

## INSTRUCTIONS FOR COMPLETION OF BENEFICIARY STATEMENT

### FILLING OUT THE BENEFICIARY STATEMENT

- **Complete sections A and B** in full.
- If a Payout Contract is selected in item **C2** of the Beneficiary Statement, complete the Beneficiary Payment Option Election Form (ETL-BENPOE-2710).
- **Read Sections D & E** carefully.
- **Sign Section E** and provide additional information, as required. Signature required in Section F also.

### WHO SHOULD COMPLETE THE BENEFICIARY STATEMENT AND WHAT IS REQUIRED?

- **One Beneficiary, multiple policies:** One form may be used for multiple policies, unless a different Method of Payment is desired for each policy.
- **If proceeds are payable to a minor child:** The legally appointed conservator(s) for the minor must complete this form and a certified copy of the appointment of conservatorship is required. The social security number in item **B4** should be that of the minor child.
- **If proceeds are payable to an estate:** The appointed legal representative(s) of the estate should each complete the form. A certified copy of the court appointment is required. The tax identification number in item **B4** should be the tax identification number for the decedent's estate.
- **If proceeds are payable to an inter-vivos trust** (revocable or irrevocable): Separate forms should be completed by each trustee and at least the first page, signature page, and pages naming the trustees (or successor trustee(s) must accompany the form. A completed and signed Trustee Certification form by the current trustee(s) is required. The tax identification number in item **B4** should be that of the trust.
- **If proceeds are payable to a testamentary trust:** Beneficiary Statement must be completed by each of the trustee(s). The Tax Identification number in item **B4** should be that of the trust. A copy of the Last Will and Testament must be submitted along with evidence, as required by the company, of the validity of the Will, such as letters of administration. A Trustee Certification will also be required.
- **If proceeds are payable under a collateral assignment:** Both the named Beneficiary and the assignee must each complete separate Beneficiary Statements. However, proceeds will be paid solely to the assignee.
- **If proceeds are payable to a corporation or other entity:** An authorized individual of the entity must complete this form. A certified copy of business entity's document(s) (i.e. resolution, by-laws, operating agreement) authorizing the individual to sign on behalf of the entity is required. An Entity Certification (ET-ENTITY-2503) form is required.
- **If a Beneficiary's name has changed from that stated in the Beneficiary designation:** Attach evidence of the change in name.
- **Additional forms or information may be required if determined necessary by the Company.**

### COMPLETION OF THE PAYMENT OPTION ELECTION FORM

- **Form ET-BENPOE-2710 is required when a Payment Contract Option is selected in item C2 of the Beneficiary Statement.** It must indicate a Contingent Payee or Beneficiary to whom the proceeds under the Payment Option would be payable should there be proceeds remaining to be paid upon death of the Beneficiary completing the form.

**NOTE: The furnishing of a Beneficiary Statement form is not an admission of liability on the part of the Company.**

## BENEFICIARY STATEMENT

- Please print clearly when completing this form. Original ink signature required.
- Answer all questions.
- If there is more than one Beneficiary, we require a separate Beneficiary Statement signed by each Beneficiary.
- An IRS Form W-9 must be submitted for each beneficiary.
- Please attach a Certified Copy of the Death Certificate to one Beneficiary Statement.
- Signature required on Pages 3 and 5.

### A. INFORMATION ABOUT THE DECEDENT

1. Name of deceased \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Policy numbers for which this claim is being made \_\_\_\_\_
3. Date of Death \_\_\_\_\_

