

AGENT APPOINTMENT APPLICATION

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
Agents.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

If applying for both principal agent and agency, and the answers
for the respective appointments differ, please use separate applications.

Name (as it appears on your license)		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Business Name		Email			
<i>Please check box to indicate mailing address</i>					
<input type="checkbox"/> Business Address	County	City	State	Zip	
<input type="checkbox"/> Residential Address	County	City	State	Zip	
Previous Residential Address (if less than 5 years at present address)		City	State	Zip	
Residence Phone	Business Phone		Fax		
Social Security Number		Taxpayer Identification Number			
CRD Number (if securities licensed)		Broker/Dealer Name			
Do you currently have a debit balance with any insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give the company name and balance _____ Balance: \$ _____					
a. Have you ever had your insurance license suspended or revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Have you ever had a complaint filed against you with an insurance department?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Have you ever been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Have you ever been convicted of a misdemeanor, including but not limited to crimes involving dishonesty, breach of trust, or a violation of federal law?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Have you ever been party to any litigation?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Are there any unsatisfied judgements outstanding against you?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answer yes to any of the questions above, please attach the applicable items listed below. Failure to do so will result in your request for appointment being declined. a) A written statement explaining the circumstances of each incident b) A certified copy of the charging document c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgement.					
Errors and Omissions Covered – REQUIRED (Must provide a copy of the declaration page)					

Signature required on the next 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 Contact with EquiTrust Insurance Marketing Services, in California doing business as EQT Insurance Marketing Services and EquiTrust Life Insurance Company (the Companies) 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 rejecting the appointment application or for contract termination for cause at the sole discretion of the Companies.
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.

Applicant Signature

Date

AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION AND CONSENT TO INVESTIGATIVE CONSUMER REPORT

I have applied for appointment with EquiTrust Insurance Marketing Services, in California doing business as EQT Insurance Marketing Services and EquiTrust Life Insurance Company (the "Companies"). To enable the Companies to properly verify and evaluate my qualifications, I understand that the Companies need access to certain personal information about me.

I hereby authorize any employer or former employer, any school, any police department or other law enforcement organization, any financial institution, any consumer reporting agency, or any other person or organization having information about me to furnish to any insurance company affiliated with EquiTrust Insurance Marketing Services with any and all information that such person or organization has in its possession, including credit information.

I further acknowledge that one or more investigative consumer reports may be made in which information about my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with individuals such as neighbors, friends, or associates of mine. I hereby acknowledge and consent to the Companies obtaining and utilizing such reports in its decision to contract with me. I understand that I have the right to make a written request to the Companies within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation, and that I may obtain a summary of consumer rights upon request.

I certify that I have received from the Companies all disclosures required by the Fair Credit Reporting Act.

A photocopy of this authorization is as valid as an original. I specifically waive any written notice from any present or former employer who may provide information based on this authorization. I understand this authorization will become a part of a written appointment application.

I acknowledge and agree that should I become associated with the Companies in the position of agent, this Authorization shall remain valid and in effect and will allow the Companies to obtain such reports as the Companies deem necessary on an ongoing basis without any additional notice or consent during the term of such association.

Date: _____ Applicant Signature: _____

Print Full Name: _____

AGENT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have reviewed both the Business Guidelines and Annuity Suitability Agent User Guide (ET-3107), and understand that as an appointed agent of EquiTrust, it is my responsibility to abide by EquiTrust's policies and procedures defined in both documents, including all applicable statutes and regulations. I agree to review the Business Guidelines and Annuity Suitability Agent User Guide at least once per year. I understand it is my responsibility to seek clarification from EquiTrust's Compliance Department if I have any questions about either document.

Date: _____ Applicant Signature: _____

Print Full Name: _____

BACKGROUND SCREENING DISCLOSURE FORM FOR EMPLOYMENT PURPOSES

Please be advised that a consumer report may be obtained on you for employment purposes (which includes independent contractors under the Fair Credit Reporting Act (FCRA)).

Consumer reports may be obtained at any time after the company receives your written authorization, including during the hiring process; and, during any subsequent period of employment you may have with the company, where permitted by law.

Under the FCRA, consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living that is used or is expected to be used for employment purposes. Consumer reports may include credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources.

