

**NOTICE REGARDING
REPLACEMENT - DELAWARE**

EquiTrust Life Insurance Company®

7100 Westtown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

It is in your best interest to get all the facts before making a decision. Make sure you fully understand the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 1204 (Formerly Regulation 30) requires that the insurer advising or recommending replacement:

- Provide the consumer, not later than the date the policy or contract is delivered, with a concise summary of the policy or contract to be issued.
- Allow a twenty-day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.
- Advise the present insurance company(s) of the pending replacement.

The same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

INFORMATION ON PRESENT POLICIES

Company Name	Policy Number	Name of Insured	Summary Requested Mark Yes or No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant Signature	Date Signed
Agent Signature	Date Signed
Agent Name and Address (printed)	
Company Name	