### B. INFORMATION ABOUT THE BENEFICIARY

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Full Name of Beneficiary Required
2. Street address \_\_\_\_\_  
Street (Required -- no Post Office Box) City State Zip
3. Mailing address \_\_\_\_\_  
Address City State Zip
4. Social Security or Tax Identification No. \_\_\_\_\_ Telephone number \_\_\_\_\_  
Required
5. Are you a Citizen of the United States?  Yes  No If no, a citizen of what country? \_\_\_\_\_  
**Note:** If the beneficiary is a foreign/non-resident beneficiary we require Form W8-BEN
6. Relationship to the deceased \_\_\_\_\_
7. In what capacity are you filing this claim? (Choose one)
  - Beneficiary
  - Executor/Administrator/Personal Representative of Estate – attach letters of appointment
  - Trustee of living (inter vivos) trust – attach the Trust Information Form and Trustee Certification (ET-TRUST-2502) and at least the first page, signature page and pages naming the trustees (or successor trustees. The tax identification number should be that of the trust.
  - Trustee of testamentary trust – attach copy of will, letters of testamentary
  - Conservator – attach copy of letters of appointment and the tax identification number should be that of the minor child
  - Assignee – your official title \_\_\_\_\_
  - Power of Attorney – a copy of POA document and POA Certification (ET-POACERT-2500) if POA document over 1 yr old
  - Officer of Corporation, nonprofit organization, or other entity - attach Entity Certification (ET-ENTITY-2503) and any other required supporting documents.
  - Other (Please describe) \_\_\_\_\_

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

**C. METHOD OF PAYMENT**

If your share of proceeds is *more than \$2,000*, you may choose a payment option or a lump sum settlement. If it is less than \$2,000 the proceeds **must** be paid in a lump sum.

- 1. If your share of proceeds is less than \$2,000 your option is a lump sum and this will be paid to you by check.
- 2. If your share of proceeds is more than \$2,000 your options are:
  - Payment Option – if elected the Beneficiary Payment Option Election Form ETL-BENPOE-2710 must also be completed
  - Lump Sum Settlement

**D. CERTIFICATION**

**Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN) (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions:** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**If the policy was issued in Illinois**, interest shall accrue on the proceeds payable because of the death of the insured, from date of death, at the rate of 10% on the total amount payable or the face amount if payments are to be made in installments until the total payment or first installment is paid, unless payment is made within thirty-one (31) days from the latest of the following to occur: 1) date due proof of death is received by the company; 2) date the company receives sufficient information to determine its liability, the extent of the liability and appropriate payee entitled to proceeds; or 3) date the legal impediments to payment of proceeds that depend on others outside the company are resolved and sufficient evidence of the same is provided to the company.

**E. AUTHORIZATION FOR RELEASE OF INFORMATION**

By signing this form, I represent that the statements and answers given herein are true and complete to the best of my knowledge and belief.

Original Ink Signature of Beneficiary/Representative \_\_\_\_\_

Date Signed \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public\* \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\*Note: Per EquiTrust Life Insurance Company Business Guidelines, agents may not act as notary on client's financial transactions.

**SIGNATURE REQUIRED ON PAGES 3 AND 5**

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

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**F. FRAUD STATEMENT – This section must be completed**

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**Alabama** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska**- A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**- For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, District of Columbia, Louisiana, Rhode Island, and West Virginia**- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California**-For you protection California law requires the following to appear on this form. "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Colorado**- It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware and Idaho** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Florida**- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana**- A person knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky**- Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington**- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland**- Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota**- A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**- Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA §638:20.

**New Jersey** – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

**New Mexico** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio**- Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Oklahoma**- **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Pennsylvania**- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Texas** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For All Other States** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**Original Ink Signature of Beneficiary/Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.



**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\***Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



## CONFIDENTIAL ABUSE INFORMATION NOTIFICATION

We may receive confidential abuse information from you or other sources. These other sources, public and private, include: physicians; hospitals; medical clinics; insurance companies; investigative consumer reports; or the Medical Information Bureau.

Confidential abuse information is information about acts of domestic abuse or abuse status. This includes: the work or home address and telephone number of a protected person; information regarding the status of an applicant or insured as a family member, employer, or associate of a victim of domestic abuse; or a person with whom an applicant or insured is known to have direct, close personal family or abuse related counseling relationship.

We are prohibited by law to take the following actions based on a person's abuse status: denying, refusing to issue, renew or reissue, canceling or otherwise terminating a policy; charging a higher premium for the policy; or restricting or excluding coverage or benefits of a policy.

A protected person is a victim of domestic abuse who notified us that he or she has been a victim of domestic abuse. We are prohibited from disclosing confidential abuse information concerning a protected person. This prohibition includes location information. A protected person also has the right to revoke the record release authorization, effective ten (10) days after receipt by us, but doing so may result in an application or claim being denied or otherwise adversely affecting insurance action.

