## REMOTE APPLICATION DISCLOSURE

## EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200 West Des Moines, Iowa 50266-2521 (866) 598-3692 www.EquiTrust.com

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

For additional guidance regarding our policy on taking applications via the mail, please visit our Business Guidelines.

IMPORTANT: In accordance with EquiTrust policy, contract delivery must take place in the state in which the application was signed.

1. OWNER INFORMATION (For trust owned cont	racts provide the following infort	mation for all trustees)	
Owner	Joint Owner		
Driver's license number/government ID number	Driver's license number	Driver's license number/government ID number	
Driver's license issue state	Driver's license issue st	tate	
Occupation	Occupation		
2. METHOD OF SOLICITATION	'		
Via telephone, with documents signed by E-Ap NOTE: You must have an existing relationship		method.	
Via video messaging, with documents signed by NOTE: You are required to view a government Reminder – if you choose to fax the application government issued identification.	t issued picture ID during the video		
government issued identification.	_		
3. SIGNATURES			
By signing below we certify that the above information documentation was signed and dated by the owner			
Owner Signature		Date	
Joint Owner Signature		Date	
Agent Signature T	itle (if applicable)	Date	



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