

AGENT APPOINTMENT APPLICATION

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
 West Des Moines, Iowa 50266-2521
 (866) 598-3692 Fax: (515) 226-5102

www.EquiTrust.com

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

If applying for both principal agent and agency, and the answers for the respective appointments differ, please use separate applications.

Name (as it appears on your license)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Business Name	Email		
Business Address	City	State	Zip
Business Phone	Fax		
Social Security Number	Taxpayer Identification Number		
CRD Number (if securities licensed)	Broker/Dealer Name		
Do you currently have a debit balance with any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give the company name and balance _____ Balance: \$			
a. Have you ever had your insurance license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Have you ever had a complaint filed against you with an insurance department?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales, or have you been refused surety bonding?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Have you ever been convicted of a misdemeanor, including but not limited to crimes involving dishonesty, breach of trust, or a violation of federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Have you ever been party to any litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. Are there any unsatisfied judgements outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If you answer yes to any of the questions above, please attach the applicable items listed below. Failure to do so will result in your request for appointment being declined.</p> <p>a) A written statement explaining the circumstances of each incident</p> <p>b) A certified copy of the charging document</p> <p>c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgement.</p>			

AGENT'S DECLARATION AND AUTHORIZATION

1. I hereby certify that all my answers to the above questions are true. I understand that this application will form a part of my Agent's Contact with EquiTrust Life Insurance Company (the Company) and the information is, to the best of my knowledge, an accurate statement of fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for rejecting the appointment application or for contract termination for cause at the sole discretion of the Company.
2. Certification – under penalty of perjury, I certify that:
 - a. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me).
 - b. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I acknowledge that I have reviewed both the Business Guidelines and Annuity Suitability Agent User Guide (ET-3107), and understand that as an appointed agent of EquiTrust, it is my responsibility to abide by EquiTrust's policies and procedures defined in both documents, including all applicable statutes and regulations. I agree to review the Business Guidelines and Annuity Suitability Agent User Guide at least once per year. I understand it is my responsibility to seek clarification from EquiTrust's Compliance Department if I have any questions about either document.

Applicant Signature

Date

**AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION AND
CONSENT TO INVESTIGATIVE CONSUMER REPORT**

I have applied for appointment with EquiTrust Life Insurance Company (the "Company"). To enable the Company to properly verify and evaluate my qualifications, I understand that the Company need access to certain personal information about me.

I hereby authorize any employer or former employer, any school, any police department or other law enforcement organization, any financial institution, any consumer reporting agency, or any other person or organization having information about me to furnish to any insurance company affiliated with EquiTrust Life Insurance Company with any and all information that such person or organization has in its possession, including credit information.

I further acknowledge that one or more investigative consumer reports may be made in which information about my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with individuals such as neighbors, friends, or associates of mine. I hereby acknowledge and consent to the Company obtaining and utilizing such reports in its decision to contract with me. I understand that I have the right to make a written request to the Company within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation, and that I may obtain a summary of consumer rights upon request.

I certify that I have received from the Company all disclosures required by the Fair Credit Reporting Act.

A photocopy of this authorization is as valid as an original. I specifically waive any written notice from any present or former employer who may provide information based on this authorization. I understand this authorization will become a part of a written appointment application.

I acknowledge and agree that should I become associated with the Company in the position of agent, this Authorization shall remain valid and in effect and will allow the Company to obtain such reports as the Company deem necessary on an ongoing basis without any additional notice or consent during the term of such association.

DEBIT CHECK AGENT/AGENCY AUTHORIZATION

Vector One Operations, LLC dba Vector One manages the secured web portal interactive computer service provided by Debit-Check.com, LLC. This Debit-Check Agent/Agency Authorization is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. EquiTrust Life Insurance Company is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, EquiTrust may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure or other relationship with EquiTrust.

