

**COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE - FLORIDA**

EquiTrust Life Insurance Company®

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

Proposed Insurer
Insurer's Address
Replacing Agent's Name

APPLICANT INFORMATION	POLICY INFORMATION	
Name	Policy Generic Name	
Address	Policy Number	
	Date of Issue	Issue Age
Telephone	Contestable Period Ends	
Date of Birth	Suicide Period Ends	
Age	Policy Loan Rate	

POLICY/RIDER DESCRIPTION

Policy/Rider Name		
Initial/Continuing Benefit		
(Age) Benefit is From	To	
Initial/Renewable Annual Premium		
(Age) Payable From	To	
Total Initial Annual Premium \$	Mode of Payment	Amount \$
Total Renewal Annual Premium \$	Amount \$	

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Guarantees					Projections*			
Year Age	Annual Premium	Cumulative Premium	Cash Value	Death Benefit	Annual Premium	Cumulative Premium	Cash Value	Death Benefit
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:
The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.