

**TRANSFER/1035 EXCHANGE FORM  
BRIDGE**

**EquiTrust Life Insurance Company®**

7100 Westown Parkway, Suite 200  
West Des Moines, Iowa 50266-2521  
(866) 598-3692 Fax: (515) 226-5103

[www.EquiTrust.com](http://www.EquiTrust.com)

Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

**1. CURRENT CONTRACT/POLICY INFORMATION (Please print)**

Name of Distributing Plan/Company		Contract/Policy Number Being Exchanged/Transferred			
<b>OVERNIGHT MAILING ADDRESS (no PO Boxes)</b>		City	State	Zip	Phone Number
Annuitant Name		Annuitant Social Security Number			
Owner Name		Owner Social Security Number			
Owner(s) Address		City	State	Zip	
<b>Above account is:</b>					
<input type="checkbox"/> Fixed Annuity	<input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Life Policy	<input type="checkbox"/> Certificate of Deposit		
<input type="checkbox"/> Brokerage Account	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Money Market	<input type="checkbox"/> Checking/Savings Account		
<input type="checkbox"/> Other (specify): _____					

**2. TRANSFER INSTRUCTIONS**

**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 contract/policy)

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

**3. PLEASE COMPLETE A or B (ONE ONLY)**

**A. 1035 EXCHANGE – I wish to liquidate and exchange the:**

**FULL**  **PARTIAL** \$ \_\_\_\_\_ or \_\_\_\_\_ % (Check with your representative for availability).

**All funds not subject to surrender/back-end sales charges**

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 Funds 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.

**4. SIGNATURES AND AUTHORIZATIONS**

Please make check(s) payable and mail to:

**EquiTrust Life Insurance Company (overnight)**

Attn: Annuity New Business  
7100 Westown Pkwy Ste 200  
West Des Moines, IA 50266-2521

or

**EquiTrust Life Insurance Company (regular mail)**

Attn: Annuity New Business  
P.O. Box 14500  
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. **I acknowledge that this qualifies under Section 1035 of the Internal Revenue Code as a “like-to-like” exchange.**

Owner Signature (Signature guarantee may be required)		Date
Spouse Signature (if required for Community Property State)		Date
Signature Guarantee by: Name of Bank/Firm	Officer Signature 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