LIFE 1035 EXCHANGE/TRANSFER FORM

Reset Form

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

1. CURRENT CONTRACT/POLICY INFORMATION (Please print)

Name of Distributing Plan/Company		Contract/Policy Number Being Exchanged/Transferred	
OVERNIGHT MAILING ADDRESS (No PO Boxes)	City	State	Zip
Distributing Plan/Company Phone Number		Distributing Plan/Company Fax Number (if preferred delivery method)	
Insured's Name		Insured's Social Security Number	
Owner Name		Owner Social Security Number	
Joint Owner Name (if applicable)		Joint Owner Social Security Number	
Owner(s) Address	City	State	Zip

Above account is:

☐ Fixed Annuity ☐ Variable Annuity ☐ Life Policy ☐ Certificate of Deposit
☐ Qualified Retirement Plan ☐ Brokerage Account ☐ Mutual Fund ☐ Money Market
☐ Checking/Savings Account ☐ Other (specify): _____

Please note Qualified Plans may require separate forms. Please contact the Plan Administrator.

2. TRANSFER INSTRUCTIONS

Please transfer these funds ☐ immediately or ☐ on a specific date ___/___/___ (not later than the maturity date)

Return of Contract/Policy (Please choose one if you are transferring the full value of your contract/policy)

☐ I certify that I cannot find my contract/policy. ☐ The contract/policy is attached.

3. PLEASE COMPLETE A OR B (ONE ONLY)

A. 1035 EXCHANGE

☐ **FULL 1035 Exchange**

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above policy to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. **Additionally, by signing this form, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.** Upon receipt, the Distributing Company is directed to surrender all of my policy and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above policy. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

EquiTrust Life Insurance Company

B. NON-QUALIFIED TRANSFER – such as Mutual Funds shares, savings/checking account transfers. This is not for 1035 Exchanges.

I wish to liquidate and transfer the: ☐ Full Value ☐ Partial Value of $_____or _____%.
The Company will apply all such funds received to a life policy issued to me. I understand that the Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the life policy will begin to accrue when the Company receives these proceeds and all other necessary paperwork in good order.

I UNDERSTAND THAT THE FIRST PREMIUM MUST BE PAID NO LATER THAN THE TIME THE POLICY APPLIED FOR IS ISSUED AND THAT THE CASH VALUE OF THE ASSIGNED POLICY SHALL NOT BE CONSIDERED PART OF THE PREMIUM UNTIL THE CASH SURRENDER VALUE IS ACTUALLY RECEIVED BY THE COMPANY. I FURTHER UNDERSTAND THAT NO INSURANCE COMES INTO FORCE AS A RESULT OF THIS ASSIGNMENT.

4. SIGNATURES AND AUTHORIZATIONS

Please make check(s) payable and mail to:

EquiTrust Life Insurance Company (overnight)
Attn: New Business
7100 Westown Pkwy Ste 200
West Des Moines, IA 50266-2521

or

EquiTrust Life Insurance Company (regular mail)
Attn: New Business
P.O. Box 14500
Des Moines, IA 50306-3500

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment. I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

Owner Signature (Signature guarantee may be required)	Joint Owner Signature (if applicable)
Date	Spouse Signature (if required for Community Property State)
Signature Guarantee by: Name of Bank/Firm	Officer Signature and Title
Place Signature Guarantee Stamp here:	

5. ACCEPTANCE FOR TRANSFER/1035 EXCHANGE (Home Office use only)

The Company requests this liquidation and the transfer of the assets listed above. By its signature below, the Company represents that the above-described receiving Policy is or is intended to be a Policy of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre-and post-TEFRA cost basis in the current policy, if applicable.

Authorized Signature	Date
Title	New Policy Number

EquiTrust® Life Insurance Company