

**COMPARATIVE INFORMATION FORM
FOR EXISTING 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

Existing Insurer
Insurer's Address

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 EXISTING 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.