

**FLORIDA ACCREDITED INVESTOR  
CERTIFICATION FORM**

**EquiTrust Life Insurance Company®**

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West Des Moines, Iowa 50266-2521  
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Mailing Address: PO Box 14500  
Des Moines, Iowa 50306-3500

If you are an Accredited Investor age 65 or older who is applying for an annuity product with a surrender charge period longer than 10 years and/or surrender charge percentage higher than 10% in the state of Florida, you are required to submit this form. In addition to completing and submitting this form, your annuity application will be subject to our normal suitability requirements.

Owner Full Name	Joint Owner Full Name
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- I (We) understand that we are applying for an annuity contract that includes a surrender charge schedule that is longer than 10 years and/or whose surrender charges exceeds 10% in the first year.
- I (We) understand that EquiTrust offers other annuity contracts that include a surrender charge that is less than or equal to 10 years and/or whose surrender charges does not exceed 10% in the first year.

The undersigned (the "Owner") hereby certifies to EquiTrust that the Owner is an Accredited Investor within the meaning of Florida's Statute concerning annuity transactions by seniors based on the following:

**(Please initial the statements that apply to you; at least one must apply.)**

<input type="checkbox"/>	<input type="checkbox"/>	My net worth (or our joint net worth) exceeds \$1 million. (Net worth excludes equity in the primary residence and monies used to purchase this annuity).
(Owner Initials)	(Jt. Owner Initials)	
<input type="checkbox"/>	<input type="checkbox"/>	My individual income has been in excess of \$200,000 in each of the 2 most recent years, or my joint income with my spouse is in excess of \$300,000 in each of those years, and I/we have a reasonable expectation of reaching the same income level in the current year.
(Owner Initials)	(Jt. Owner Initials)	

**SIGNATURES**

**Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**Please note: EquiTrust will be calling you to verify the above information.**

By signing below, I certify that the above information is true and correct in all material respects. I recognize that EquiTrust is relying on the truth and accuracy of such information in determining whether the Owner meets the standards under Florida law to purchase annuity products not otherwise available to Florida Owners aged 65 or older.

Owner Signature	Date
Joint Owner Signature	Date

**AGENT STATEMENT – Acknowledgement of responsibility for suitability of Accredited Investor**

By signing below, I certify that I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner based on the information they have provided.

Agent Signature	Date
Florida License Number	Agent Number