NOTICE REGARDING PROPOSED REPLACEMENT OF LIFE INSURANCE OR ANNUITY - ILLINOIS

EquiTrust Life Insurance Company®

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

IDENTIFICATION		
Name of Insured		
Address		
Contract Number		
This notice is given pursuant to 50 III. Adm. Code 917.70(c).		
Insurance Agent Signature	Insurance Agent Printed Name	Date