We may disclose confidential abuse information without prior authorization to: 1) the protected person or to an individual designated by the protected person; 2) to a health care provider for the direct provision of health care services; 3) to a licensed physician designated by the protected person; 4) pursuant to a court order or as otherwise required by law; 5) when necessary for a valid business purpose to transfer information that includes confidential abuse information that cannot reasonably be segregated without undue hardship or that is relevant to processing a claim, provided the recipient has agreed to be bound by the provision of the Domestic Abuse Insurance Protection Act in all respects and to be subject to enforcement of the act in the courts of New Mexico, and the information is disclosed or transferred only: a) to a reinsurer; b) to a party to a proposed or consummated sale, transfer, merger or consolidation or all or part of the business of us; c) to medical or claims personnel contracting with us, but only when necessary to process an application or claim, perform our duties under the policy or protect the safety or privacy of a victim of domestic abuse; or d) or with respect to address and telephone number, to entities with which we transact business when the business cannot be transacted without the address or telephone number; 6) to an attorney who needs the information to represent us effectively; 7) to the policy owner or assignee, in the course of delivery of the policy; or 8) to any other entities deemed appropriate by the Superintendent.

Confidential abuse information used by an insurance support organization to prepare its report to us may be retained by the insurance support organization, but may not be disclosed to other persons without the written consent of the protected person, except as permitted by the Domestic Abuse Insurance Protection Act and the Confidential Abuse Information Rule.

If we are required, pursuant to an order from the Superintendent or a court of competent jurisdiction or as otherwise required by law, to disclose the location information of protected person, we will: within

ten (10) days give the protected person notice of receipt of the order; advise the person issuing the order that the protected person's location information is confidential and protected by the Domestic Abuse Insurance Protection Act and the Confidential Abuse Information Rule; and continue to otherwise maintain the confidentiality of the location information.

We may not sell or otherwise disclose the location information of a protected person, except as permitted by paragraph 4A(3) of the Domestic Abuse Insurance Protection Act, without having first obtained the written consent of the protected person. This prohibition does not apply to location information disclosed to or utilized by insurance support organizations, including, but not limited to: index, fraud, and medical information bureaus, which assist us with underwriting, claims settlement, detection or prevention of fraud, or detection or prevention of material misrepresentation or material nondisclosure.

We have instituted a location information confidentiality program. The policies and procedures are to protect against any collection, use, disclosure or transfer of confidential abuse information, including location information that would violate the Domestic Abuse Protection Act. Only authorized employees will have access to the confidential information. We will not disclose any confidential abuse information except as permitted by the Domestic Abuse Insurance Protection Act and the Confidential Abuse Information Rule.

You have the right to submit a written request for access to confidential abuse information. The request for access to confidential abuse information must be reasonable. We will inform you of the substance and nature of such abuse information within thirty (30) business days from the date of receipt of the request. You are permitted to personally see and copy the confidential abuse information, or, for a fee, to receive a copy by mail. We will disclose the identity, if known, of all persons or entities we have disclosed confidential information to within two (2) years prior to the request. Any confidential abuse information provided to you will identify the source of the information, unless the source is our agent, a protected person, or a natural person acting in a personal capacity rather than a professional or business capacity. The rights granted in this section do not extend to information that relates to and is collected in connection with or in anticipation of a claim or civil or criminal proceeding.

You have the right to request in writing that we correct, amend or delete confidential abuse information. Within thirty (30) business days from the receipt of a request we will notify you of the correction, amendment or deletion of the information in dispute or notify you of our refusal to make the correction, amendment or deletion. If we correct, amend or delete confidential abuse information we will furnish the correction, deletion or amendment to any person designated by you who may have received confidential abuse information. If a protected person disagrees with our refusal to correct, amend or delete confidential abuse information, the protected person can file a statement of disagreement. The rights granted in this section do not extend to information that relates to and is collected in connection with or in anticipation of a claim or civil or criminal proceeding.

If you wish to be a protected person you must complete the signature page and return it to us.



## CONFIDENTIAL ABUSE INFORMATION NOTIFICATION

I, \_\_\_\_\_, have been a victim of domestic abuse or I provide shelter, advocacy, counseling or protection to victims of domestic abuse. I wish to be classified as a protected person. As a protected person, the insurer may not disclose my confidential abuse information and location information except as permitted by the Domestic Abuse Protection Act and the Confidential Abuse Information Rule or as I have authorized.

