

**STATEMENT OF GOOD HEALTH
AND INSURABILITY**

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

Policy Number	Insured Name
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I, the undersigned, hereby declare that -- since the date I completed the application process for insurance with EquiTrust Life Insurance Company -- each of the following statements are true:

1. I have not made an application for insurance, which has been declined, postponed, rated, modified, or issued other than applied for.
2. I have not been, nor am I currently, hospitalized for any reason.
3. I have not consulted nor been examined by a physician or practitioner.
4. I have not had any change in health, or insurability as a life-insurance risk because of any event or circumstance.

If there are any exceptions to any of the above statements, please provide full details below. **Exceptions:**

I hereby represent that all of the foregoing statements are true and correct and that I have fully stated all exceptions.

Signed at _____ on this _____ day of _____ 20_____

Witness

Signature of person to be insured

If this form is required in connection with insurance policy applied for by a third party, the latter should sign below

The undersigned certifies the above and foregoing as being correct and agrees to be bound thereby.

Witness

Signature of person applying for insurance
(If other than proposed insured)