

1. Name: _____ Date of Birth: _____ Sex: M F
(as it appears on your license)

2. Business Name: _____ Email: _____

Please check box to indicate mailing address

3. Business Address: _____
Street City County State Zip

4. Residence Address: _____
Street City County State Zip

Previous Residence: _____
(if less than 5 years at present address) Street City County State Zip

5. Residence Phone: _____ Business Phone: _____ Fax: _____

6. Social Security Number: _____ Taxpayer Identification Number: _____

7. CRD Number (if securities licensed): _____ Broker/Dealer Name: _____

8. For which states do you wish non-resident appointment? _____
(Attach copy of current license. Fees required for non-resident appointments)

9. Do you currently have a debit balance with any insurance company? No Yes (if yes give a company name and explanation below)
 Balance: \$ _____

10. *If you answer "Yes" to any of the questions below, please write details on a separate sheet of paper and attach to this application.*

- a. Have you ever had your insurance license suspended or revoked? No Yes
- b. Have you ever had a complaint filed against you with an insurance department? No Yes
- 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? No Yes
- d. Have you ever been convicted of a felony, including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law? No Yes
- e. Have you ever been party to any litigation? No Yes
- f. Are there any unsatisfied judgments outstanding against you? No Yes

11. **Errors and Omissions Coverage – REQUIRED** (Must provide a copy of the declaration page).

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 Contract 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 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.

CONSENT TO INVESTIGATIVE REPORT

The Company may obtain independent investigative credit and criminal reports which would provide information concerning my character, general reputation, personal characteristics and mode of living. I hereby acknowledge and consent to the Company obtaining and utilizing such reports in its decision to contract with me. If requested in writing, I shall be provided with complete disclosure of the nature and scope of this report. Information obtained by the Company will be treated as confidential.

Applicants of CA, MN, OK only: Check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

Signature of Applicant: _____ Date: _____

21. CONFIDENTIAL INFORMATION

In performing the obligations arising under this Agreement, each party may have access to and receive certain confidential or proprietary information of the other party (hereinafter "Confidential Information"). Each party shall take all reasonable steps necessary to protect the confidential and proprietary nature of all Confidential Information of the other party by affording thereto the same types of protection which the party in possession of Confidential Information of the other party affords its own confidential and proprietary information. Each party has adopted reasonable business practices to limit access and unauthorized disclosure of Confidential Information. The parties will only disclose Confidential Information with those having a sufficient reason to know such information and shall limit employee, vendor, agent and other third party access in accordance with the terms of this Agreement. Except as provided in this Agreement or as reasonably required to perform the services referenced herein, neither party shall, directly or indirectly, disclose or make available to any third party, or use for any purpose, any Confidential Information belonging to the other party, except as may be required by law. Notwithstanding the foregoing, Confidential Information shall not include: (i) any information which is or becomes generally available to the public or the insurance industry, other than as a result of a breach of this Agreement by the party obtaining the Confidential Information; (ii) any information which is lawfully obtained by the party from a third party, provided that the third party is not, to the knowledge of the party obtaining the information, bound by a nondisclosure agreement with respect thereto; or (iii) any information which subsequently develops from independent sources.

22. ARBITRATION

If any dispute or disagreement shall arise in connection with any interpretation of this agreement, its performance or non-performance, or the figures and calculations used, the parties shall make every effort to meet and settle their disputes in good faith informally. If the parties cannot agree on a written settlement within sixty days after it arises, or within a longer period agreed upon by the parties, then the matter in controversy shall be settled by arbitration, in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The place of any arbitration shall be West Des Moines, Iowa.

23. APPLICABLE LAW

To the full extent controllable by our stipulation, this Contract shall be construed in accordance with Company rules and policy now or hereafter established and shall be interpreted and enforced under Iowa law.

EQUITRUST LIFE INSURANCE COMPANY

By: _____

Title: _____

Date: _____

AGENT - _____

By: _____

Title: _____

Date: _____

EQUITRUST LIFE INSURANCE COMPANY
5400 University Avenue
West Des Moines, Iowa 50266