

The following information will allow you and your agent to determine if the annuity product being applied for meets your financial needs and objectives, as of the date of application. If you elect not to provide the requested information, please mark "No Response". If "No Response" is regularly indicated, please be advised that the Company may elect not to issue the annuity contract for which you have applied.

A – Personal Information					
Owner/Applicant Full Name	Social Security #/Tax ID #				
Owner/Applicant Full Name	Social Security #/Tax ID #				
Legal Address City	State/Zip				
Owner Age49 and BelowAge 50-59Age 60-69Joint Owner Age49 and BelowAge 50-59Age 60-69	Age 70-79Age 80 and AboveAge 70-79Age 80 and Above				
B – Account/Financial Profile (For Joint Accounts, information may be comb	pined.)				
1. Annual Gross Income					
□ \$0-99,999 □ \$100,000 - 299,999 □ \$300,000 - 499,999 □ \$500,000 and over □ No Response	e				
2. Source of Income (Check all that apply)					
Salary Investments Social Security Retirement Plans Other					
3. Percentage of Net Worth Annuity Represents	3. Percentage of Net Worth Annuity Represents				
□ 0% - 20% □ 21% - 40% □ 41% - 60% □ 61% - 80% □ over 80% □ No Response					
4. Primary Financial Objective (Choose One):					
☐ Tax Deferral, Estimated Federal Tax Bracket: ☐ 0-15% ☐ 16-28% ☐ 29-35% ☐ 36% and up ☐ Income ☐ Growth ☐ Estate Planning ☐ Preservation of Principal ☐ Other					
5. Have you considered the surrender charge period of the product applied for in relation to the period of time in which you will need the full account value?					
Yes No					
6. Current Investments: Stocks/Bonds/Options Mutual Funds/CDs Ann Real Estate Personal Business/Partnerships No I	nuities Response				
 Willingness to Accept Risk for Additional Financial Performance? Aggressive Moderate Conservative EquiTrust Life Insurance Company • P.O. Box 14500 • Des Moines, Iowa 50306-3500 • 866/598-3692 					
ET-2506 (03-06)					

C – **Replacements**

Not applicable, (not using an existing life insurance or annuity contract to fund new purchase).

- 1. If you are replacing a life insurance policy or annuity contract, is the agent assisting you with this purchase the same agent that sold you the life insurance policy or contract being replaced?
 - Yes No
- 2. If you are considering using funds from existing life insurance policy(ies) or annuity contract(s), how long has the policy(ies) or contract(s) been in force?

	1 - 3 years	4 - 7 years	8 - 10 years	More than 10 yea	rs
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3. Is there a surrender charge associated with the existing contract?

Yes	No
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Percentage of surrender charge associated with the existing life insurance policy(ies) or annuity contract(s):

1-2%	3-4%	5-6%	7-8%	9-10%	More than	10%
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By signing below, I acknowledge that the fixed annuity product I am applying for is a long term contract with substantial penalties for early withdrawal. I have reviewed the product specific Disclosure Statement with my agent, and I have determined that it meets my financial needs and objectives.

Signature of Owner/Applicant	Date	Printed Name of Owner/Applicant
Signature of Joint Owner/Applicant	Date	Printed Name of Joint Owner/Applicant
Signature of Agent	Date	Printed Name of Agent