By signing below, I acknowledge that I have read the above.

Date: _____ Applicant Signature: _____

Print Full Name: _____

STATE DISCLOSURES

Please be advised that a consumer report and/or investigative consumer report may be obtained on you for employment purposes. The consumer reporting agency that may provide the company with your report is:

Business Information Group, Inc.
P.O. Box 541
Southampton, PA 18966
Telephone: (800) 260-1680
www.bigreport.com

BIG's privacy practices with respect to the preparation and processing of consumer reports and/or investigative consumer reports may be found at <http://www.bigreport.com/privacy-policy/>.

For Maine Applicants & Residents

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For Massachusetts Applicants & Residents

You have the right, upon request, to know whether the company ordered an investigative consumer report about you. You also have the right to ask the consumer reporting agency for a copy of any such report.

For Minnesota Applicants & Residents

You have the right in most circumstances to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the company ordered about you. The consumer reporting agency must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by the company, whichever date is later. If an investigative consumer report is obtained, such a report may include information obtained through personal interviews regarding your character, general reputation, personal characteristics, or mode of living.

For New Jersey Applicants & Residents

You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the company ordered about you.

For Vermont Applicants & Residents

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

You seek to be/are employed in a position that involves access to "confidential financial information" (defined as "sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties");

You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts.

For Washington Applicants & Residents

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to this disclosure within five business days after the date your request is received or we ordered the report, whichever is later. The Washington Fair Credit Reporting requires consumer reporting agencies to provide you a summary of your rights and remedies upon request.

California, Minnesota, and Oklahoma Applicants & Residents:

You have the right to receive a free copy of your background report. Please check this box if you would like a free copy of your report: ☐

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

EquiTrust Insurance Marketing Services, in California doing business as EQT Insurance Marketing Services and EquiTrust Life Insurance Company (the "Companies") intends to obtain information about you from an investigative consumer reporting agency for appointment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for purposes of your application for appointment. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Companies may investigate the information contained in your appointment application and other background information about you, including but not limited to obtaining a criminal record report, verifying driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making appointment decisions. The source of any investigative consumer report (as that term is defined under California law) or consumer report will be:

Business Information Group, Inc.
P.O. Box 541
Southampton, PA 18966
Telephone: (800) 260-1680
www.BigReport.com

The Companies agree to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

By signing below, I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. I have checked the box if I would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Companies at no charge whenever I have a right to receive such a copy under California law. ☐

Date: _____ Applicant Signature: _____

Print Full Name: _____



For Massachusetts appointments only. If not requesting appointment in Massachusetts, please disregard this page.

Dear Massachusetts Producer

All persons that own, license, store or maintain personal information about a resident of Massachusetts are required to meet certain standards for protecting paper and electronic records.

Personal information may include a resident's name in combination with Social Security, drivers license, state-issued identification card, financial account number or credit card numbers.

Please review Massachusetts 201 CMR 17.00 Compliance Checklist and the corresponding comprehensive security program components, both available on the EquiTrust agent website, for specific requirements regarding your responsibility for maintaining these records. Go to EquiTrust.com>Fixed Annuities>Buzz item titled "New Massachusetts Regulation." Also, please sign the acknowledgment below and fax to EquiTrust so that we may continue your appointment.

Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in blue ink that reads "Emily Kresowik".

Emily Kresowik
Compliance
Phone: 877-249-3694

=====

Please sign & fax a copy of this to EquiTrust Life Insurance Company at (515)226-5102

I hereby certify by signing below that I have reviewed Massachusetts 201 CMR 17.00 Compliance Checklist and the corresponding comprehensive security program components. I further certify that I am in compliance with the requirements of MA 201 CMR 17.00. I understand that it is my responsibility to ensure that I continue to meet the requirements of MA 201 CMR 17.00 and agree to take necessary steps to ensure such continued compliance. If acting in a management capacity, this certification extends to my organization.

By: _____

Name (print): _____

Title: _____

Date: _____

EquiTrust Life Insurance Company • P.O. Box 14500 • Des Moines, IA 50306-3500

AGENT LICENSE AGREEMENT

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

AN AGREEMENT BETWEEN EQUITRUST LIFE INSURANCE COMPANY

AND _____ (Licensee)

I _____ request that the company make application with the Department of Insurance in my resident state for the issuance of a life insurance agent's license authorizing me to solicit applications on behalf of EquiTrust Life Insurance Company.

