CHOICEFOUR™

Single Premium Deferred Annuity Form Series ET-SPA-2000(11-04)

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

PRELIMINARY CONTRACT SUMMARY

Thank you for your interest in the ChoiceFour annuity. ChoiceFour is a single premium deferred annuity that accumulates interest through an interest rate that is guaranteed for one year and can be reset annually thereafter. You may cancel your annuity Contract within a certain number of days of your receipt to receive a complete refund of your premium.

Some features of this annuity may not be available in all states and may vary by state. If you have any questions, please contact your representative or EquiTrust Life Insurance Company ("the Company") for details. This form is not intended to be a complete explanation of your annuity. **Please refer to your Contract for complete details.**

INTEREST CREDITING

The Accumulation Value of your annuity equals the Premiums paid, plus any applicable Premium Bonus, less withdrawals (if applicable), accumulated at the current interest rate. The interest rate will be declared on each Contract Anniversary and is guaranteed for the following Contract Year. The declared interest rate can never be less than the Minimum Guaranteed Interest Rate. The Minimum Guaranteed Interest Rate will be no lower than 1% and no higher than 3%. Once your Contract is issued, the Minimum Guaranteed Interest Rate will not change. Ask your agent for the current interest rate and Minimum Guaranteed Interest Rate.

LIQUIDITY FEATURES AND IMPORTANT TERMS

You may receive partial surrenders or periodic income payments from your annuity by submitting a request acceptable to the Company. You may be subject to a 10% Federal penalty tax if you make withdrawals or surrender your annuity before age 59½.

Premium Amounts – The minimum premium allowed is \$10,000. The maximum premium allowed is \$1,000,000 without Home Office approval.

Penalty-Free Withdrawals - You may withdraw interest earned in the prior 12 months and not previously withdrawn without a Surrender Charge. If the Contract is subsequently surrendered during the Contract Year, the Surrender Charge will be applied to any previously uncharged Partial Surrender amounts taken in the same Contract Year.

Partial and Full Surrenders – Any withdrawal over the penalty-free amount will be subject to Surrender Charges. In the event of a full surrender, you will receive the cash surrender value of your Contract as a lump sum.

• Surrender Charges – This annuity product is a long-term Contract with substantial penalties for early surrender. A surrender charge is assessed, according to the schedule below, on any amount withdrawn as a partial or full surrender that is in excess of the penalty-free amount:

STATE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8	YEAR 9
%	12%	11%	10%	9%	8%	7%	6%	4%	2%

• Cash Surrender Value – The Cash Surrender Value equals the greater of (a) the Minimum Guaranteed Contract Value; or (b) the Accumulation Value less any applicable Surrender Charge, determined as of the date of surrender. The Minimum Guaranteed Contract Value will be 100% of Premium(s), less any partial withdrawals, plus interest earned at a rate no lower than 1% and no higher than 3%, less Surrender Charges. Once your Contract is issued, your Minimum Guaranteed Contract Rate will not change.

Annuitization – You may choose to have the proceeds of this Contract paid under a payment option on your income date. This is called annuitizing your Contract. When you annuitize, you can choose from several options, including income for life and/or a specified period of years. Once you annuitize your Contract, you may not surrender it or have access to any values of your annuity, other than your income payments.



Nursing Home Waiver– After the first Contract Year, you may make a partial or a full surrender without incurring a Surrender Charge if you become confined to a Hospital or Nursing Care Center for at least 90 consecutive days. Nursing Home Waiver is only available through issue age 80.

Terminal Illness Rider – In the event that you become terminally ill, you may access up to 75% of your Contract's Accumulation Value without a Surrender Charge. A waiting period may apply. Terminal Illness Rider availability may vary by state.

Death Benefit - The death benefit is equal to the Accumulation Value.

OTHER NOTES

- The ChoiceFour annuity is backed by the financial strength of the Company. It is not guaranteed by any bank and is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the federal government.
- Funded plans under the Employee Retirement Income Security Act of 1974 (ERISA) may not be used with this annuity.
- This material is provided by EquiTrust Life Insurance Company ("EquiTrust"), which issues annuity contracts that are generally described in this material. EquiTrust is not undertaking to provide investment advice for any individual or any individual situation, and you should not look to this material for any investment advice.
- In the states of NJ and PA, "Contract" is referred to as "Certificate".

ADDITIONAL OPTIONS -

The following options are available to be chosen by you only at Contract issue and will change the Base Contract accordingly. You have the choice of choosing one, both, or neither of the options listed below. Please review the details of each available option and make your choice based upon your current and future needs.

Liquidity Option

If chosen, the Liquidity Option will shorten the Surrender Charge schedule of the Base Contract to a period of 6 years as follows:

STATE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6
%	12%	11%	10%	9%	8%	7%

In addition, the Base Contract's Partial Surrender provision will be changed to allow withdrawals beginning in the second Contract Year, for up to 10% of the Accumulation Value as of the most recent Contract Anniversary, without incurring a Surrender Charge. There is a charge if you elect the Liquidity Option, which is equal to a lower interest rate in comparison to the Base Contract.

Market Value Adjustment Option

If chosen, the Market Value Adjustment Option will provide a Market Value Adjustment (MVA) on amounts withdrawn or surrendered from this Contract. The MVA may result in either an increase or a decrease to the amount withdrawn or surrendered. A Market Value Adjustment will be made only when a Surrender Charge is deducted. A 1.50% Premium Bonus is immediately applied to all Premium(s) if this option is elected. Annuities that offer bonus features may have higher fees and charges, longer surrender charge period and/or lower credited interest rates than annuities that do not provide the bonus feature.

