

1. CURRENT CONTRACT/POLICY INFORMATION

ABC Insurance Co.
Name of Distributing Plan/Company

#1234567
Contract/Policy Number Being Exchanged/Transferred

123 Any Street
OVERNIGHT MAILING ADDRESS (no PO Boxes) City State/Zip Phone Number

Jimmy Doe
Annuitant's Name (please print) 123-45-6789
Annuitant's Social Security Number

Jimmy Doe, Bene of John Doe, Deceased 01-01-17
Owner's Name (please print) 123-45-6789
Owner's Social Security Number

Joint Annuitant's Name – if applicable (please print) Joint Annuitant's Social Security Number

Joint Owner's Name – if applicable (please print) Joint Owner's Social Security Number

1234 Home Street Anytown IA 00000
Owner(s) Address City State/Zip

Above account is:

- Fixed Annuity
- Variable Annuity
- Mutual Fund
- Other (specify) _____
- Certificate of Deposit (CD)
- Life Policy
- Money Market
- Qualified Retirement Plan
- Brokerage Account
- Checking/Savings Account

*Please note Qualified Plans may require separate forms. Please contact the Plan Administrator.

2. PLEASE TRANSFER THESE FUNDS immediately or on a specific date ___/___/___ (not later than the maturity date)

RETURN OF CONTRACT/POLICY (Please choose one if you are transferring the full value of your current contract/policy).

- I certify that I cannot find my contract/policy.
- The contract/policy is attached.

3. PLEASE COMPLETE A, B, C, OR D BELOW (ONE ONLY)

A. 1035 EXCHANGE FULL PARTIAL \$_____ or _____% (Check with your representative for availability).

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. **If this is an exchange into an existing contract, please provide the existing Contract Number _____.** Without this contract number, the exchange must be made into a new contract. Additionally, by signing this form, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange. Upon receipt, the Company is directed to surrender all or part of my contract, as indicated above, and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above contract. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

B. NON-QUALIFIED TRANSFER – such as Mutual Fund shares, savings/checking account transfers
This is not for 1035 Exchanges.

I wish to liquidate and transfer the: Full Value Partial Value of \$_____ or _____%.

The Company will apply all such funds received to an annuity contract issued to me. I understand that the Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the Company receives these proceeds and all other necessary paperwork in good order.

Special Instructions to Transferring Company for Qualified Plans: If the Owner is of RMD age please process the Required Minimum Distribution for the current year prior to transferring the funds.

C. QUALIFIED ACCOUNT TRANSFER – I wish to liquidate and transfer the:

Full Value Partial Value in the amount of \$ _____ or _____ % (Certain restrictions may apply).

From: IRA SIMPLE IRA Roth IRA SEP IRA Stretch IRA Other

To: IRA SIMPLE IRA Roth IRA SEP IRA Stretch IRA

NOTE: For IRA transfers, if we are issuing a Roth IRA at EquiTrust Life you are responsible for issuing a 1099R for the conversion at the time of surrender.

D. QUALIFIED ACCOUNT ROLLOVER – I wish to liquidate and rollover the:

Full Value Partial Value in the amount of \$ _____ or _____ % (Certain restrictions may apply).

From: IRA Qualified Retirement Plan SEP IRA TSA 401(k) Plan 457 Plan Other

To: IRA SEP IRA

This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax laws.

TSA/401(k)/457 Plan/ 401(a) to IRA

Qualifying event:

Separated from service Age 59 ½ Termination of plan Disability Death

If this is a transfer into an existing contract, please provide the existing Contract Number _____.
Without this contract number, the transfer must be made into a new contract.

4. SIGNATURES AND AUTHORIZATIONS

Please make check(s) payable and mail to:

EquiTrust Life Insurance Company (overnight)

or

EquiTrust Life Insurance Company (regular mail)

Attn: Annuity New Business

Attn: Annuity New Business

7100 Westown Pkwy Suite 200

P.O. Box 14500

West Des Moines, IA 50266-2521

Des Moines, IA 50306-3500

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment. I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this qualifies under Section 1035 of the Internal Revenue Code as a “like-to-like” exchange.**

Signature

Signature of Owner (**Note:** A signature guarantee may be required)

Signature of Joint Owner (if applicable)

Date

Spousal Signature (if required for Community Property State)

Signature Guarantee by: Name of Bank/Firm

Signature of Officer and Title

Place Signature Guarantee Stamp here:

5. ACCEPTANCE FOR TRANSFER/1035 EXCHANGE (Home Office Use Only)

The Company requests this liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre-and post-TEFRA cost basis in the current contract, if applicable.

Authorized Signature

Date

Title

New Contract Number