

SERFF Tracking Number: FBLA-126546657 State: Arkansas
Filing Company: EquiTrust Life Insurance Company State Tracking Number: 45290
Company Tracking Number: ETL-ISWL-2000(01-10)
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: ETL-ISWL-2000(01-10)
Project Name/Number: ETL-ISWL-2000(01-10)/ETL-ISWL-2000(01-10)

Filing at a Glance

Company: EquiTrust Life Insurance Company

Product Name: ETL-ISWL-2000(01-10)

SERFF Tr Num: FBLA-126546657 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 45290

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: ETL-ISWL-2000(01-10) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Stacie Baker

Disposition Date: 03/30/2010

Date Submitted: 03/29/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: ETL-ISWL-2000(01-10)

Status of Filing in Domicile: Authorized

Project Number: ETL-ISWL-2000(01-10)

Date Approved in Domicile: 02/22/2010

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/30/2010

Explanation for Other Group Market Type:

State Status Changed: 03/30/2010

Deemer Date:

Created By: Stacie Baker

Submitted By: Stacie Baker

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review are the above-referenced forms for EquiTrust Life Insurance Company.

Form ETL-ISWL-2000(01-10) is new and does not replace any previously approved form. This form is a non-participating Single Premium Whole Life Insurance Policy, which provides life insurance for an individual under a single premium whole life plan. This form does not provide variable benefits. The form has not been, nor is it required to be filed with the SEC. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This policy is an illustrated plan.

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have electronic logging of the date/time/IP address as appropriate. Any forms necessary to leave with the client (with another signature, if required) would also be electronically signed, printed out and given to the client (these could include a replacement form, where appropriate).

These forms show certain information in brackets. This variable information is described in more detail in the applicable statement of variable information included in this filing.

Your prompt review of these forms is greatly appreciated. If you have any questions, please feel free to contact me at the telephone number or email address listed below or via SERFF.

Company and Contact

Filing Contact Information

Stacie Baker, Sr. Compliance Specialist I stacie.baker@equitrust.com
 5400 University Avenue 515-453-3406 [Phone]
 Box 14500 515-453-3401 [FAX]
 West Des Moines, IA 50266

Filing Company Information

EquiTrust Life Insurance Company CoCode: 62510 State of Domicile: Iowa
 5400 University Avenue Group Code: 513 Company Type: stock
 West Des Moines, IA 50266-5997 Group Name: State ID Number:
 (515) 225-5400 ext. [Phone] FEIN Number: 42-1468417

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EquiTrust Life Insurance Company	\$500.00	03/29/2010	35239788

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/30/2010	03/30/2010

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Disposition

Disposition Date: 03/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FBLA-126546657 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Page 6 of application for your reference		Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Form	Single Premium Whole Life Insurance Policy		Yes
Form	Amendment of Application		Yes
Form	Endorsement		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form	Accelerated Death Benefit Rider		Yes

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Form Schedule

Lead Form Number: ETL-ISWL-2000(01-10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ETL-ISWL-2000(01-10)	Policy/Cont ract/Fraternal Certificate Single Premium Whole Life Insurance Policy	Initial		51.700	ETL-ISWL-2000(01-10) FINAL.pdf
	ETL-4102(01-10)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.600	ETL-4102(01-10) FINAL.pdf
	ETL-IRE(01-10)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.300	ETL-IRE (01-10) FINAL.pdf
	ETL-122AR(01-10)-1	Application/Life Insurance Enrollment Form	Initial		51.400	ETL-122AR(01-10)-1.pdf
	ETL-122AR(01-10)-2	Application/Life Insurance Enrollment Form	Initial		50.400	ETL-122AR(01-10)-2.pdf
	ETL-122AR(01-10)-3	Application/Life Insurance Enrollment Form	Initial		51.600	ETL-122AR(01-10)-3.pdf

<i>SERFF Tracking Number:</i>	<i>FBLA-126546657</i>	<i>State:</i>	<i>Arkansas</i>	
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<i>Company Tracking Number:</i>	<i>ETL-ISWL-2000(01-10)</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>	
<i>Product Name:</i>	<i>ETL-ISWL-2000(01-10)</i>			
<i>Project Name/Number:</i>	<i>ETL-ISWL-2000(01-10)/ETL-ISWL-2000(01-10)</i>			
ETL-122AR(01-10)-4	Application/Life Insurance Enrollment Application Form	Initial	50.100	ETL-122AR(01-10)-4.pdf
ETL-122AR(01-10)-5	Application/Life Insurance Enrollment Application Form	Initial	50.200	ETL-122AR(01-10)-5.pdf
ETL-122AR(01-10)-7	Application/Life Insurance Enrollment Application Form	Initial	46.400	ETL-122AR(01-10)-7 -- 2-18-10.pdf
ETL-ADBR(01-10)	Policy/Cont Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.400	Arkansas ETL-ADBR(01-10) FINAL.pdf

EquiTrust Life Insurance Company®
[West Des Moines, Iowa]



[Executive Office

5400 University Avenue

West Des Moines, Iowa 50266-5997

1-866-598-3692]

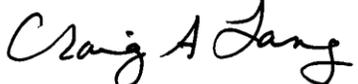
In this Policy (the "Policy"), "you" or "your" will refer to the Owner and "we", "our", or "us" will refer to EquiTrust Life Insurance Company®, a stock company.

EquiTrust Life Insurance Company will pay the benefits of this Policy subject to all of its terms. **Read this Policy carefully.** This is a legal Contract between the Owner and the Company.

RIGHT TO EXAMINE AND RETURN THIS POLICY

The Owner may cancel this Policy within [10] days after the date the Owner receives it. If returned to us by mail, it will be deemed returned on being postmarked, properly addressed with the address above and sufficient postage. Canceling this Policy under this right to examine will void it from the beginning, and we will refund the premium paid within 10 days.

Signed for and on behalf of EquiTrust Life Insurance Company, effective as of the Policy Date.

{  }

President

{  }

Secretary

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Minimum Guaranteed Cash Value**
- **Dividends are not paid (Nonparticipating)**
- **Actual Cash Value May Exceed the Minimum Guaranteed Cash Values Shown on the Table of Values Page**

A Surrender May Result in a Substantial Penalty Because the Cash Value of the Policy May be less than the Premium Paid

ETL-ISWL-2000(01-10)

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Additional benefits and endorsements which apply to this Policy are described in the forms following the last page of this Policy.

POLICY DATA PAGE

INSURED: [John Doe]

INSURED AGE: [55]

INSURED SEX: [Male]

PREMIUM CLASS: [Non-Tobacco]

POLICY NUMBER: [12345]

POLICY DATE: [01-01-2010]

FACE AMOUNT: [\$100,000]

SINGLE PREMIUM: [\$50,000]

POLICY EXPENSE CHARGE: [8]%

MONTHLY POLICY FEE: [\$8.33 Year 1]
[\$2.22 Years 2-20]

INITIAL INTEREST RATE: [4%]

RATE GUARANTEE PERIOD: [1 Year]

MINIMUM GUARANTEED INTEREST RATE: [3%]

GUARANTEED TABULAR MORTALITY TABLE: [2001 CSO Mortality Table]

GUARANTEED TABULAR RATE: [5%]

PARTIAL WITHDRAWAL FEE [\$25.00]

SURRENDER CHARGE PERIOD: [10 Years]

SURRENDER CHARGE PERCENTAGE:

Policy Year	[1	2	3	4	5	6	7	8	9	10]
Percentage of Accumulation Value	[12%	12%	10%	10%	9%	8%	7%	6%	4%	2%]

COST OF INSURANCE RATES PAGE

**MAXIMUM GUARANTEED COST OF INSURANCE RATES
Per \$1,000 of Net Amount at Risk**

Attained Age	Rate	Attained Age	Rate
55	5.82	88	161.04
56	6.48	89	176.42
57	7.12	90	191.74
58	7.76	91	206.82
59	8.51	92	222.62
60	9.42	93	239.28
61	10.53	94	256.83
62	11.82	95	274.21
63	13.23	96	291.18
64	14.70	97	309.26
65	16.23	98	328.54
66	17.78	99	349.11
67	19.40	100	368.76
68	21.11	101	386.19
69	23.03	102	404.73
70	25.27	103	424.44
71	27.99	104	445.27
72	31.17	105	467.21
73	34.52	106	490.50
74	38.12	107	515.21
75	42.04	108	541.43
76	46.46	109	569.22
77	51.60	110	598.65
78	57.57	111	629.83
79	64.26	112	662.83
80	71.72	113	697.75
81	79.83	114	734.65
82	88.42	115	773.63
83	97.80	116	814.76
84	108.23	117	858.13
85	119.83	118	903.80
86	132.59	119	951.67
87	146.38	120	1,000.00

TABLE OF VALUES PAGE

MINIMUM GUARANTEED CASH VALUES TABLE
Per \$1,000 of Face Amount

Attained Age	Rate	Attained Age	Rate
55	336.01	88	822.47
56	348.88	89	832.65
57	362.03	90	842.05
58	375.51	91	850.78
59	389.35	92	859.04
60	403.53	93	866.82
61	417.99	94	874.11
62	432.66	95	880.84
63	447.46	96	887.13
64	462.40	97	893.16
65	477.47	98	898.87
66	492.71	99	904.20
67	508.16	100	908.97
68	523.85	101	913.30
69	539.80	102	917.55
70	556.00	103	921.70
71	572.36	104	925.75
72	588.78	105	929.68
73	605.14	106	933.52
74	621.47	107	937.26
75	637.79	108	940.90
76	654.10	109	944.43
77	670.33	110	947.85
78	686.39	111	951.17
79	702.13	112	954.38
80	717.49	113	957.48
81	732.39	114	960.47
82	746.82	115	963.35
83	760.82	116	966.12
84	774.37	117	968.79
85	787.39	118	971.42
86	799.80	119	974.86
87	811.51	120	1,000.00

These values are based on the Minimum Guaranteed Interest Rate and the Maximum Guaranteed Cost of Insurance rates. The values assume that the Face Amount and the Single Premium paid are as shown on the Policy Data Page, and that there have been no Withdrawals, loans or other amounts taken.

