

## EXISTING CONTRACT/POLICY INFORMATION

\_\_\_\_\_  
Name of Distributing Plan/Company

\_\_\_\_\_  
Contract/Policy Number Being Exchanged/Transferred

\_\_\_\_\_  
**OVERNIGHT MAILING ADDRESS (no PO Boxes)**

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Annuitant's Name (please print)

\_\_\_\_\_  
Annuitant's Social Security Number

\_\_\_\_\_  
Owner's Name (please print)

\_\_\_\_\_  
Owner's Social Security Number

\_\_\_\_\_  
Joint Annuitant's Name – if applicable (please print)

\_\_\_\_\_  
Joint Annuitant's Social Security Number

\_\_\_\_\_  
Joint Owner's Name – if applicable (please print)

\_\_\_\_\_  
Joint Owner's Social Security Number

\_\_\_\_\_  
Owner(s) Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

**Please complete sections 1, 2, & 5 and *either* section 3 (non-qualified) or 4 (qualified)**

**1. Please transfer these funds**  **Immediately** or  **on a specific date** \_\_\_/\_\_\_/\_\_\_ **(not later than the maturity date)**

**2. RETURN OF CONTRACT/POLICY** (Please choose one if you are transferring the full value of your current contract/policy.)

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

**3. NON-QUALIFIED TRANSFERS: Please select *one* choice below (A or B)**

**A.  1035 EXCHANGE  Full  Partial** \$ \_\_\_\_\_ or \_\_\_\_\_ % (Check with your representative for availability)

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 contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code.

*If this is an exchange into an existing contract, please provide the existing Contract Number \_\_\_\_\_.*

*Without this contract number, the exchange must be made into a new contract. 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 Company is directed to surrender all or part of my contract, as indicated above, 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 contract. 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.

**B.  NON-QUALIFIED TRANSFER  Full  Partial** \$ \_\_\_\_\_ or \_\_\_\_\_ %

(such as Mutual Fund shares, savings/checking account transfers) **This is not for 1035 Exchanges.**

The Company will apply all such funds received to an annuity contract 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 annuity contract will begin to accrue when the Company receives these proceeds and all other necessary paperwork in good order.

**4. QUALIFIED TRANSFERS: Please select one choice below (A, B, or C)**

**A.  QUALIFIED ACCOUNT TRANSFER  Full  Partial \$ \_\_\_\_\_ or \_\_\_\_\_%**

(Certain restrictions may apply)

From:  IRA  Simple IRA  Roth IRA  Qualified Retirement Plan  SEP IRA  Other

**B.  TSA to TSA  Full  Partial \$ \_\_\_\_\_ or \_\_\_\_\_%**

This transaction is intended to qualify as a tax-free transfer under Rev Rule 90-24

**C.  DIRECT ROLLOVER**

This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax laws.

TSA/401(k)/457 Plan/401(a) to IRA

Qualifying event

Separated from service  Age 59 1/2  Termination of plan  Disability  Death

**If this is a transfer into an existing contract, please provide the existing Contract Number \_\_\_\_\_.**

**Without this contract number, the transfer must be made into a new contract.**

**Prior Distribution Information (Participants age 70 and over only)**

If you have attained age 70 1/2, the IRS requires annual minimum distributions from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution (RMD) amount must be taken from the new IRA by December 31 of the current calendar year.

**This is a transfer and my RMD amount for this tax year should be handled as follows (select one):**

Proceed with the transfer, I will take responsibility for taking my RMD before December 31 of the current year.

Proceed with the transfer, my Required Minimum Distribution has already been taken.

Distribute my Required Minimum Distribution to me before transferring my funds to EquiTrust Life Insurance Company.

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**5. SIGNATURES AND AUTHORIZATIONS**

Please make check(s) payable to: **EquiTrust Life Insurance Company**.

Mail to: EquiTrust Life Insurance Company  
Attn: Annuity New Business  
P.O. Box 14500  
Des Moines, IA 50306-3500

Overnight to: EquiTrust Life Insurance Company  
Attn: Annuity New Business, Box 14500  
5400 University Avenue  
West Des Moines, IA 50266-5997

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 exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

\_\_\_\_\_  
Signature of the Owner  
(Note: A signature guarantee may be required)

\_\_\_\_\_  
Spousal Signature – if applicable for Community Property States

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Signature Guarantee by: Name of Bank/Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer & Title

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Place Signature Guarantee Stamp Here

EquiTrust Life Insurance Company • P.O. Box 14500 • Des Moines, Iowa 50306-3500 • (866) 598-3692

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