

**COMPARATIVE INFORMATION FORM
FOR PROPOSED LIFE INSURANCE -
ARKANSAS**

EquiTrust Life Insurance Company®

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

Existing Policy	Proposed Policy
Owner/Insured	Owner/Insured
Insurer	Insurer
Policy Number	Policy Number
Product Type*	Product Type*
Product Name	Product Name

*Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

Contract or Policy Provision - (Complete All That is Applicable)	Existing Contract/Policy	Replacement Contract/Policy
Current Proposed Premium/ Annual Consideration		
Current Policy Face Amount		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate and Guarantee Period		
Guaranteed Minimum Accumulation/ Interest Rate		
Surrender Charge Period in Years/ Charge Percentage Per Year/ Years Remaining		
Are free withdrawals available? If yes, what percentage? List options		
Other significant policy provisions		

I have received a copy of this completed form.	
Owner Signature	Date
Joint Owner Signature	Date
I certify that the above provisions, and other significant provisions, of the existing policy and the proposed policy were discussed with the applicant(s).	
Agent Signature	Date