MINIMUM REQUIRED DEATH BENEFIT PERCENTAGES

Attained Age	Non-smoker		Smoker	
	Male	Female	Male	Female
55	249.9%	280.1%	217.0%	234.3%
56	242.3%	271.6%	211.3%	228.1%
57	235.0%	263.4%	205.8%	222.1%
58	228.0%	255.7%	200.5%	216.4%
59	221.3%	248.2%	195.5%	210.9%
60	214.9%	241.1%	190.6%	205.7%
61	208.8%	234.2%	186.0%	200.7%
62	202.9%	227.6%	181.6%	195.8%
63	197.3%	221.3%	177.5%	191.2%
64	192.1%	215.1%	173.6%	186.8%
65	187.0%	209.3%	169.8%	182.5%
66	182.3%	203.6%	166.3%	178.4%
67	177.7%	198.2%	162.9%	174.4%
68	173.3%	193.0%	159.6%	170.6%
69	169.0%	188.0%	156.5%	167.0%
70	164.9%	183.2%	153.4%	163.5%
71	161.0%	178.6%	150.4%	160.1%
72	157.3%	174.1%	147.5%	156.9%
73	153.8%	169.9%	144.8%	153.9%
74	150.5%	165.9%	142.2%	151.0%
75	147.3%	162.0%	139.7%	148.2%
76	144.3%	158.3%	137.4%	145.6%
77	141.4%	154.8%	135.1%	143.0%
78	138.7%	151.4%	132.9%	140.6%
79	136.1%	148.2%	130.9%	138.3%
80	133.7%	145.1%	129.0%	136.0%
81	131.4%	142.1%	127.2%	133.9%
82	129.3%	139.4%	125.5%	132.0%
83	127.4%	136.8%	124.0%	130.2%
84	125.5%	134.3%	122.5%	128.5%
85	123.8%	132.0%	121.0%	126.9%
86	122.2%	129.8%	119.7%	125.3%
87	120.7%	127.7%	118.5%	123.9%
88	119.4%	125.8%	117.5%	122.6%
89	118.1%	124.0%	116.4%	121.3%
90	117.0%	122.3%	115.5%	120.1%
91	115.9%	120.6%	114.7%	118.8%
92	114.8%	118.8%	113.8%	117.4%
93	113.8%	116.9%	113.0%	115.9%
94	112.7%	115.1%	112.1%	114.4%
95	111.6%	113.4%	111.1%	112.8%
96	110.3%	111.6%	110.0%	111.2%
97	108.8%	109.6%	108.6%	109.4%
98	106.8%	107.2%	106.7%	107.1%
99	105.0%	105.0%	105.0%	105.0%
100+	105.0%	105.0%	105.0%	105.0%

1. GENERAL DEFINITIONS

Some of the terms used in this Policy are defined here. Others are defined throughout this Policy.

Age means the Age of the Insured on his or her last birthday on the Policy Date of this Policy. It is determined by the date of birth written in the Application. The Attained Age of the Insured is his or her age on the Policy Anniversary.

Application is the form you filled out to apply for this Policy. A copy is attached to and made a part of this Policy.

Beneficiary is the person(s) or entity(ies) you have chosen to receive the proceeds of the Policy on the Insured's death, as shown in our records. There may be different classes of Beneficiaries, such as primary and contingent. These classes set the order of payment. There may be more than one Beneficiary in a class. If an irrevocable Beneficiary is named, you cannot change the Beneficiary or assign the Policy without his or her written consent.

Due Proof of Death is a certified copy of an official death certificate, a certified copy of a decree of a court of competent jurisdiction as to the finding of death, or any other proof satisfactory to us.

Insured refers to the person named on the Policy Data Page whose life is insured under this Policy. The Insured may not be changed.

In Force means that this Policy is effective. You have received it, the Single Premium has been paid, and the Insured is still living. This Policy will be In Force from the time it takes effect until it terminates.

In Writing means written notification on a form acceptable to us and received at our Executive Office as shown on the cover of this Policy or as otherwise designated by us.

Lapse means that the insurance coverage under this Policy has terminated and is no longer In Force.

Loan Balance means the amount of any outstanding policy loans taken against this Policy plus any accrued and unpaid interest.

Nonparticipating means the Policy will not pay dividends. It will not participate in any of our surplus or earnings.

Owner means the person (or persons) who owns the Policy, as shown in our records, and who is entitled to exercise all rights and privileges provided in the Policy. The term "person", includes a trust, partnership, corporation, association or other like entity.

Policy Anniversary(ies) means the same date in each year as the Policy Date.

Policy Date is the date when the Single Premium is paid and insurance coverage becomes effective. It is the date from which Policy Years, Policy Months and Policy Anniversaries will be determined.

Policy Month is a calendar month which starts on the same calendar day as the Policy Date.

Premium Class means the mortality classification assigned to the Insured that is effective for this Policy. The Premium Class is shown on the Policy Data Page.

2. DEATH BENEFIT

2.1 Death Benefit Amount

The Death Benefit Amount will be the greater of the following two amounts:

- The Face Amount on the date of death, less any Loan Balance; or
- The greater of the Accumulation Value or the Minimum Guaranteed Cash Value on the date of death, multiplied by the Minimum Required Death Benefit Percentage for the Insured's attained Age, sex and Premium Class, less any Loan Balance.

The Death Benefit Amount will never be less than that required by Section 7702 of the Internal Revenue Code as in effect on the Policy Date.

2.2 Death Benefit Payment

We will pay the Death Benefit Amount to the Beneficiary subject to the terms and conditions of this Policy if all of the following are satisfied:

- If the Policy is In Force on the date of the Insured's death; and
- The Company has received Due Proof of Death of the Insured.

Death benefit proceeds will be calculated based on the date of the Insured's death. The Owner, the Beneficiary, or someone acting on their behalf must provide us with Due Proof of Death In Writing within 30 days or as soon as reasonably possible after the death of the Insured. We will make payment of the Death Benefit upon receipt of Due Proof of Death of the Insured. We will pay interest on any Death Benefit payable as required by applicable law.

2.3 Face Amount

The initial Face Amount is shown on the Policy Data Page. If you take a Partial Withdrawal or Surrender, the Face Amount will decrease as described in this Policy. Any decrease in the Face Amount will take effect immediately following the Partial Withdrawal or Surrender.

2.4 Simultaneous Death of Beneficiary and Insured

The Death Benefit will be paid as though any Beneficiary died before the Insured if:

- the Beneficiary dies at the same time as the Insured; or
- within 24 hours of the Insured's death.

3. OWNERSHIP, ASSIGNMENT AND BENEFICIARY(IES) PROVISIONS

3.1 Ownership

If there is more than one Owner, this Policy will be owned jointly with right of survivorship unless the ownership designation specifies otherwise. If there is more than one Owner, we will use the first owner listed on our records for purposes of Policy Owner communications. If the Owner dies before the Insured, all ownership rights then belong to the contingent Owner. If there is no contingent Owner, ownership rights then belong to your estate.

3.2 Beneficiary

Beneficiaries are as named in the Application, unless changed by the Owner.

Unless the Beneficiary designation provides otherwise, if any Beneficiary in a class dies before the Insured, that Beneficiary's interest will pass to the other Beneficiaries in the class.

Secondary or contingent Beneficiaries will have the right to receive the proceeds only if no primary Beneficiary survives. If no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise to the Insured's estate.

In finding and identifying Beneficiaries we may rely on sworn statements, other facts, or evidence we deem satisfactory. Any benefits we pay based on such information will be a valid discharge of our duty up to the amount paid.

3.3 Change of Owner or Beneficiary

The Owner may change ownership or the Beneficiary designation at any time during the lifetime of the Insured, unless otherwise provided in the current designation. Any change of ownership or Beneficiary is subject to the following rules:

- The change must be In Writing;
- It must be signed by all persons named as Owner and all irrevocable Beneficiaries;
- The form must be sent to us and be recorded by the Company;
- The change will take effect on the date signed, but it will not apply to any payment or action by the Company before we record the form; and
- A change of Beneficiary designation will automatically revoke any previous designations.

3.4 Assigning Your Policy

No assignment of this Policy will bind us unless:

- It is In Writing;
- It is signed by all persons named as Owner and all irrevocable Beneficiaries; and
- It is received by the Company at our Executive Office as shown on the cover of this Policy or as otherwise designated by us.

The assignment will not go into effect until it is accepted and recorded by us, subject to any payments we make or actions we take before we record the assignment. We are not responsible for the validity or effect of any assignment or the tax consequences of any assignment.

4. PREMIUM

The Single Premium for the Policy is payable no later than the Policy Date. There is no Policy until the Single Premium is paid. If a check presented as payment of the Single Premium for a Policy is not honored, the Policy will be void. We reserve the right to limit or restrict the amount of a Premium payment as we deem appropriate. No additional Premiums are allowed after the Policy Date.

5. POLICY VALUES

5.1 Accumulation Value

The Accumulation Value on the Policy Date equals the Single Premium paid less the Policy Expense Charge.

The Accumulation Value at any time after the Policy Date will be adjusted by:

- (1) Adding interest credited at the current Interest Rate; and
- (2) Subtracting any Partial Withdrawals, including any applicable Surrender Charges.

At the beginning of each Policy Month (including the Policy Date), the Accumulation Value will be adjusted by:

- (1) Subtracting the monthly Cost of Insurance charge; and
- (2) Subtracting the Monthly Policy Fee.