Generally, the MVA decreases the amount received upon surrender when interest rates rise, and increases it when interest rates fall. In no event will the Cash Surrender Value after adjustment for the MVA be less than the Minimum Guaranteed Contract Value. Please refer to your Contract for complete details.



Select your option preference by	checking only or	ne box below	:							
☐ No Options/Base Contract: 9 ye	ear surrender charge	schedule								
☐ MVA Option: 9 year surrender ch			nus, surrenders subjec	t to MVA						
☐ Liquidity Option: 6 year surrender charge schedule, more flexible Partial Surrender provision, lower interest ra										
☐ Both Liquidity & MVA Options:	☐ Both Liquidity & MVA Options: 6 year surrender charge schedule, 1.50% premium bonus, surrenders subject to MVA, more flexible Partial Surrender provision, lower interest rate									
Note: There is no additional fee associated making your election. Once your contract the life of the contract.										
f this annuity is replacing an existing charges you may incur on the surrend about your existing annuity, contact request. The insurance agent/producer is appoint pehalf. The insurance agent/producer with the	ler of the existing ar the issuing compa atted to represent the	nnuity and you any. We will p Company and	r need to access you rovide you with a C	r funds. For information ontract Summary upon e services to you on our						
Applicant Statement: By signing below, I acknowledge that I single premium deferred annuity. I also a for this document, as well as any advertion ther than the minimum guaranteed valuation of the Regarding Sales to Military Personanteed to the state of	acknowledge that the sement that was use lues, there are no gu	e annuity meets ed in connection	my financial objective n with the sale of this a	s. I have received a copy annuity. I understand that						
Owner(s)/Applicant(s) Signature	Date	Owner(s)/Ap	plicant(s) Name (pleas	e print)						
Social Security Number		Daytime Tele	ephone Number							
Joint Owner(s)/Applicant(s) Signature	Date	Joint Owner	s)/Applicant(s) Name (please print)						
Joint Owner Social Security Number		Joint Owner	Daytime Telephone No	umber						
Agent/Producer Statement: By signing below, I acknowledge I have well as any advertisement used in connmade statements that differ in any signification for the future value of any non-guaranteed expersonnel, if applicable.	ection with the sales icant manner from th	of this annuity is material. I ha	has been provided to ve not made any prom	the applicant. I have not ises or guarantees about						
Agent/Producer Signature	Date	Agent/Produ	ıcer Name & Number (please print)						
Agent/Producer Street Address		City	State	Zip						



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☐ MVA Option: 9 year surrender ch	narge schedule,	1.50% premium bon	us, surrenders subject	to MVA
☐ Liquidity Option : 6 year surrend	er charge sche	dule, more flexible Pa	artial Surrender provisi	on, lower interest rate
☐ Both Liquidity & MVA Options: subject to MVA, more flexible Par	6 year surrend	er charge schedule, 1	.50% premium bonus	
Note: There is no additional fee association making your election. Once your contract the life of the contract.				
f this annuity is replacing an existing a charges you may incur on the surrend about your existing annuity, contact request. The insurance agent/producer is appoint the pehalf. The insurance agent/producer with the insurance agent/producer wit	er of the existi the issuing c	ng annuity and your ompany. We will pront the Company and	need to access your ovide you with a Co	funds. For information ontract Summary upon e services to you on our
Applicant Statement: By signing below, I acknowledge that I single premium deferred annuity. I also a of this document, as well as any advertibither than the minimum guaranteed valuation of the Regarding Sales to Military Personance in the properties of the state o	acknowledge the sement that wallues, there are	at the annuity meets s used in connection no guarantees, prom	my financial objectives with the sale of this a	s. I have received a copy innuity. I understand that
Owner(s)/Applicant(s) Signature	Date	Owner(s)/App	olicant(s) Name (pleas	e print)
Social Security Number		Daytime Tele	phone Number	
Joint Owner(s)/Applicant(s) Signature	Date	Joint Owner(s	s)/Applicant(s) Name (please print)
loint Owner Social Security Number		Joint Owner [Daytime Telephone Nu	ımber
Agent/Producer Statement: By signing below, I acknowledge I have well as any advertisement used in connected statements that differ in any signification to the future value of any non-guaranteed elements. If applicable.	ection with the cant manner from	sales of this annuity, om this material. I hav	has been provided to ve not made any prom	the applicant. I have not ises or guarantees about
Agent/Producer Signature	Date	Agent/Produ	cer Name & Number (please print)
Agent/Producer Street Address		City	State	Zip



AUTHORIZATION TO HOLD ISSUE FOR MULTIPLE PREMIUMS

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Des Moines, Iowa 50306-3500

TO BE USED FOR FLEXIBLE PREMIUM PRODUCTS

Owner Name (please print):		
Joint Owner Name (please print):		
premium received. If issued with the	he first premium receive e, will be added to the c	remiums and therefore can be issued with the first ed, any additional premium received will not be contract after issue, and will earn interest based on nniversary.
	ave been received. I un	equest EquiTrust to hold issue until all premium derstand the contract effective date for purposes of ds received.
Owner Signature	Date	Owner Name (please print)
Joint Owner Signature	Date Date	Joint Owner Name (please print)
Agent/Producer Signature	Date	Agent/Producer Number

