

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? Yes No (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?..... Yes No
- b. Have you ever had a complaint filed against you with an insurance department? Yes 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?..... Yes No
- d. Have you ever been convicted of a felony?..... Yes 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 a federal law?..... Yes No
- f. Have you ever been party to any litigation?..... Yes No
- g. Are there any unsatisfied judgments outstanding against you?..... Yes No

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 contract 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.

Signature of Applicant: _____ Date: _____



APPOINTMENT APPLICATION

AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION AND CONSENT TO INVESTIGATIVE REPORT

I have applied for appointment with EquiTrust Life Insurance Company (the "Company"). To enable the Company to properly verify and evaluate my qualifications, I understand that they 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 any insurance company affiliated with EquiTrust Life Insurance Company with any and all information that such person or organization has in its possession, including credit information.

I further acknowledge that investigative credit and criminal 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 Company obtaining and utilizing such reports in its decision to contract with me. I understand that I have the right to make a written request 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.

For Minnesota and Oklahoma Residents Only: If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have checked the box if I would like to receive a copy of a consumer report if one is obtained by the Companies.

For California Residents Only: 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 Companies at no charge whenever I have a right to receive such a copy under California law.

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 Company in the position of agent, this Authorization shall remain valid and in effect and will allow Company to obtain such reports as Company deem necessary on an ongoing basis without any additional notice or consent during the term of such association.

Signed: _____

Print Name: _____

Date of birth (for identification purposes only): _____

Social Security Number (for identification purposes only): _____

Please list all other names used in the past: _____

Address: _____

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

EquiTrust Life Insurance Company (the "Company") intend 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 Company 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 **General Information Services, 917 Chapin Road, Post Office Box 353, Chapin SC 29036; 888-333-5696; www.geninfo.com**.

The Company 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.



DIRECT DEPOSIT OF COMMISSION EARNINGS AUTHORIZATION AGREEMENT

Direct Deposit of Commissions is Required - Please complete the following:

Agent Name & Number: _____ Phone Number: _____

Type of Request: New Request Change Request

Type of Account: Checking Savings

Payment Cycle*: Daily Weekly

*if no payment cycle is elected, the cycle will be set on daily payments

AGREEMENT

I hereby authorize EquiTrust Life Insurance Company to make deposits to my account and for the Financial Institution named below to accept these deposits. I also authorize EquiTrust Life Insurance Company to make withdrawals from my account if necessary to correct an incorrect deposit amount and for the Financial Institution to accept such withdrawals.

EquiTrust Life Insurance Company will complete the ABA Transit Number and Account Numbers from the voided check attached below. This authority is to remain in full force until EquiTrust Life Insurance Company has written notification from me of its termination in such time and in such manner as to afford EquiTrust Life Insurance Company a reasonable opportunity to act on it.

Agent Signature (Required): _____ Date: _____

THE ACCOUNT MUST BE A REGULAR CHECKING OR SAVINGS ACCOUNT

NOTE: Money Market and Brokerage Accounts are not acceptable.

Account Information: Checking Saving

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Financial Institution ABA Transit Number: _____

Account Number: _____

Note: The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.

IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK HERE – DEPOSIT SLIPS ARE NOT ACCEPTABLE

NOTE: Amounts greater than \$50,000 must be distributed via check.

Return this form to: Agency Administration
EquiTrust Life Insurance Company
PO Box 14500
Des Moines, Iowa 50306-3500

or fax to: 515-453-3362