5.2 Minimum Accumulation Value

The Minimum Accumulation Value on the Policy Date equals the Accumulation Value on the Policy Date.

The Minimum Accumulation Value at any time after the Policy Date will be adjusted by:

- (1) Adding interest credited at the Minimum Guaranteed Interest Rate; and
- (2) Subtracting any Partial Withdrawals, including any applicable Surrender Charges.

At the beginning of each Policy Month (including the Policy Date), the Minimum Accumulation Value will be adjusted by:

- (1) Subtracting the monthly Maximum Guaranteed Cost of Insurance charge; and
- (2) Subtracting the Monthly Policy Fee.

5.3 Interest

The Initial Interest Rate will be in effect for the Rate Guarantee Period shown on the Policy Data Page. The Minimum Guaranteed Interest Rate used in computing the Policy values is shown on the Policy Data Page. We may at any time declare additional interest on these funds. The current Interest Rate declared will not be less than the Minimum Guaranteed Interest Rate. The amount of additional interest and how it is determined will be set by the Company. Interest on the Accumulation Value, to the extent of any Loan Balance, will be at the Minimum Guaranteed Interest Rate.

5.4 Cost of Insurance

The monthly Cost of Insurance under this Policy will be equal to (1) multiplied by (2), divided by (3), where:

- (1) Is the Net Amount at Risk at the beginning of the Policy Month;
- (2) Is the monthly Cost of Insurance rate; and
- (3) Is equal to 1,000.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Guaranteed Cost of Insurance Rates are shown on the Cost of Insurance Rates page. We may charge current rates less than the maximums shown.

5.5 Net Amount at Risk

The Net Amount at Risk is an amount equal to the Death Benefit Amount less the Accumulation Value.

5.6 Monthly Policy Fee

We will deduct the Monthly Policy Fee at the beginning of each Policy Month. The Monthly Policy Fee is shown on the Policy Data Page.

5.7 Policy Expense Charge

The Policy Expense Charge equals the Policy Expense Charge percentage multiplied by the Single Premium paid and is deducted on the Policy Date. The Policy Expense Charge percentage is shown on the Policy Data Page.

5.8 Guaranteed Tabular Cash Value

The Guaranteed Tabular Cash Value on any day is equal to the Face Amount on that date multiplied by a cash value factor that produces the minimum allowable cash value under the Standard Nonforfeiture Law of the state where this Policy is applied for. The cash value factors we use are described in the Basis of Values provision of this Policy.

5.9 Minimum Guaranteed Cash Value

The Minimum Guaranteed Cash Value equals the greater of (a) the Minimum Accumulation Value less the Surrender Charge, or (b) the Guaranteed Tabular Cash Value. The Minimum Guaranteed Cash Value on certain Policy Anniversaries is shown in the Minimum Guaranteed Cash Values Table.

5.10 Basis of Values

On Policy Anniversaries, the cash value factors we use in computing Guaranteed Tabular Cash Values are equal to the present values of the future benefits discounted at the Guaranteed Tabular Rate and using mortality rates from the Guaranteed Tabular Mortality Table adjusted for age at the last Policy Anniversary. Between Policy Anniversaries, allowance will be made for the period of time since the last Policy Anniversary.

We have filed a detailed statement of the method we use to determine values with the state where this Policy was applied for. All values are equal to or more than those required by the laws of that state.

5.11 Payment Deferral

We may delay payment of any amount surrendered, withdrawn or loaned for up to six months or if less, the period allowed by applicable state laws.

6. SURRENDER AND WITHDRAWAL OF POLICY VALUES

6.1 Surrender of Policy

You may Surrender this Policy to us at any time while it is In Force for the Cash Surrender Value. This Policy will terminate without notice if it is surrendered.

6.2 Cash Surrender Value

The Cash Surrender Value is the greater of:

- the Accumulation Value less the Surrender Charge (including the Surrender Charge applied to any previously uncharged Partial Withdrawals taken in the same Policy Year) and less any Loan Balance; or
- the Minimum Guaranteed Cash Value less any Loan Balance.

The Surrender Charge Percentage varies by year as shown on the Policy Data Page. The Surrender Charge is a percentage of the Accumulation Value surrendered or withdrawn and is measured from the beginning of each Policy Year.

6.3 Partial Withdrawal

You may take a Partial Withdrawal from the Accumulation Value while this Policy is In Force. The amount withdrawn at any time must be at least \$500. The maximum Partial Withdrawal allowed is an amount equal to the Cash Surrender Value less \$5,000. You can make only one (1) Partial Withdrawal in any Policy Year. A Partial Withdrawal will reduce the Face Amount in proportion to the reduction in the Accumulation Value. We reserve the right to defer payment of the Partial Withdrawal for up to 6 months after we receive the Partial Withdrawal request. A Partial Withdrawal Fee as shown on the Policy Data Page will be deducted from each Partial Withdrawal payment.

6.4 Partial Withdrawals After the First Policy Year

After the first Policy Year, you may make a Partial Withdrawal up to an amount equal to [5%] multiplied by the Accumulation Value at the beginning of the Policy Year, without incurring a Surrender Charge. Partial Withdrawals in excess of this amount will be subject to a Surrender Charge. Any unused portion of this amount will not carry over to any subsequent Policy Year. If the Policy is subsequently surrendered during the Policy Year, the Surrender Charge will be applied to any portion of the Partial Withdrawals which did not incur a Surrender Charge taken in the same Policy Year.

7. POLICY LOANS

7.1 Right to Borrow and Loan Value

After the first Policy Year, you may borrow up to the available loan value of your Policy. The Cash Surrender Value will be the security for the loan.

The loan value is the Cash Surrender Value determined as of the date of the loan, less the loan interest on the total loan amount from the date of the loan to the next Policy Anniversary date.

Any Loan Balance on this Policy will be deducted from the proceeds at death or surrender.

7.2 Loan Interest

Loan interest is interest on the amount loaned, which is charged from the date of the loan. Loan interest is payable annually in arrears on each Policy Anniversary. Interest not paid when due will be added to the Loan Balance and will bear interest at the same rate. Any change in the loan interest rate will apply to any existing or new policy loans on this Policy.

The loan interest rate may vary but will not exceed the greater of:

- the Published Monthly Average of the Composite Yield on Seasoned Corporate Bonds as published by Moody's Investors Service, Inc. or any successor thereto, for the calendar month ending two (2) months before the date on which the rate is applied; or
- the Guaranteed Tabular Rate plus 1% per annum.

If the Monthly Average is no longer published, we will use a substantially similar average which will be substituted by the insurance supervisory official of the state in which this Policy was applied for.

We must determine the loan interest rate at least once every 12 months. We can change the loan interest rate no more frequently than once every 3 months. We will not make a change of less than 0.5% in this Policy's loan interest rate at any time. We will inform you of the loan interest rate at the time a loan is made. Notice of any loan interest rate change on existing loans will be made in advance of the Policy Anniversary on which the change becomes effective. Your Policy will not terminate in a Policy Year solely because we increased the loan interest rate during that Policy Year. Your Policy will remain In Force during that Policy Year until it would otherwise terminate.

7.3 Repayment

You may repay all or part of the loan and accrued interest at any time while the Insured is living and while the Policy is In Force.

7.4 Policy Lapse and Notice

This Policy will Lapse when the Cash Surrender Value is equal to or less than \$0.00. A notice stating the excess amount that is due will be mailed to your last known address and that of any assignee of record. You must pay the excess within 61 days of this notice in order to keep your Policy In Force. If payment of the excess amount is not made, the Policy will terminate.

8. GENERAL TERMS

8.1 Entire Contract

This Policy is a legal contract. We issue this Policy in consideration of the Single Premium and the statements in the Application. The entire contract consists of:

- this Policy;
- any endorsements or additional benefit riders; and
- the attached copy of your Application which includes any amendments, supplemental applications or other attached papers.

We rely on statements made in the Application for the Policy. These statements, in the absence of fraud, are deemed representations and not warranties. No statement will void this Policy or be used in defense of a claim unless:

- it is contained in the Application; and
- such Application is attached to this Policy.

8.2 Modification

No one can change any part of this Policy except the Owner and one of our Officers. Both must agree to a change, and it must be In Writing. No agent may change this Policy or waive any of its provisions.

8.3 Incontestability

We will not contest the validity of this Policy after it has been In Force during the lifetime of the Insured for two (2) years from the Policy Date.

8.4 Return of Policy and Policy Settlement

We reserve the right to have this Policy sent to us for any: modification, death settlement, surrender, assignment, change of Owner or Beneficiary, election, or exercise of any Policy privilege. Our failure to have you send it to us for such purposes does not indicate that any payment or loan has not been made.

All sums to be paid by the Company under this Policy are considered paid when tendered by the Company at our office.

8.5 Proof of Facts

We have the right to ask for proof that is satisfactory to us from anyone who is claiming ownership, beneficiary status, right to payment or any other rights associated with this Policy. We may ask for proof of that person's age, sex or identity. Any payment we make relying on this proof discharges the Company of any obligation to make the same payment to another person.

8.6 Creditor Claims

All payments under this Policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless we agree.

8.7 Annual Report

At least once a year, we will send you a report which shows the current values and any other information required by the state in which this Policy was applied for.

8.8 Misstatement of Age or Sex

We have the right to correct benefits for misstated Age or sex. In such an event, benefits will be the amount the premium actually paid would have bought at the correct Age or sex. We have the right to recalculate all Policy values with the corrected information.

8.9 Suicide Exclusion

We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, while this Policy is In Force and within two (2) years from the Policy Date. We will return the Single Premium you paid less any Loan Balance and Withdrawals.

