

**DISCLOSURE & COMPARISON OF PRODUCTS**  
**MARKETPOWER BONUS INDEX® ANNUITY**  
**AK, CT, DE, ID, IL, MT, NJ, NV, OH, OK, OR, PA, TX, UT, VT, WA**

**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](http://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. Estimated Dollar Amount of Surrender Loss \$ \_\_\_\_\_
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, please begin with the Life Insurance 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
Remaining Surrender Charge Schedule, by year		19, 17, 15, 13, 11, 10, 8, 6, 4, 2%
Accumulation Value	\$	
Current Cash Surrender Value	\$	
Premium Bonus Percentage	%	12 %
Penalty Free Withdrawal Percentage	%	10 % after 1 <sup>st</sup> Contract Year
Minimum Guaranteed Interest Rate	%	See Product Disclosure
Death Benefit	\$	Full Accumulation Value
<b>CONTRACT FEATURES</b>		
Contract Fees (Asset Fees, Rider Fees, etc.) <b>Do NOT include IBR Fees</b>		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
<b>INCOME BENEFIT RIDER INFORMATION</b>		
	<b>Rider Being Replaced</b>	<b>EquiTrust Rider Elected</b>
Does the Contract have an Income Benefit Rider (IBR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete items below. If "No", go to Additional Information.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the client taking payments from the IBR now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Value of Benefit or Enhanced Withdrawal Base	\$	
Benefit Base Calculation (example: roll-up rate, bonus, etc.)		
IBR Rider Charge		
Provide explanation for loss of benefit base and/or income payments and how this meets current and future needs		

## Life Insurance Replacement Section

	Existing Life Insurance Policy
Generic Policy Type (Whole life, UL, Indexed UL, VUL)	
Face Amount	\$
Cash Surrender Value	\$
Please list all Special Riders with this policy	

### ADDITIONAL INFORMATION

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

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2. Is the agent assisting you with this transaction the agent on the contract that is being replaced?  Yes  No

3. **Excluding this 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. Provide details about the other replacements within the past 60 months.

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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 \_\_\_\_\_