

**INFORMATION STATEMENT -
MICHIGAN**

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

The life insurance I intend to purchase from EquiTrust may replace or alter existing life insurance.

The following policy(ies) may be replaced as a result of this transaction:

Insurer as it appears on the policy	Insured as it appears on the policy	Policy Number

The proposed policy is:

Type of Policy – Generic Name	Face Amount
	\$

Applicant Signature		Date	
Address of Applicant	City	State	Zip

I certify that this form and the Notice to Applicants regarding Replacement of Life Insurance were given to and signed by:			
Applicant – Please print or type			
Prior to taking an application and that I am leaving a signed copy for the Applicant			
Agent Signature		Date	
Agent Address	City	State	Zip