8.10 Termination

This Policy will terminate on the earliest of the following dates:

- The date the Insured dies; or
- The date you surrender the Policy; or
- The date this Policy Lapses as described in the Policy Loan Section of this Policy.

9. PAYMENT OF PROCEEDS

9.1 Choice of Options

The Owner may choose to have the proceeds of this Policy paid under a payment option. After the death of the Insured, the Beneficiary may choose a payment option if the Owner has not done so before the Insured's death. The entity or individual that has been named to receive annuity payments under a payment option is called a payee. If no payment option is chosen, we will pay the proceeds of this Policy in one sum. We may also fulfill our obligation under this Policy by paying the proceeds in one sum if:

- the proceeds are less than \$2,000;
- periodic payments are less than \$100; or
- the payee is an assignee, estate, trustee, partnership, corporation or association.

If, for any reason, the payee is changed, the change will go into effect when notification is recorded by us subject to any payments we make or actions we take before we record the change.

The minimum amounts payable for each of the Payment Plans described below are based on the amount applied earning interest at the Payment Plan Minimum Interest Rate of [1.5%]. We may pay a higher interest rate at our discretion. The mortality table used for Option B is the [Annuity 2000 Mortality Table].

We will send a payment contract to replace this Policy if any payment option is chosen.

9.2 Requirements

For the Owner to choose or change a payment option:

- this Policy must be In Force;
- the request must be In Writing; and
- any prior option must be canceled.

After the Insured's death and before the proceeds are paid, for a Beneficiary to choose a payment option:

- a prior option by the Owner cannot be in effect; and
- the request must be In Writing.

9.3 Payment Options

The payment option choices are:

Plan A. Fixed Period

The Policy Proceeds will be paid until the Proceeds, plus interest, are paid in full. Payments may be paid monthly or annually. The table below shows the annual payment for each \$1,000 of proceeds.

Number of Years	Annual Payments per \$1,000 of Proceeds	Monthly Payments per \$1,000 of Proceeds
5	206.00	17.28
10	106.83	8.96
15	73.84	6.20
20	57.38	4.81
25	47.55	3.99
30	41.02	3.44

Plan B. Life Income

The Policy proceeds will be paid in monthly or annual payments for as long as the payee lives, but not less than the guarantee period selected. You may choose one of the guaranteed periods shown in the Option B - Payment of Life Income table shown below. We have the right to require proof satisfactory to us of the age and sex of such appropriate person and that such appropriate person is alive prior to making any payment. A minimum number of payments may be guaranteed, if desired.

Option B - Payment of Life Income									
Monthly Payments per \$1,000 of Proceeds									
Age	Male			Female			Unisex		
	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed	10 Years Guaranteed	15 Years Guaranteed	20 Years Guaranteed
55	3.64	3.58	3.48	3.35	3.32	3.27	3.49	3.45	3.37
56	3.73	3.66	3.55	3.43	3.40	3.34	3.58	3.52	3.44
57	3.82	3.74	3.62	3.51	3.47	3.40	3.66	3.60	3.51
58	3.92	3.83	3.69	3.60	3.55	3.47	3.75	3.69	3.58
59	4.02	3.92	3.76	3.69	3.63	3.54	3.85	3.77	3.65
60	4.13	4.01	3.83	3.78	3.72	3.62	3.95	3.86	3.72
61	4.24	4.11	3.90	3.89	3.81	3.69	4.06	3.95	3.79
62	4.36	4.20	3.97	3.99	3.91	3.77	4.17	4.05	3.86
63	4.49	4.30	4.04	4.10	4.01	3.84	4.29	4.15	3.94
64	4.62	4.41	4.10	4.22	4.11	3.92	4.41	4.25	4.01
65	4.76	4.51	4.17	4.35	4.21	4.00	4.54	4.36	4.08
66	4.90	4.62	4.24	4.48	4.32	4.07	4.68	4.46	4.15
67	5.05	4.73	4.30	4.62	4.43	4.15	4.82	4.57	4.22
68	5.20	4.83	4.36	4.76	4.55	4.22	4.97	4.68	4.29
69	5.36	4.94	4.41	4.92	4.66	4.29	5.13	4.80	4.35
70	5.53	5.04	4.47	5.08	4.78	4.36	5.29	4.91	4.41
71	5.70	5.15	4.51	5.25	4.90	4.42	5.46	5.02	4.47
72	5.87	5.25	4.56	5.43	5.02	4.48	5.64	5.13	4.52
73	6.05	5.35	4.60	5.62	5.14	4.53	5.82	5.24	4.56
74	6.23	5.44	4.63	5.81	5.25	4.58	6.01	5.34	4.60
75	6.41	5.53	4.67	6.01	5.36	4.62	6.19	5.44	4.64
80	7.31	5.88	4.77	7.03	5.81	4.75	7.16	5.84	4.76
85	8.06	6.08	4.81	7.93	6.06	4.80	7.99	6.07	4.81
90	8.57	6.17	4.81	8.52	6.17	4.81	8.54	6.17	4.81
95	8.86	6.19	4.81	8.83	6.19	4.81	8.84	6.19	4.81
100	8.95	6.20	4.81	8.95	6.20	4.81	8.95	6.20	4.81

Factors for ages not shown will be supplied upon request.

9.4 Other Options

The Policy proceeds may be paid in any manner requested and agreed to by the Company, or under any other payment option(s) made available by the Company.

9.5 Effective Date of Payment Option

The effective date of the payment option is the date of the Insured's death.

9.6 Death of Payee

If a payee dies, any remaining payments will be paid to a contingent payee. If no payee survives, we will pay the commuted value of any remaining payments to the estate of the last payee to die.

9.7 Claims of Creditors

Payments under any payment option will be exempt from the claims of creditors to the maximum extent allowed by law.

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SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Minimum Guaranteed Cash Value**
- **Dividends are not paid (Nonparticipating)**
- **Actual Cash Value May Exceed the Minimum Guaranteed Cash Values Shown on the Table of Values Page**

A Surrender May Result in a Substantial Penalty Because the Cash Value of the Policy May be less than the Premium Paid



Amendment of Application

Contract Number: [XXXXXX]

Owner: [John Doe]

[Joint Owner: [Ron Doe]

Insured: [Jane Doe]

It is mutually agreed that the following statement(s) amends the Policy number referenced above:

[This application is amended to read as follows: John Doe is the Owner of the Policy.]

This amendment shall become part of the original application and Policy it is issued under, and these shall be binding on any person who shall have or claim any interest under such Policy.

Dated at _____ on _____
City, State Date

Owner Signature

Joint Owner Signature (if applicable)

Witness Signature

ENDORSEMENT

This endorsement is a part of the policy to which it is attached.

Policy Modifications

The Policy is modified to add the provisions of this endorsement. All provisions of the Policy not in conflict with this endorsement will apply to this endorsement. In the event of a conflict between the provisions of the Policy and this endorsement, the provisions of this endorsement will prevail. The effective date of this endorsement will be the Policy Date listed on the Policy Data Page.

Incontestability

The Incontestability section of your Policy is amended to add the following language:

If this Policy replaced another life insurance policy, this Policy will be incontestable to the same extent as the replaced policy. Credit will be given toward satisfying the contestable period of this Policy for any portion of the contestable period that has expired under the replaced policy. The credit shall not apply, however, to any amount of insurance provided by this Policy which exceeds the amount of insurance provided by the replaced policy.

Suicide Exclusion

The **Suicide** Exclusion section of Your Policy is amended to add the following language:

If this Policy replaced another life insurance policy, credit will be given toward satisfying the suicide limitation period of this Policy for any portion of the suicide limitation period that has expired under the replaced policy. The credit shall not apply, however, to any amount of insurance provided by this Policy which exceeds the amount of insurance provided by the replaced policy.

Financed Purchases

With respect to financed purchases, the suicide or incontestability credit may be limited to the amount that the death benefit of the existing policy is reduced by the use of existing policy values to fund the new policy or contract.



President



LIFE INSURANCE APPLICATION

EquiTrust Life Insurance Company
 [5400 University Ave Attn: Box 14500]
 [West Des Moines IA 50266]

[Contract # _____]
 [(Home Office Use Only)]

[Producer Name]	Full Office Address	Office Phone #	Producer #	[%]
[#1]]
[#2]]

All references to "the Company" shall mean EquiTrust Life Insurance Company of West Des Moines, Iowa, 50266.

SECTION A – PROPOSED INSURED AND BENEFICIARY INFORMATION

1. Complete Name of Insured (first-middle-last)

2. Sex	3. Age	4. Birth Date	5. Birth State	6. Social Security Number	7. Height	8. Weight
9. Residential Address				10. City	11. State	12. ZIP
13. Telephone (Day and Evening)				14. Email Address		
15. Primary Beneficiary(ies) (attach separate list, if needed)				Social Security Number	Relationship to Proposed Insured	
16. Contingent Beneficiary(ies) (attach separate list, if needed)				Social Security Number	Relationship to Proposed Insured	

Please check here if you are attaching additional Beneficiary information.

