DISCLOSURE & COMPARISON OF PRODUCTS
SMARTBOOST™ INDEX ANNUITY
MINNESOTA

EQUITRUST LIFE INSURANCE COMPANY®
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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)		☒ Index ☐ Fixed
Remaining Surrender Charge Schedule, by year		9, 8, 7, 6.5, 5.5, 4.5, 3.5, 2.5, 1.5, 0.5%
Accumulation Value	$	
Current Cash Surrender Value	$	
Premium Bonus Percentage	%	None
Penalty Free Withdrawal Percentage	%	7% of initial premium amount annually after 1st Contract Year
Minimum Guaranteed Interest Rate	%	See Product Disclosure
Death Benefit	$	60-month & Lump Sum Options
CONTRACT FEATURES		
Contract Fees (Asset Fees, Rider Fees, etc.) **Do NOT include IBR Fees**		None
Market Value Adjustment	☐ Yes ☐ No	☒ Yes ☐ No
Enhanced Accumulation Value Benefit	☐ Yes ☐ No	☒ Yes ☐ No
Return of Premium	☐ Yes ☐ No	☐ Yes ☒ No
Nursing Home Rider	☐ Yes ☐ No	☒ Yes ☐ No
Terminal Illness Rider	☐ Yes ☐ No	☒ Yes ☐ No
INCOME BENEFIT RIDER INFORMATION	**Rider Being Replaced**	**EquiTrust Rider Elected**
Does the Contract have an Income Benefit Rider (IBR)?	☐ Yes ☐ No If "Yes", complete items below. If "No", go to Additional Information.	☐ Yes ☒ No
Is the client taking payments from the IBR now?	☐ Yes ☐ No	
Value of Benefit or Enhanced Withdrawal Base	$	
Benefit Base Calculation (roll-up, 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)

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.

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(s) Signature_____ Date_____

Joint Owner(s) Signature_____ Date_____

Agent/Producer Signature_____ Date_____

NOTICE TO MINNESOTA RESIDENTS AGE 65 AND OLDER

Note: For Minnesota residents age 65 and older, this form must be completed for *each product being replaced*, in addition to any state-required replacement forms. When explaining the substantial financial benefit, please provide *specific* reasons. Examples of specific reasons may include the addition of new riders or features; greater flexibility in premium payments or pay-out options; or the desire to move away from market risk inherent in an existing variable product.

Attach additional forms, if needed.

1. Name of company being replaced _____ Contract Number_____

2. Please explain the reason(s) this transaction will provide you with a substantial financial benefit, over the life of the contract, including full details:_____

Owner Printed Name_____

Owner Signature_____ Date_____

Joint Owner Printed Name_____

Joint Owner Signature_____ Date_____

Agent/Producer Printed Name_____

Agent/Producer Signature_____ Date_____