

**LIFE AGENT CONTRACT  
TRANSMITTAL FORM**

**EquiTrust™**

7100 Westown Parkway, Suite 200  
West Des Moines, Iowa 50266-2521  
(866) 598-3692 Fax: (515) 226-5102  
Agents.EquiTrust.com  
Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level, or
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request a change of existing level.

**NEW AGENT/PRODUCER**

Full Name of Agent being contracted	
Business Name (if different than Producer's Name)	
Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number

**TRANSFER OR CHANGE IN CONTRACT LEVEL (Agent Signature Required)**

Full Name of Agent	Agent Number
Business Name (if different than Producer's Name)	Agent Number
New Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number
Agent's Signature	Date

Marketing Organization Name (please print)	
Authorized Signature	Date

Mail to:  
EquiTrust  
Attn: Agent Administration  
PO Box 14500  
Des Moines, IA 50306-3500

Can also be sent via fax or email to:  
515-226-5102 or [Agent.Administration@EquiTrust.com](mailto:Agent.Administration@EquiTrust.com)

FOR INTERNAL HOME OFFICE USE ONLY
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