## AUTHORIZATION TO HOLD ISSUE FOR MULTIPLE PREMIUMS

## **EquiTrust Life Insurance Company®**

7100 Westown Parkway, Suite 200 West Des Moines, Iowa 50266-2521 (866) 598-3692 <a href="www.EquiTrust.com">www.EquiTrust.com</a> Mailing Address: PO Box 14500 Des Moines, Iowa 50306-3500

## TO BE USED FOR FLEXIBLE PREMIUM PRODUCTS

Owner Name (please print):		
Joint Owner Name (please print):		
premium received. If issued with the	he first premium receive e, will be added to the o	remiums and therefore can be issued with the first ed, any additional premium received will not be contract after issue, and will earn interest based on nniversary.
	ave been received. I un	equest EquiTrust to hold issue until all premium derstand the contract effective date for purposes of ds received.
Owner Signature	Date	Owner Name (please print)
Joint Owner Signature	Date Date	Joint Owner Name (please print)
Agent/Producer Signature	Date	Agent/Producer Number