EquiTrust is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that EquiTrust may consider the results of the commission related debit balance screening to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance principal and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust. I understand and acknowledge that EquiTrust may obtain commission related debit balance information through Debit-Check as state law allows. I understand that My Information, including the information provided above ("My Information"), may be used for the purpose of obtaining and conducting a commission related debit balance screening. I authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to EquiTrust. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with EquiTrust, whether voluntary or involuntary, if a commission related debit balance is owed to EquiTrust. EquiTrust may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed. I authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing my information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

FAIR CREDIT REPORTING ACT NOTICE

I acknowledge that EquiTrust Life Insurance Company ("EquiTrust") may now, or at any time while a business relationship exists, request consumer reports and/or investigative consumer reports through Business Information Group Inc. ("BIG") that may include information as to my character, general reputation, personal characteristics, or mode of living, work habits, performance or experience, along with reasons for termination of past employment/professional licenses or credentials; financial/credit history; or criminal or civil record history for the purpose of obtaining information which may be material to my qualifications for appointment.

If an adverse action is taken based in whole or in part on information contained in the report, EquiTrust will notify you of the adverse action and provide contact information with respect to the consumer reporting agency as required by the Fair Credit Reporting Act.

With respect to a consumer report, you have the right to request, in writing, within a reasonable time, that BIG make a complete and accurate disclosure of the nature and scope of the information requested. Communications with BIG should be directed to Business Information Group, Inc., P.O. Box 541, Southampton, PA 18966, Telephone (800) 260-1680, www.bigreport.com.

By signing below, I hereby authorize all entities having information about me as described above to release such information to BIG. I acknowledge that this is a continuing authorization during the term of my business relationship.

FOR CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY

You have the right to request a copy of any consumer report we may order. If you wish to receive a copy, you will indicate your desire to do so by emailing a request to Agent.Administration@EquiTrust.com.

California Applicants: If you indicate that you would like to receive a copy of the consumer report, the report will be provided to you within three (3) business days after we receive the requested reports. Under section 1786.22 of the California Civil Code, the investigative consumer reporting agency shall supply the requested information during normal business hours and on reasonable notice. You may also obtain a copy of this information by: (1) appearing in person, furnishing proper identification, and paying the costs of duplication services; (2) a written request sent certified mail, with proper identification; or (3) telephone, upon a written request and with proper identification. The agency is required to have personnel available to explain the information furnished to you and the agency must provide a written explanation to you of any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

By signing below, I acknowledge that I have read the above.

Date: _____ Applicant Signature: _____

Print Full Name: _____



For Massachusetts appointments only. If not requesting appointment in Massachusetts, please disregard this page.

Dear Massachusetts Producer

All persons that own, license, store or maintain personal information about a resident of Massachusetts are required to meet certain standards for protecting paper and electronic records.

Personal information may include a resident's name in combination with Social Security, drivers license, state-issued identification card, financial account number or credit card numbers.

Please review Massachusetts 201 CMR 17.00 Compliance Checklist and the corresponding comprehensive security program components, both available on the EquiTrust agent website, for specific requirements regarding your responsibility for maintaining these records. Go to EquiTrust.com>Fixed Annuities>Buzz item titled "New Massachusetts Regulation." Also, please sign the acknowledgment below and fax to EquiTrust so that we may continue your appointment.

Thank you for your attention to this important matter.

Sincerely,

Emily Kresowik
Compliance
Phone: 877-249-3694

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Please sign & fax a copy of this to EquiTrust Life Insurance Company at (515)226-5102

I hereby certify by signing below that I have reviewed Massachusetts 201 CMR 17.00 Compliance Checklist and the corresponding comprehensive security program components. I further certify that I am in compliance with the requirements of MA 201 CMR 17.00. I understand that it is my responsibility to ensure that I continue to meet the requirements of MA 201 CMR 17.00 and agree to take necessary steps to ensure such continued compliance. If acting in a management capacity, this certification extends to my organization.

By: _____

Name (print): _____

Title: _____

Date: _____