

BENEFICIARY DESIGNATION FORM

EquiTrust Life Insurance Company®

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Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

CONTRACT INFORMATION

EquiTrust Contract Number	
Owner	Joint Owner

I, the Owner of the Contract identified above, in accordance with and subject to the provisions of said Contract and the provisions on the back of this form, and subject to any indebtedness which may be due the Company under said Contracts and to the rights of any Assignee therein, direct that the Beneficiary shall be shown below.

Note: The Birth Date/Trust Date, Address and Social Security Number (SSN/TIN) are required for all beneficiaries.

1. BENEFICIARY(IES) – Must be in whole percentages totaling 100%.

<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
Full Name (first-middle-last)		Birth Date/Trust Date	SSN/TIN	Share %
Address		City	State	Zip
Phone Number	Relationship	E-mail Address		
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
Full Name (first-middle-last)		Birth Date/Trust Date	SSN/TIN	Share %
Address		City	State	Zip
Phone Number	Relationship	E-mail Address		
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
Full Name (first-middle-last)		Birth Date/Trust Date	SSN/TIN	Share %
Address		City	State	Zip
Phone Number	Relationship	E-mail Address		
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
Full Name (first-middle-last)		Birth Date/Trust Date	SSN/TIN	Share %
Address		City	State	Zip
Phone Number	Relationship	E-mail Address		
<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary				
Full Name (first-middle-last)		Birth Date/Trust Date	SSN/TIN	Share %
Address		City	State	Zip
Phone Number	Relationship	E-mail Address		

Please check here if you are attaching additional beneficiary information. Please indicate primary or contingent and include all information as above.

2. LIVING TRUST AS PRIMARY BENEFICIARY

_____, Name of Trustee(s)	_____, Trustee(s) or any successor trustee(s) under written agreement
created by _____ Name of Grantors	
Named _____ Name of Trust	Dated _____, Month-Day-Year
and any amendments made thereto, or	
if the trust is terminated or the Company is not furnished evidence of the qualifications of such Trust with 365 days of the death of the Owner, proceeds will be payable to the Estate of the Owner. Trust ID # _____	

REVOCATION

All directions hereto made relating to beneficial interests in this Contract are hereby revoked.

I. Beneficiaries

Unless otherwise stated in the Beneficiary designation, each class of designated Beneficiaries shall receive settlement hereunder in the order of their designation. Unless otherwise provided by specific percentages in the designations of each Beneficiary in a class, each Beneficiary in a class shall share equally. Except as otherwise provided, the share of the deceased Beneficiary shall be apportioned and settled with the living Beneficiary(ies) of such deceased Beneficiary's class, if any; otherwise with the living Beneficiary(ies) of the next class of Beneficiaries designated; the apportionment to be in the same proportion as the original shares of the living Beneficiary(ies) bore to each other. A share thus apportioned shall be settled with each Beneficiary in the manner provided for such Beneficiary's share. If no designated Beneficiary survives the Owner, the proceeds of this Contract shall be payable in one sum to the Owner's executors, administrators or assigns.

II. Owner's Right to Change, Obtain Loan, Surrender or Assign

Unless otherwise indicated by the Beneficiary designation, the Owner reserves the right, without the consent or participation of any Beneficiary, to change or revoke all Beneficiary designations, to surrender the Contract for its cash value and to assign the Contract. This provision is not applicable if the Beneficiary is irrevocable.

III. Spendthrift Clause

No beneficiary may commute, anticipate, encumber, alienate, withdraw or assign any portion of his share of the proceeds. To the extent permitted by law, no payments to a Beneficiary will be subject to his debts, contracts or engagements, nor may they be levied upon or attached.

IV. Definitions and Determination of Facts.

- A. Whenever the text so requires, the plural shall include the singular, the singular the plural.
- B. In making settlement hereunder, the Company, in determining the existence, identity, ages or any other facts relating to any persons designated as Beneficiaries in this Contract, either as a class or otherwise, may rely solely on any affidavit or other evidence deemed satisfactory to it, and any payment made by the Company in reliance thereon shall, to the extent of such payment, be a valid discharge of the Company's obligation under the Contract.

V. Payment to Minor Payee or Trustee

- A. Any payment hereunder due to a minor payee, shall be made to his or her legally appointed conservator/guardian representative
- B. If any payments hereunder are to be made to a trustee under any type of trust arrangement and the Company is not furnished within one year from the date of death of the Owner, evidence of the qualification of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made as provided in Special Provisions II, "Beneficiaries", contained herein, on the same basis as if this class of Beneficiary were deceased.

It is understood and agreed that the Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees shall be a complete discharge as to said Company to the extent of the proceeds so paid and that it shall be under no obligation to see the application of the funds so paid.

VI. Conflict Language

If any of these Special Provisions conflict with the terms of the Contract, the terms of the Contract shall control.

Please note: This Beneficiary Designation will replace any existing beneficiary designation on your contract.

If a beneficiary does not have a U.S taxpayer identification number and is not a U.S. citizen or Resident Alien at the time death proceeds become payable, the proceeds will be payable to the owner's estate.

This Beneficiary Designation shall take effect only when recorded by the Company at its Home Office, and when so recorded, it shall take effect as of the date of this request. I hereby request that any Contract provision which might otherwise require that said Contract be submitted for endorsement of this change be waived. I certify that said Contract is in my possession and control and that no other person, firm, or corporation has any claim to the interest therein, except for any assignment now on record with the Company. Unless otherwise stated herein, the right to change the Beneficiary and elect settlement is reserved by the Contract Owner.

Unless the Company has been notified of a community property interest in this Contract, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The Owner and/or Insured signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Note: If the Owner resides in a Community Property State, which could be subject to change, (currently AK, AZ, CA, ID, LA, NM, NV, TX, WI or WA), the owner's spouse must also sign the Beneficiary Designation Form. Unless the Insurance Company has been notified of a community or marital property interest in this contract, the Insurance Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry.

Check only if this is an irrevocable designation. All beneficiary signatures required on all future requests.

NOTE: All three pages must be submitted for your request to be processed.

SIGNATURE REQUIREMENTS

Owner Signature	Date
Joint Owner Signature	Date
Other Required Signature (i.e. Assignee, Irrevocable Beneficiary or Spouse if "Community Property" state)	Date

THIS SPACE FOR HOME OFFICE USE ONLY

Received and recorded at the Home Office of EquiTrust Life Insurance Company.

Date Recorded _____ Registrar or Assistant Secretary _____