CHARITABLE REMAINDER TRUST (CRT) DISCLOSURE

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200 West Des Moines, Iowa 50266-2521 (866) 598-3692 Fax: (515) 226-5101

www.EquiTrust.com

Mailing Address: PO Box 14500 Des Moines, Iowa 50306-3500

This document should be read carefully and must be signed by the Charitable Remainder Trust (CRT) donor. By signing this form, the donor acknowledges that he or she has been advised of, understands and accepts responsibility for the following:

- It is important to obtain independent, qualified advisers such as an accountant, an attorney and an administrator
 for the CRT. EquiTrust will not function in any capacity other than as the issuer of an annuity in relation to the
 CRT.
- EquiTrust is not the trustee or the administrator of the CRT. EquiTrust is not responsible for or liable for calculating or obtaining any income tax deductions, trust valuation figures, or any other aspect of creating or administering the CRT.
- The calculation of amounts to be distributed from the CRT is not the responsibility of EquiTrust. Any request for
 a withdrawal or surrender from the annuity must be sent to EquiTrust by the CRT trustee and will be processed
 as requested. EquiTrust will not examine whether the requested withdrawal or surrender is appropriate under
 the CRT and will not send distributions automatically.
- Surrender charges may be applicable to annuity withdrawals that the CRT may be required to make.
- EquiTrust will not consider the CRT annuity to be owned by an agent for a natural person and thus, the income
 earned on the annuity will be taxed, via a Form 1099, each year to the CRT as the owner.
- The annuity annual statement will be sent only to the owner. It is the owner's responsibility to provide any information concerning the annuity to any other parties or independent advisers.
- EquiTrust will not be able to answer any questions about the CRT for the trustee or any other party beyond
 questions dealing directly and exclusively with the annuity. Questions about the CRT should be directed to
 independent advisors such as a qualified attorney or accountant.

SIGNATURES

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CRT Donor(s) Printed Name	
CRT Donor(s) Signature	Date
CRT Trustee/Administrator(s) Printed Name(s)	
CRT Trustee/Administrator Signature(s)	Date
CRT Trustee/Administrator(s) Address	
CRT Trustee/Administrator(s) Phone Number	

EquiTrust.

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