



# SOURCE OF FUNDS

Please return to the Home Office with the Application or Transfer Request. Incomplete information will cause a delay in processing and may result in the Application being returned.

## SECTION A – APPLICANT INFORMATION

Insured's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Soc. Security # \_\_\_\_\_

## SECTION B – SOURCE OF FUNDS

Complete the source of funds for the new policy and any applicable details. Source of funds may include but not limited to: Life Policy, Annuity Contract, Mutual Fund, CD, Savings or Bank Account

Account Type	Company Name	Amount	Was this money tax qualified prior to being sent to EquiTrust?*
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Tax qualified examples can include funds from an IRA, 401k, 403b, Pension Plan, etc.*

Do you understand that there may be adverse tax consequences involved with the replacement/ surrender/ partial surrender of an insurance policy or annuity?  Yes  No

## SECTION C – SIGNATURES

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_