I \_\_\_ do wish \_\_\_ do not wish my protected location information to be used for marketing purposes.

Name \_\_\_\_\_ Date \_\_\_\_\_

**Beneficiary Name** \_\_\_\_\_

**Payment Election for Policy #** \_\_\_\_\_ as follows:

**Preferred Payment Date** \_\_\_\_\_

**NOTE:** The selected Payment Date reflects the date on which payments are processed at our offices. The date of payment delivery or deposit to your account may be delayed due to mailing time or bank processing time, depending on the selected delivery method.

**PAYMENT OPTION ELECTION** (Complete one from A or B below)

**A. Fixed Period Only (Select One):**    5 years\*    10 years    15 years    20 years    30 years  
 Other \_\_\_\_\_ Whole Years only. Fixed Period cannot be less than 5 years or greater than 30 years.

**B. Life Income (Select One):**

Life Only  
 \_\_\_\_\_ I understand that in the event of my death, no further payments will be made. [Please initial]

Life with Fixed Period    5 years    10 years    15 years    20 years  
 Other \_\_\_\_\_ Whole Years only. Fixed Period cannot be less than 5 years or greater than 20 years.

\*Not all payment options may be available in all states or with all products.

**PAYMENT FREQUENCY** (Must select one):    Monthly    Quarterly    Semi-Annually    Annually

**NOTE:** If any option other than Annually is chosen, Electronic Funds Transfer (EFT) is required. Please complete the attached Automatic Deposit Authorization Agreement.

**DESIGNATION OF BENEFICIARIES**

Indicate primary and secondary beneficiaries who would receive benefits if you die and benefits remain to be paid. **All information must be provided.**

**Primary Contingent Beneficiaries**

Name	Address	Date of Birth	Social Security Number	Is this person a U.S. citizen? <sup>1</sup>	If "No," is this person a Resident Alien? <sup>1</sup>	Relationship to Owner	Percent

Attach a second form if you wish to designate additional primary contingent beneficiaries.

(The Primary Contingent Beneficiaries named above who survive you shall share equally unless otherwise indicated).

**Continued on next page**

EquiTrust Life Insurance Company • 7100 Westown Pkwy Suite 200 • West Des Moines, IA 50266-2521  
866-598-3692

## Secondary Contingent Beneficiaries

Name	Address	Date of Birth	Social Security Number	Is this person a U.S. citizen? <sup>1</sup>	If "No," is this person a Resident Alien? <sup>1</sup>	Relationship to Owner	Percent

Attach a second form if you wish to designate additional primary contingent beneficiaries.

(The Secondary Contingent Beneficiaries named above who survive you and the Primary Contingent Payees shall share equally unless otherwise indicated).

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### SIGNATURE SECTION

Beneficiary Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_



# AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT – LIFE INSURANCE POLICY

**NOTE: If automatic deposit is already established on this policy, use this form only to revise or update bank account information.**

**EquiTrust Policy Owner/Joint Owner:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

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## AGREEMENT

I hereby authorize EquiTrust Life Insurance Company® to make direct deposits to my account and for the bank named below to accept these deposits. I also authorize EquiTrust to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in force until EquiTrust has written notification from me of its termination in such time and in such manner as to afford EquiTrust a reasonable opportunity to act on it.

## BANK ACCOUNT INFORMATION

Account Owner Name: \_\_\_\_\_ Joint Owner Name: \_\_\_\_\_  
(as it appears on the account) (as it appears on the account)

Owner Social Security #: \_\_\_\_\_ Joint Owner Social Security #: \_\_\_\_\_

Account Owner Signature: \_\_\_\_\_ Joint Account Owner Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

EquiTrust Policy Owner Signature: \_\_\_\_\_

EquiTrust Policy Joint Owner Signature: \_\_\_\_\_

Account Information:  Checking  Savings  
Must be checking or savings account, no money market or brokerage accounts

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

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## Important Notes:

- **Amounts greater than \$50,000 must be distributed via check.**
- **The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office and is subject to your bank processing time.**