I hereby agree that your consent to the issuance for such license is subject to, and I agree hereby to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to and under the jurisdiction of the agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my agent, who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of my state or states in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive or change any of the terms, rates or conditions of an advertisements, receipts, policies or contracts of the Company, in any respect; and
6. That I shall promptly remit to my agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first-year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my agent or upon its own initiative, cancel my license at any time.
9. I acknowledge receipt of the Company's privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

FOR HOME OFFICE USE ONLY

Date of effective agreement (month/day/year) _____, 20____.

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my agent's contract with the Company and this agreement.

Agent Signature (Licensee)

Sponsoring Agent/Agency

Sponsor Signature

The Company approves the above agreement subject to all provision herein.

Authorized Home Office Signature

LIFE AGENT CONTRACT TRANSMITTAL FORM

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
Agents.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level, or
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request a change of existing level.

☐ **NEW AGENT/PRODUCER**

Full Name of Agent being contracted	
Business Name (if different than Producer's Name)	
Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number

☐ **TRANSFER OR CHANGE IN CONTRACT LEVEL (Agent Signature Required)**

Full Name of Agent	Agent Number
Business Name (if different than Producer's Name)	Agent Number
New Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number
Agent's Signature	Date

Marketing Organization Name (please print)	
Authorized Signature	Date

Mail to:
EquiTrust
Attn: Agent Administration
PO Box 14500
Des Moines, IA 50306-3500

Can also be sent via fax or email to:
515-226-5102 or Agent.Administration@EquiTrust.com

FOR INTERNAL HOME OFFICE USE ONLY

ANNUITY AGENT CONTRACT TRANSMITTAL FORM

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515)226-5102
Agents.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level, or
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request a change of existing level.

☐ **NEW AGENT/PRODUCER**

Full Name of Agent being contracted	
Business Name (if different than Producer's Name)	
Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number

☐ **TRANSFER OR CHANGE IN CONTRACT LEVEL (Agent Signature Required)**

Full Name of Agent	Agent Number
Business Name (if different than Producer's Name)	Agent Number
New Contract Level (e.g. MGA, GA, A10)	
Reports to	Agent Number
Agent's Signature	Date

Marketing Organization Name (please print)	
Authorized Signature	Date

Mail to:
EquiTrust
Attn: Agent Administration
PO Box 14500
Des Moines, IA 50306-3500

Can also be sent via fax or email to:
515-226-5102 or Agent.Administration@EquiTrust.com

FOR INTERNAL HOME OFFICE USE ONLY

DEBIT CHECK AUTHORIZATION FORM

EquiTrust™

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
Agents.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, EquiTrust Insurance Marketing Services, in California doing business as EQT Insurance Marketing Services and EquiTrust Life Insurance Company ("EquiTrust") and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. EquiTrust and its affiliates and authorized third parties (collectively, EquiTrust) is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, EquiTrust may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

EquiTrust is hereby authorized to obtain and conduct a commission-related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that EquiTrust may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust. I understand and acknowledge that EquiTrust may obtain commission-related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information"), may be used for the purpose of obtaining and conducting a commission-related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with EquiTrust, whether voluntary or involuntary, if a commission-related debit balance is owed to EquiTrust, EquiTrust may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize EquiTrust to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in EquiTrust's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with EquiTrust, utilizing Debit-Check.

(B) _____ Authorize EquiTrust to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to EquiTrust.

CONTINUES ON NEXT PAGE

(D) _____ Authorize EquiTrust to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with EquiTrust, whether voluntary or involuntary, to the extent a commission related debit balance is owed to EquiTrust.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent Printed Name: _____

Agency Name (if applicable): _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY EQUITRUST:

Name of Company: EquiTrust Insurance Marketing Services

Signature:



Name and Title: Susan Andersen, Senior Manager, Marketing Administrative Services

Name of Company: EquiTrust Life Insurance Company

Signature:



Name and Title: Andrew Swanson, Assistant Vice President, Policy Administration