SECTION B – OWNER (IF OTHER THAN PROPOSED INSURED)

(IF LEFT BLANK, OWNER WILL BE THE SAME AS THE INSURED)

1. Complete Name of Owner (first-middle-last)	2. Birth Date	3. Social Security Number	4. Relationship to Proposed Insured
5. Residential Address	6. City	7. State	8. ZIP
9. Complete Name of Contingent Owner (if any) - (first-middle-last)	10. Relationship of any Contingent Owner to Proposed Insured		

SECTION C – INSURANCE PRODUCT APPLIED FOR

Product _____ [Premium Amount \$ _____] [Face Amount \$ _____]

SECTION D – PERSONAL HISTORY QUESTIONS

1. Have you ever had life or health insurance declined, non-renewed, rated, modified, postponed or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you used any form of tobacco or nicotine-based products in the last 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Within the past 2 years have you:		
a. Flown or do you intend to fly as a pilot or crew member of any aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Participated in any hazardous sport or avocation including but not limited to sky diving, scuba or skin diving, vehicle racing, mountain climbing or rodeo activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Within the past 10 years have you:		
a. Used illegal drugs, been treated or advised to have treatment for alcohol or drug use, (including prescription drugs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Been convicted of or awaiting trial for a felony or are you currently on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Within the past 5 years have you had a DUI/DWI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Within the past 3 years have you had more than one motor vehicle accident or moving violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you anticipate residence or travel for more than 3 months outside the United States, Canada or Mexico during the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION E – HEALTH QUESTIONS

1. Within the past 10 years have you been diagnosed with, consulted a physician or been treated for:

- a. Uncontrolled high blood pressure, chest pain, heart attack or failure, irregular heart rhythm, heart surgery, stroke or any other disease or disorder of the heart or blood vessels? Yes No
- b. Cancer, melanoma, leukemia or had more than one occurrence of cancer in your lifetime (excluding basal or squamous cell skin cancer)? Yes No
- c. Diabetes, hepatitis, organ transplant, unexplained weight loss over 10 pounds, any disease or disorder of the liver, kidney (including dialysis) or digestive system? Yes No
- d. Emphysema or any other chronic lung or respiratory disorder? Yes No
- e. Epilepsy, seizures, Alzheimer’s Disease, dementia, memory loss, mental or nervous disorder, including depression or anxiety? Yes No
- f. High cholesterol? Yes No
- g. Anemia or any other disease or disorder of the blood or immune system? Yes No
- h. Any disease or disorder of the muscles, bones or joints? Yes No
- i. Any other disease or disorder not listed above? Yes No

2. Have you been diagnosed with, hospitalized, been treated or tested positive for any of the following by a member of the medical profession:

HIV (Human Immunodeficiency Virus), antibodies or antigens; AIDS (Acquired Immunodeficiency Syndrome); ARC (AIDS Related Complex)? Yes No

3. Within the past 12 months have you:

- a. Been or advised to be hospitalized, confined to a nursing home, hospice, convalescent, long term care, assisted living, or mental facility, or diagnosed with a terminal illness (life expectancy of 12 months or less)? Yes No
- b. Been advised to have, or scheduled, a surgical operation, diagnostic test, or evaluation that has not yet been completed? Yes No

4. Are you currently under treatment or taking prescription medication? Yes No

5. Have you seen a doctor or other medical professional in the past 12 months? Yes No

6. Have you been unable to perform or do you require supervision or assistance in performing the activities of daily living – dressing, eating, ambulating, toileting, transferring or bathing? Yes No

Please provide details of all “Yes” answers from Sections D and E in the area below (Use comments section if additional space is needed.)

Question #	Explanation	Dates/Duration	Name of Medical Professional

SECTION F – COMMENTS (SPECIAL REQUESTS, REMARKS AND CORRECTIONS OR ENDORSEMENTS)

(Attach a separate sheet if more space is needed.)

SECTION G – EXISTING COVERAGE/REPLACEMENT

- 1. Does either the Owner or Proposed Insured have any other life insurance policies or annuity contracts? Yes No
If "Yes" and required by your state, complete the state-specific Replacement Notice
- 2. Is the policy applied for replacing or likely to replace any existing life insurance or annuity contracts? Yes No
If "Yes", complete the state-specific Replacement Notice
- 3. Are values from an existing life insurance policy or annuity being used to pay premiums on the new policy? Yes No
If "Yes" and required by your state, complete the state-specific Replacement Notice

SECTION H – PRODUCER CERTIFICATE – EXISTING INSURANCE/REPLACEMENT TRANSACTIONS

To be completed by the agent. I certify that I have asked the person proposed for coverage all of the questions contained in this application and have accurately recorded on this application the information supplied by the persons proposed for coverage.

- 1. Will this plan replace any existing life insurance or annuity? (Using the definition of Replacement adopted by your state.) Yes No

If "Yes", please explain: _____

- 2. For any replacement, indicate the type of coverage proposed to be replaced:
 Term Life Whole Life Variable Life Fixed Annuity Variable Annuity
 Other – be specific _____
- 3. Is there a simultaneous application submitted to any other company? Will all be accepted, if issued? Yes No

Company

\$ Amount

- 4. Advertising materials:
 - I certify that I used only insurer-approved sales material with this Application and that an original or a copy of all sales material was left with the Owner.
 - I certify that a printed copy of any electronically presented sales material was/will be presented to the Owner no later than the date the Policy is delivered.
- 5. I certify that this Application is in accordance with the Company's written statement of the Company's position with respect to the acceptability of replacements.
- 6. I have verified the identity of the applicant by viewing their driver's license or other government issued form of identification.

Signature of Producer

Date

SECTION I – REPRESENTATIONS AND AGREEMENTS

It is understood that EquiTrust Life Insurance Company (“the Company”) has the right to call you for a follow up phone interview and/or require a medical examination. This application is not complete until any required phone interview and/or medical examination has been performed.

ACCELERATED DEATH BENEFIT TAX DISCLOSURE: The receipt of a benefit under the Accelerated Death Benefit Rider may be taxable. Before claiming a benefit under this rider, assistance should be sought from a personal tax advisor.

If replacement is occurring, please read the following notice: In many cases, the replacement of an existing life insurance policy, regardless of the issuing company, is not in your best interest. New policies contain contestable and suicide provisions which you should ask your agent to explain. In addition, there are expense charges associated with each new policy. You should ask your agent to explain both the benefits and the drawbacks of the replacement you are considering.

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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 (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

By signing this Application, I represent that the statements and answers in all parts of the Application and Supplements thereto are true and complete to the best of my knowledge and belief and it is agreed that:

1. I have read the application and all statements as they pertain to the proposed Insured or Owner.
2. The statements and answers in this Application will be relied upon and form the basis of any insurance.
3. No agent or any other person, except an officer of the company, can make or change any insurance contract or bind the Company by making promises regarding any contract. Any change must be in writing and signed by an officer of the Company.
4. In the case of any apparent errors or omissions found by the Company in this Application, the Company is hereby authorized to amend the same by recording the change in the space provided in Section F.
5. The company will have no liability until the date the policy is issued and delivered to and accepted by the Owner, and the premium is paid in full while the Proposed Insured is alive.
6. No change in amount, age at issue, premium class, plan of insurance, or benefits shall be effective without the written consent of the Owner.
7. I have read the Important Notice Regarding Sales to Military Personnel, if applicable.

Notice: State Insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: City and State

Signature of Proposed Insured

Date

Signature of Owner (if other than a Proposed Insured)

Date

Signature of Producer

Date

SECTION J – AUTHORIZATION AND ACKNOWLEDGEMENT STATEMENT

THIS IS A HIPAA COMPLIANT AUTHORIZATION

EquiTrust Life Insurance Company (“the Company”) or its reinsurers may obtain information about me or my minor children from: any physician, medical professional, hospital, medical care facility, government agency, public records, employer, insurance company or institution, consumer reporting agency, or MIB, Inc. The purpose is to determine eligibility for insurance or benefits. The Company or its reinsurers may obtain personal information and any records available as to diagnosis, care, treatment and prognosis of any physical or mental condition, and may obtain an investigative consumer report.

To facilitate rapid submission of such information, all sources, except MIB, Inc., are authorized to give such information or records to any entity designated by the Company or its reinsurers to collect and transmit such information.

This Authorization includes information about mental health care (other than psychotherapy notes), developmental disability care, and drug and alcohol abuse treatment. I understand that: (1) I can revoke this Authorization at any time by written notice to the Company; (2) revocation of this Authorization will not affect any prior action taken by the Company in reliance upon this Authorization; and (3) failure to sign, or revocation of this Authorization may impair the Company’s ability to process applications or evaluate claims and may be a basis for denying this application or a claim for benefits.

I further understand and acknowledge that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

The Company may disclose information to: its reinsurers, those who perform services for the Company or its reinsurers, those companies to which I have applied or may apply for life or health insurance or benefits, and the Company’s affiliates for claims handling, servicing, underwriting, insurance marketing, and other purposes. Disclosure may also be made when required or permitted by law. Some of the health information noted above may be disclosed to persons or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws.

I understand that I have the right to see personal information collected about me, and have the right to correct any information which may be wrong. I understand that I may obtain a description of this Company’s information practices by requesting one from my agent of the Company at the address provided with my Policy.

This authorization is valid for 24 months from the date signed. A copy of this Authorization will be valid as the original.

I have received a copy of this authorization and the Important Notices, and have read the representations on the previous page.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid back up withholding.

Signed at: City and State

Signature of Proposed Insured

Date

Signature of Owner (if other than a Proposed Insured)

Date

Signature of Producer

Date

[BARCODE]

COPY FOR INSURED'S FILES

IMPORTANT – MIB, INC.

Information regarding your insurability will be treated as confidential. EquiTrust Life Insurance Company ("the Company") or its reinsurers may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the MIB, Inc. will arrange disclosure of any information it may have in your file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the MIB Inc.'s file, you may contact the MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB, Inc.'s information office is:
50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734
Telephone number (866) 692-6901

The Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

AUTHORIZATION AND ACKNOWLEDGEMENT STATEMENT

The Company or its reinsurers may obtain information about me or my minor children from: any physician, medical professional, hospital, medical care facility, government agency, public records, employer, insurance company or institution, consumer reporting agency, or MIB, Inc. The purpose is to determine eligibility for insurance or benefits. The Company or its reinsurers may obtain personal information and any records available as to diagnosis, care, treatment and prognosis of any physical or mental condition, and may obtain an investigative consumer report.

