

Owner: _____ Policy Number: _____

Joint Owner: _____

- **The Account Transfer form must be postmarked no later than 15 calendar days after your policy anniversary in order to be processed.** You may request one transfer during the 15 calendar days after your policy anniversary. If more than one transfer request is received by EquiTrust, the first request received will be used.
- The amount being transferred between and/or remaining in accounts cannot be less than \$2,000.
- The account transfer will be effective as of your policy anniversary date.

I hereby request and direct the Company to change this Policy as follows:

Indicate the desired percentages among the available accounts **after** the transfer is completed. Amounts must be in whole percentages.

Fixed Rate Account	1-Year Interest Account	_____ %
S&P 500® Index	1-Year Point-to-Point Cap Index Account	_____ %
	1-Year Average Participation Index Account	_____ %
	1-Year Point-to-Point Participation Index Account	_____ %
Goldman Sachs Dynamo Strategy Index®	1-Year Point-to-Point Participation Index Account	_____ %
Total		100%

Some accounts may not be available on your policy. See your policy for details.

I agree that any change request shall be subject to the provisions of the Policy and approval by the Company. It is also agreed that any additional information required by the Company to effect the requested changes will be supplied upon request. Following completion of all requirements, the requested changes constitute a supplement to the original application for the Policy and shall form a part of the Policy.

Owner's Signature _____ Date _____

Joint Owner's Signature _____ Date _____