

FL ANNUITY SUITABILITY QUESTIONNAIRE

EquiTrust Life Insurance Company®

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

The information provided on this form will help you, your agent and EquiTrust to determine if the annuity product being applied for meets your current financial needs and objectives.

Owner:	Last	First	Middle
Date of Birth:	____/____/____	Age:	Sex:
Relationship to Annuitant(s):			

Joint Owner:	Last	First	Middle
Date of Birth:	____/____/____	Age:	Sex:
Relationship to Annuitant(s):			

Entity:	
Tax Status:	
Form of Ownership:	
Supporting documents (list):	

Complete the below information on behalf of the owner. For joint owners, information should be combined. For minors, provide the financial objectives of the parent/guardian. If the annuity will be owned by a trust, use the assets and objectives of the trust.

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets:	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

- Income
- Growth (long term)
- Safety of Principal and Income
- Safety of Principal and Growth
- Pass assets to a beneficiary or beneficiaries at death
- Other: _____

Owner/Applicant Signature	Date Signed	Joint Owner/Applicant Signature	Date Signed
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How do you anticipate taking distributions from this annuity? (Check all that apply)

- Immediate Income Income Rider Required Minimum Distribution
- Penalty-free withdrawals Lump sum Annuitize Leave to Beneficiary
- Other _____

Are you aware that the fixed annuity contract for which you are applying may be a long-term contract with substantial penalties for early withdrawal?

- Yes No N/A - Confidence Income Immediate Annuity

Are you aware that withdrawals prior to age 59-1/2 may result in a 10% IRS penalty tax?

- Yes No N/A

Do you have a reverse mortgage on your primary residence? Yes No

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately Conservative Moderate Moderately aggressive
- Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional Information:

Owner/Applicant Signature	Date Signed	Joint Owner/Applicant Signature	Date Signed

AGENT ACKNOWLEDGEMENT

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies): _____

Have you discussed with the applicant the features, benefits, and disadvantages of the recommended annuity product, as well as the applicant's current financial situation and needs? Yes No

If No, provide explanation: _____

I understand and acknowledge that some annuity recommendations, such as those related to "rollovers" or transfers from certain retirement plans or IRAs, could be "fiduciary" investment advice recommendations as that term is defined by ERISA and the Internal Revenue Code. If I make such a fiduciary recommendation, I acknowledge that I am responsible for complying with the requirements of an applicable U.S. Department of Labor prohibited transaction exemption covering any receipt of sales-related compensation. I understand and acknowledge that if I choose to rely on PTE 84-24, an 84-24 disclosure form must be completed, signed by the applicant and the producer, and a copy left with the applicant. I understand that the 84-24 disclosure form should not be sent to EquiTrust.

Agent Signature	Date Signed	Agent Number
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Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
- I have chosen to provide LIMITED information at this time.
- My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
- My annuity purchase IS BASED on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner/Applicant Signature	Date Signed	Joint Owner/Applicant Signature	Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner/Applicant Signature	Date Signed	Joint Owner/Applicant Signature	Date Signed
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