To facilitate rapid submission of such information, all sources, except MIB, Inc., are authorized to give such information or records to any entity designated by the Company or its reinsurers to collect and transmit such information.

This Authorization includes information about mental health care (other than psychotherapy notes), developmental disability care, and drug and alcohol abuse treatment. I understand that: (1) I can revoke this Authorization at any time by written notice to the Company; (2) revocation of this Authorization will not affect any prior action taken by the Company in reliance upon this Authorization; and (3) failure to sign, or revocation of this Authorization may impair the Company's ability to process applications or evaluate claims and may be a basis for denying this application or a claim for benefits.

I further understand and acknowledge that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

The Company may disclose information to: its reinsurers, those who perform services for the Company or its reinsurers, those companies to which I have applied or may apply for life or health insurance or benefits, and the Company's affiliates for claims handling, servicing, underwriting, insurance marketing, and other purposes. Disclosure may also be made when required or permitted by law. Some of the health information noted above may be disclosed to persons or organizations that are not to subject federal health information privacy laws, resulting in the information no longer being protected under such laws.

I understand that I have the right to see personal information collected about me, and have the right to correct any information which may be wrong. I understand that I may obtain a description of this Company's information practices by requesting one from my agent of the Company at the address provided with my Policy.

This authorization is valid for 24 months from the date signed. A copy of this Authorization will be valid as the original.

FALSE OR FRAUDULENT INFORMATION

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SECTION K - TEMPORARY LIFE INSURANCE AGREEMENT

This Agreement provides a limited amount of life insurance coverage for a limited period of time. **No insurance is provided under this Agreement unless all the conditions and limitations of the Agreement are met.**

CONDITIONS AND LIMITATIONS

If the Company accepts money as payment of premium with an application for life insurance, and the Proposed Insured in the Application dies while this Temporary Life Insurance Agreement is in effect, the Company will pay to the Designated Beneficiary in the Application the lesser of (a) the amount of the death benefit applied for, or (b) \$150,000. In the event that any other temporary insurance agreements are in existence at the time of the Insured's death, \$150,000 is the aggregate liability under all temporary life insurance agreements.

The following limitations apply to this Temporary Insurance Agreement:

1. Fraud or material misrepresentation in the Application or in the answers to the health questions of this Agreement invalidates this Agreement and the Application, and the Company's only liability is for refund of any payment made.
2. No one is authorized to waive or modify any of the provisions of this Agreement.
3. There is no insurance coverage under this Agreement if a Proposed Insured dies by suicide. The Company's liability is limited to a refund of any payment made.
4. This Agreement provides no insurance for riders or additional benefits.
5. No one is authorized to accept money on a Proposed Insured less than age 55 or over age 85 (last birthday) on the date of application, nor will any coverage take effect.
6. **There is no coverage under this Agreement if no money is submitted with this Application or if the check submitted for payment is not honored by the financial institution.**

Except as provided in this Agreement, no insurance shall take effect unless and until the following conditions are met:

1. The Policy as applied for has been approved by the Company;
2. The full Single Premium has been received at our Executive Office within the lifetime of the proposed Insured;
3. All parts of the Application, any supplemental Application, questionnaires, addendum, and/or amendment to the Application are signed and received at our Executive Office; and
4. The Proposed Insured is, on the date of the Application and continuing until the policy is delivered, an insurable risk under the Company's rules, limits and standards as to the plan, benefits, class, and amount for the policy applied for.

DATE COVERAGE BEGINS

Temporary life insurance under this Agreement becomes effective as of the later of: (a) the Application date, (b) the date of the last medical examination, test, and/or other screening required by the Company, if any; and (c) the date the Company receives and accepts money as payment of premium at our Executive Office.

DATE COVERAGE TERMINATES - 60 DAY MAXIMUM

Temporary life insurance under this Agreement terminates automatically at the earliest of:

1. 60 days from the date of this Agreement;
2. The date insurance takes effect under the Policy applied for;
3. The date a Policy, other than as applied for, is offered to and accepted by the Owner;
4. The date the Company mails notice to the Owner that we have stopped considering the Application; or
5. The date the Company mails notice of termination of coverage and refunds the payment to the Owner. The Company may terminate this coverage at any time.

HEALTH QUESTIONS – HAS THE PROPOSED INSURED:

1. Within the past 90 days, been admitted to a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended? For purposes of this question, "admitted" is considered to be 12 continuous hours in the facility. Yes No
2. Within the past 2 years, been treated for chest pain, heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other practitioner? Yes No

If either Question #1 or Question #2 above is answered "Yes" or left blank, no coverage will take effect under the Temporary Life Insurance Agreement.

I have read and received a copy of this Agreement and declare that the answers are true to the best of my knowledge and belief. I understand and agree to all of its terms.

A sum of \$_____ has been paid with the Application for life insurance to EquiTrust Life Insurance Company.

Dated at (city and state) _____ On (date) _____

Signature of Proposed Insured _____ Signature of Proposed Owner (if other than Proposed Insured) _____

Signature of Agent _____

SECTION K - TEMPORARY LIFE INSURANCE AGREEMENT

This Agreement provides a limited amount of life insurance coverage for a limited period of time. **No insurance is provided under this Agreement unless all the conditions and limitations of the Agreement are met.**

CONDITIONS AND LIMITATIONS

If the Company accepts money as payment of premium with an application for life insurance, and the Proposed Insured in the Application dies while this Temporary Life Insurance Agreement is in effect, the Company will pay to the Designated Beneficiary in the Application the lesser of (a) the amount of the death benefit applied for, or (b) \$150,000. In the event that any other temporary insurance agreements are in existence at the time of the Insured's death, \$150,000 is the aggregate liability under all temporary life insurance agreements.

The following limitations apply to this Temporary Insurance Agreement:

1. Fraud or material misrepresentation in the Application or in the answers to the health questions of this Agreement invalidates this Agreement and the Application, and the Company's only liability is for refund of any payment made.
2. No one is authorized to waive or modify any of the provisions of this Agreement.
3. There is no insurance coverage under this Agreement if a Proposed Insured dies by suicide. The Company's liability is limited to a refund of any payment made.
4. This Agreement provides no insurance for riders or additional benefits.
5. No one is authorized to accept money on a Proposed Insured less than age 55 or over age 85 (last birthday) on the date of application, nor will any coverage take effect.
6. **There is no coverage under this Agreement if no money is submitted with this Application or if the check submitted for payment is not honored by the financial institution.**

Except as provided in this Agreement, no insurance shall take effect unless and until the following conditions are met:

1. The Policy as applied for has been approved by the Company;
2. The full Single Premium has been received at our Executive Office within the lifetime of the proposed Insured;
3. All parts of the Application, any supplemental Application, questionnaires, addendum, and/or amendment to the Application are signed and received at our Executive Office; and
4. The Proposed Insured is, on the date of the Application and continuing until the policy is delivered, an insurable risk under the Company's rules, limits and standards as to the plan, benefits, class, and amount for the policy applied for.

DATE COVERAGE BEGINS

Temporary life insurance under this Agreement becomes effective as of the later of: (a) the Application date, (b) the date of the last medical examination, test, and/or other screening required by the Company, if any; and (c) the date the Company receives and accepts money as payment of premium at our Executive Office.

DATE COVERAGE TERMINATES - 60 DAY MAXIMUM

Temporary life insurance under this Agreement terminates automatically at the earliest of:

1. 60 days from the date of this Agreement;
2. The date insurance takes effect under the Policy applied for;
3. The date a Policy, other than as applied for, is offered to and accepted by the Owner;
4. The date the Company mails notice to the Owner that we have stopped considering the Application; or
5. The date the Company mails notice of termination of coverage and refunds the payment to the Owner. The Company may terminate this coverage at any time.

HEALTH QUESTIONS – HAS THE PROPOSED INSURED:

1. Within the past 90 days, been admitted to a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended? For purposes of this question, "admitted" is considered to be 12 continuous hours in the facility. Yes No
2. Within the past 2 years, been treated for chest pain, heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other practitioner? Yes No

If either Question #1 or Question #2 above is answered "Yes" or left blank, no coverage will take effect under the Temporary Life Insurance Agreement.

I have read and received a copy of this Agreement and declare that the answers are true to the best of my knowledge and belief. I understand and agree to all of its terms.

A sum of \$_____ has been paid with the Application for life insurance to EquiTrust Life Insurance Company.

Dated at (city and state) _____ On (date) _____

Signature of Proposed Insured _____ Signature of Proposed Owner (if other than Proposed Insured) _____

Signature of Agent _____

EquiTrust Life Insurance Company®
West Des Moines, Iowa 50266

ACCELERATED DEATH BENEFIT RIDER

This Rider will allow the Policy Owner to receive some or all of the Death Benefit Amount of the Policy to which it is attached prior to the death of the Insured under the conditions specified in this Rider.

Death Benefits, policy values, and loan values will be reduced if an Accelerated Death Benefit is paid.

This Rider is not long-term care insurance and does not provide long-term care benefits. There is no restriction on the use of the Accelerated Death Benefit proceeds.

The benefits paid under this Rider may or may not be taxable. You should seek advice from a qualified tax advisor about the circumstances under which you could receive Accelerated Death Benefit payments excludable from income under federal law.

The receipt of Accelerated Death Benefit payments may affect your eligibility for Medicaid or other government benefits or entitlements.

Any assignee or irrevocable Beneficiary under the Policy must consent in writing to your election of the Rider benefit.

There is no extra charge for this Rider.

This Rider is attached to and made part of the Policy to which it is attached. If any provisions of the Policy conflict with the Rider, the provisions of the Rider will apply. This Rider may be added only at Policy issue.

Benefits provided under the terms and conditions of this Rider are described on the following pages.

(This page intentionally left blank.)

