may skip to the Additional Information section on the next page.

	Existing Annuity	Proposed Replacement Annuity
Generic Contract Type (Fixed, Index, Variable)		<input checked="" type="checkbox"/> Index <input type="checkbox"/> Fixed
Entire Surrender Charge Schedule, by year		10, 10, 10, 10, 10, 9, 8, 7, 6, 4%
Accumulation Value	\$	
Current Cash Surrender Value	\$	
Premium Bonus Percentage	%	8 %
Penalty Free Withdrawal Percentage	%	10 % after 1 st Contract Year
Minimum Guaranteed Interest Rate	%	See Product Disclosure
Death Benefit	\$	Full Accumulation Value
CONTRACT FEATURES		
Contract Fees (Asset Fees, Rider Fees, etc.) Do NOT include IBR Fees		See Product Disclosure
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Return of Premium	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nursing Home Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Terminal Illness Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
INCOME BENEFIT RIDER INFORMATION		
	Rider Being Replaced	EquiTrust Rider Elected
Does the Contract have an Income Benefit Rider (IBR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete remainder of chart. If "No", continue to Additional Information section	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Value of Benefit or Enhanced Withdrawal Base	\$	
Benefit Base Calculation (example: roll-up rate, bonus, etc.)		None
IBR Rider Charge		None
Are income payments currently being received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide explanation for loss of benefit base and/or income payments and how this meets current and future needs		

ADDITIONAL INFORMATION

1. Please explain why you have chosen to replace your existing life insurance or annuity contract. (Give specific reasons)

2. Is the agent assisting you with this transaction the agent on the contract that is being replaced?

Yes No

3. **Excluding the current replacement**, have you replaced any annuity contracts within the past 60 months?

Yes No **If Yes, please provide the following information, if No, proceed to signature section**

3a. Explanation for other replacements within the past 60 months: _____

3b. Is the agent assisting you with this transaction the same agent who replaced those contracts? Yes No

SIGNATURES

OWNER(S): Do not sign this form if any item has been left unanswered. Please carefully review the information recorded and confirm that it is true and correct to the best of your knowledge.

Owner Signature _____

Date _____

Joint Owner Signature _____

Date _____

Agent/Producer Signature _____

Date _____