TABLE OF CONTENTS

- 1. GENERAL DEFINITIONS**
- 2. BENEFIT PROVISIONS**
 - 2.1 Payment of Benefits**
 - 2.2 Terminal Illness Benefit**
 - 2.3 Nursing Care Confinement Benefit**
 - 2.4 Chronic Care Benefit**
 - 2.5 Benefit Election**
- 3. POLICY VALUE ADJUSTMENTS AFTER PAYMENT OF BENEFITS**
- 4. OTHER RIDER PROVISIONS**
 - 4.1 Incontestability**
 - 4.2 Nonparticipating**
 - 4.3 Nonforfeiture**
- 5. RIDER TERMINATION**

(This page intentionally left blank.)

RIDER DATA PAGE

POLICY NUMBER	{12345}
RIDER EFFECTIVE DATE	{1/1/2010}
NURSING CARE CONFINEMENT BENEFIT	{1/36} of the Face Amount
NURSING CARE CONFINEMENT BENEFIT PERIOD	{36} months
CHRONIC CARE BENEFIT	{1/60} of the Face Amount
CHRONIC CARE BENEFIT PERIOD	{60} months
LUMP SUM DISCOUNT FACTORS	
TERMINAL ILLNESS	{95%}
NURSING CARE CONFINEMENT	{85%}
CHRONIC ILLNESS	{75%}

(This page intentionally left blank.)

1. GENERAL DEFINITIONS

Accelerated Death Benefit means the payment of some or all of the Face Amount as of the date we process the Accelerated Death Benefit to the Policy Owner during the lifetime of the Insured if the Insured becomes Terminally Ill or Chronically Ill after the Rider Effective Date.

Activities of Daily Living are: (1) eating; (2) toileting; (3) transferring; (4) bathing; (5) dressing; and (6) continence.

Administrative Fee means a one-time administrative fee not to exceed the lesser of {\$250} and the maximum allowable by applicable state law. The Administrative Fee will be deducted from the Accelerated Death Benefit prior to determining any benefit payments.

Chronically Ill means a person who has been certified by a Physician as: 1) being unable to perform, without substantial assistance, at least two of six Activities of Daily Living (ADL) for at least 90 days due to a loss of functional capacity; or 2) requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment as certified by a Physician within the preceding 12-month period.

Lump Sum Discount Factor means an interest adjustment for the advanced payment of elected proceeds, if a lump sum payment is elected. The factor will be based on an annual interest rate that will be no more than the greater of the current yield on 90 day Treasury Bills or the current maximum statutory adjustable policy loan interest rate.

Nursing Care Confinement means the Insured is certified as Chronically Ill and has been confined continuously for 90 days to a Qualified Nursing Facility, and confinement is expected to be permanent.

Physician means a licensed and qualified medical doctor who is not a member of the Policy Owner's or the Insured's immediate family.

Policy means the Policy to which this Rider is attached.

Qualified Nursing Facility means a skilled nursing care facility, intermediate care facility or custodial care facility. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of the Policy Owner's or the Insured's immediate family. A Qualified Nursing Facility must be licensed as a care facility by the state in which it operates and must conduct its business in accordance with law.

Rider means this Accelerated Death Benefit Rider, in its entirety, which is attached to the Policy.

Rider Effective Date means the date the Rider becomes effective.

Terminally Ill means an individual who has been certified by a Physician as having an illness or physical condition which can reasonably be expected to result in death in 12 months or less after the date of certification.

2. BENEFIT PROVISIONS

2.1 Payment of Benefits

Accelerated Death Benefits under this rider are only payable for illnesses which first manifest themselves more than sixty (60) days following the Rider Effective Date.

The Owner may elect to receive the Accelerated Death Benefit as a:

- (a) One-time lump sum payment; or
- (b) A monthly payment for the Benefit Period specified on the Rider Data Page (Nursing Care Confinement and Chronic Care only).

Benefits are payable under the provision for which the Insured qualifies and the Owner elects. You may only elect one benefit even if the Insured qualifies under more than one. If there is a Policy loan, a portion of the Loan Balance will be deducted from the Accelerated Death Benefit in proportion to the amount accelerated. If you elect to accelerate less than 100% of the Face Amount or if you elect to stop receiving monthly payments, any Face Amount less Loan Balance remaining will be payable upon death of the Insured.

2.2 Terminal Illness Benefit

If the Insured qualifies for benefits under the definition of Terminally Ill, you may elect to accelerate up to the Face Amount as a **lump sum** payment. The benefit will be multiplied by the Terminal Illness Lump Sum Discount Factor, as specified on the Rider Data Page. If you elect to accelerate 100% of the Face Amount under this provision, the Policy will terminate after the benefit has been paid.

2.3 Nursing Care Confinement Benefit

If the Insured qualifies for benefits under the definition of Nursing Care Confinement, you may elect to receive the **monthly benefit** under this provision as specified on the Rider Data Page. You may elect to stop receiving monthly payments at any time, at which time the Rider will terminate.

You may elect to receive the Nursing Care Confinement Benefit as a **lump sum**. If you choose a lump sum payment, you may elect to accelerate up to the Face Amount. The payment will be multiplied by the Nursing Care Confinement Lump Sum Discount Factor, as specified on the Rider Data Page. If you elect to accelerate 100% of the Face Amount under this provision, the Policy will terminate after the benefit has been paid.

2.4 Chronic Care Benefit

If the Insured qualifies for benefits under the definition of Chronically Ill, you may elect to receive the **monthly benefit** under this provision as specified on the Rider Data Page. You may elect to stop receiving monthly payments at any time, at which time the Rider will terminate.

You may elect to receive the Chronic Care Benefit as a **lump sum**. If you choose a lump sum payment, you may elect to accelerate up to the Face Amount. The payment will be multiplied by the Chronic Illness Lump Sum Discount Factor, as specified on the Rider Data Page. If you elect to accelerate 100% of the Face Amount under this provision, the Policy will terminate after the benefit has been paid.

2.5 Benefit Election

To elect a benefit under this Rider:

- You may elect to receive benefits once; and
- You must request payment of the Rider benefit during the lifetime of the Insured in a written form satisfactory to us; and
- You must submit to us written proof satisfactory to us that the Insured qualifies for the Rider benefit.

At our expense, we may require an examination of the Insured by a second Physician to verify any diagnosis or certification made by the initial Physician. The second Physician must be acceptable to both you and us. The second Physician's diagnosis or certification will be deemed conclusive.

If you are required by a government agency to use this Rider benefit in order to apply for, obtain, or keep a government benefit or entitlement, then you are not eligible to elect the benefit provided by this Rider.

If you have submitted an election to us and the Insured dies before we make any Rider payment to you, then we will consider the election to be null and void. We will pay the Beneficiary the Death Benefit as provided in the Policy when we receive due proof that the Insured has died.

Once an Accelerated Death Benefit payment has been paid to you, the election cannot be revoked. A payment under this Rider is considered made when sent from our Executive Office.

3. POLICY VALUE ADJUSTMENTS AFTER PAYMENT OF BENEFITS

When an Accelerated Death Benefit is paid under this Rider:

- The Face Amount of the Policy will be reduced by the Accelerated Death Benefit; and
- The Accumulation Value, the Minimum Accumulation Value, and the Guaranteed Tabular Cash Value will all be reduced in proportion to the Accelerated Death Benefit; and
- A portion of the Loan Balance will be paid from the proceeds in proportion to the amount of Accelerated Death Benefit.

We will amend the Policy Data Page to reflect the new Face Amount after payment of an Accelerated Death Benefit.

4. OTHER RIDER PROVISIONS

4.1 Incontestability

We will not contest this Rider after the Policy becomes incontestable.

4.2 Nonparticipating

The Rider is nonparticipating and is not eligible to share in dividends.

4.3 Nonforfeiture

This Rider has no Cash Surrender Value or other non-forfeiture benefits.

5. RIDER TERMINATION

The Rider will terminate:

- Upon written notice to us that you elect to stop receiving monthly payments under this Rider; or
- If the Face Amount of the Policy has been paid in full; or
- If the Policy to which this Rider is attached is terminated.

{ Craig A. Lang }

President

SERFF Tracking Number: FBLA-126546657 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 45290
 Company Tracking Number: ETL-ISWL-2000(01-10)
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: ETL-ISWL-2000(01-10)
 Project Name/Number: ETL-ISWL-2000(01-10)/ETL-ISWL-2000(01-10)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Please see the application pages attached under the Form Schedule.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachments: Application statement of variability.pdf Policy statement of variability.pdf Accelerated Death Benefit statement of variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Page 6 of application for your reference		
Comments:		
Attachment: ETL-122(01-10)-6.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: FBLA-126546657 *State:* Arkansas
Filing Company: EquiTrust Life Insurance Company *State Tracking Number:* 45290
Company Tracking Number: ETL-ISWL-2000(01-10)
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.111 Single Premium - Single Life
Product Name: ETL-ISWL-2000(01-10)
Project Name/Number: ETL-ISWL-2000(01-10)/ETL-ISWL-2000(01-10)
Satisfied - Item: Accelerated Death Benefit
Disclosure

Comments:

Attachment:

Accelerated Benefit Rider Disc Statement Draft FINAL WITH ILLUSTRATION.pdf

EquiTrust Life Insurance Company

READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. The forms are in at least 10 (ten) point type, 2 (two) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
Single Premium Whole Life Insurance Policy	ETL-ISWL-2000(01-10)	51.7
Accelerated Death Benefit Rider	ETL-ADBR(01-10)*	50.4
Amendment of Application	ETL-4102(01-10)*	51.6
Endorsement	ETL-IRE(01-10)*	50.3
Life Insurance Application	ETL-122(01-10)-1*	51.4
Life Insurance Application	ETL-122(01-10)-2*	50.4
Life Insurance Application	ETL-122(01-10)-3*	51.6
Life Insurance Application	ETL-122(01-10)-4*	50.1
Life Insurance Application	ETL-122(01-10)-5*	50.2
Life Insurance Application	ETL-122(01-10)-7**	46.4

*These forms were scored in conjunction with base policy number ETL-ISWL-2000(01-10)

**This form was scored in conjunction with the entire Life Insurance Application.

Signature:



Ana Bumgardner
Vice President, Annuity Product Management

Date: February 18, 2010

Summary of Variable Material
Life Insurance Application

**Form numbers ETL-122(01-10)-1, ETL-122(01-10)-2, ETL-122(01-10)-3,
 ETL-122(01-10)-4, ETL-122(01-10)-5, ETL-122(01-10)-6, ETL-122(01-10)-7**

Explanation of Variable Material: All variable material is shown contained in brackets in the policy. Most of the variable material found on the data pages is personal information relative to the particular contract. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address, Phone Number, Company Logo	These items are marked as variable to enable us to update the contract without refilling should any of these items change in the normal course of business.
Agent Information Box	Data is collected in this area to process agent information. We have bracketed this box to permit us to make changes to the information collected regarding the agent when required for administrative purposes.
Premium Amount	The premium amount is being bracketed so that the company may utilize this application page with other products or options as they are available.
Face Amount	The premium amount is being bracketed so that the company may utilize this application page with other products or options as they are available.
Producer Certificate	This material is to be filled out exclusively by the agent, and may vary in accordance with processing, compliance or other needs from the agent as required.
IRS Certification	This language is dictated by the Internal revenue Service and is made variable to permit us to update it, if required by the IRS, without the necessity of re-filing.
Accelerated Death Benefit Tax Disclosure	This text will print if the Accelerated Death Benefit Rider is available at the time of application. If it is available, all policies issued will include the Accelerated Death Benefit Rider.
Barcode	A barcode may be used to provide inventory information to the company. This will not affect the use of the application and will be maintained separate from the substantive portion of the application.

**Summary of Variable Material
Single Premium Whole Life Insurance Policy
Form # ETL-ISWL-2000(01-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the policy. Most of the variable material found on the data pages is personal information relative to the particular contract. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address, Phone Number, Officer Signatures, Company Logo	These items are marked as variable to enable us to update the contract without refiling should any of these items change in the normal course of business.
Free Look Period	The number of free look days is bracketed to permit adjustment of the free look period as required by state laws. The free look period will never be less than required by law.
Policy Expense Charge	This charge may range from 1% to 25%.
Monthly Policy Fee	A fee, not to exceed \$300, may be charged annually. The Policy Fee may be different in different policy years, but will always be reflected on the data page and will not change for the duration of the policy.
Initial Interest Rate	This rate will be effective for the duration of the Rate Guarantee Period, and may range from 1% to 20%.
Rate Guarantee Period	We may offer rate guarantee periods ranging from one to ten years.
Minimum Guaranteed Interest Rate	This item is filed as variable in order to periodically update the rate based on the state law. The rate may range from 1% to 6%. Any change will apply only to new policies – it will not affect in-force policies. The Actuarial Memorandum contains detailed information on when and how this rate will be determined.
Guaranteed Tabular Mortality Table	This item is filed as variable in order to periodically update the table based on the state law. Any change will apply only to new policies – it will not affect in-force contracts.
Guaranteed Tabular Rate	This item is filed as variable in order to periodically update the rate based on the state law. Any change will apply only to new policies – it will not affect in-force contracts.
Partial Withdrawal Fee	This fee may range from \$5 to \$50.
Surrender Charge Period	The surrender charge period will not change once a contract has been issued. This period may range from one to ten years. Any change to the surrender charge will be made with respect to all contracts issued as of a specified date.
Surrender Charge Percentage	Surrender charges will not change once a contract has been issued. Any change to the surrender charge will be made with respect to all contracts issued as of a specified date.
Maximum Guaranteed Cost of Insurance Rates	The company may update the rates based on the current regulatory requirements. Any change will apply only to new contracts – it will not affect in-force contracts.

Minimum Guaranteed Cash Values Table	The company may update the tables based on the current regulatory requirements. Any change will apply only to new contracts – it will not affect in-force contracts.
Minimum Required Death Benefit Percentages	The company may update the tables based on the current regulatory requirements. Any change will apply only to new contracts – it will not affect in-force contracts.
Penalty Free Partial Withdrawal Percentage	The percentage will range from 1% to 15%. The percentage will not change once a contract has been issued. Any change to the percentage will be made with respect to all contracts issued as of a specified date.
Payment Option Tables/Payment Plan Minimum Interest Rate/annuity mortality table	The company's objectives in filing these items as variable material is to be able to reflect a change quickly based on the current interest rate environment. Any change will apply only to new contracts – it will not affect in-force contracts. The payment minimum is 1.50%.

Summary of Variable Material
Accelerated Death Benefit Rider, Form number ETL-ADBR (01-10)

Explanation of Variable Material: All variable material is shown contained in brackets in the rider. Most of the variable material found on the data pages is personal information relative to the particular contract. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Nursing Care Confinement Benefit	This is bracketed so that it may match the Nursing Care Confinement Period; this value will print as the denominator of the fraction.
Nursing Care Confinement Benefit Period	The benefit period of time may range from 12 months to 72 months. The benefit period available will not change once a contract has been issued. Any change to the period will be made with respect to all contracts issued as of a specified date.
Chronic Care Benefit	This is bracketed so that it may match the Chronic Care Benefit Period; this value will print as the denominator of the fraction.
Chronic Care Benefit Period	The benefit period of time may range from 12 months to 120 months. The benefit period available will not change once a contract has been issued. Any change to the period will be made with respect to all contracts issued as of a specified date.
Lump Sum Discount Factors; Terminal Illness, Nursing Home Confinement and Chronic Illness	These factors are indicated as variable so that may range from 50% to 100%. These factors will not change once a contract has been issued. Any change to the factors will be made with respect to all contracts issued as of a specified date.
Administrative Fee	The maximum charge is \$250.00.

COPY FOR INSURED'S FILES

IMPORTANT NOTICE REGARDING SALES TO MILITARY PERSONNEL

Please read the Following Disclosure if you are an Active Duty Service Member of the United States Armed Forces.

An active duty service member is a service member engaged in full-time duty in the active military service of the United States and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. This does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

In accordance with applicable law, the following information is provided with respect to the Contract being applied for:

- As a member of the United States Armed Forces, you are advised that subsidized life insurance is available to you under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"). This federally-sponsored program provides up to \$400,000 of term life insurance at a cost of \$.07 per thousand or \$28 per month;
- The Contract applied for is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the Contract being offered;
- No person has received any referral fee or incentive compensation in connection with the offer or sale of the life insurance product, unless such person is an appointed agent of the Company;

If you have any questions or do not understand this disclosure, please visit with your Agent.

Proposed
Insured
Copy

This Rider provides for an acceleration of the death benefit of the Policy, payable to the Policy Owner during the lifetime of the Insured, if the Insured is diagnosed as Terminally Ill or Chronically Ill after the Rider effective date.

This Rider is not long-term care insurance and does not provide long-term care benefits. There is no restriction on the use of the Accelerated Death Benefit proceeds.

The benefits paid under this Rider may or may not be taxable. You should seek advice from a qualified tax advisor about the circumstances under which you could receive Accelerated Death Benefit payments excludable from income under federal law.

The receipt of Accelerated Death Benefit payments may affect your eligibility for Medicaid or other government benefits or entitlements.

Rider Benefits

- **Terminal Illness Benefit** is available as a lump sum, up to the Face Amount of the Policy, and is triggered if the Insured is diagnosed as Terminally Ill.
- **Nursing Care Confinement Benefit** is available as 1/36 of the Face Amount of the Policy payable for 36 months, and is triggered if the Insured is diagnosed as Chronically Ill, has been confined continuously for 90 days to a Qualified Nursing Care Facility, and the confinement is expected to be permanent. This benefit is also available, up to the Face Amount of the policy, payable as one lump sum payment.
- **Chronic Care Benefit** is available as 1/60 of the Face Amount of the policy payable for 60 months, and is triggered if the Insured is diagnosed as Chronically Ill. This benefit is also available, up to the Face Amount of the Policy, as one lump sum payment.

Effect of Benefit Payments on Policy Values

When an Accelerated Death Benefit is paid under this Rider:

- The Face Amount of the Policy will be reduced by the Accelerated Death Benefit; and
- The Accumulation Value, the Minimum Accumulation Value, and the Guaranteed Tabular Cash Value will all be reduced in proportion to the Accelerated Death Benefit; and
- A portion of the Loan Balance will be paid from the proceeds in proportion to the amount of Accelerated Death Benefit.

Lump Sum Example 1: Terminal Illness without policy loan

<u>Prior to acceleration:</u>		<u>After \$25,000 (25% of Face Amount) acceleration:</u>	
Face Amount	\$100,000	Remaining Face Amount	\$75,000
Cash Value	\$80,000	Remaining Cash Value	\$60,000

Lump Sum Example 2: Terminal Illness with policy loan

<u>Prior to acceleration:</u>		<u>After \$25,000 (25% of Face Amount) acceleration:</u>	
Face Amount	\$100,000	Remaining Face Amount	\$75,000
Cash Value	\$80,000	Remaining Cash Value	\$60,000
Policy Loan	\$20,000	Remaining Policy Loan	\$15,000

Monthly Benefit Example 3: Nursing Care Confinement monthly benefit without policy loan

<u>Prior to acceleration:</u>		<u>After first monthly benefit (1/60 of Face Amount):</u>	
Face Amount	\$100,000	Remaining Face Amount	\$98,333
Cash Value	\$80,000	Remaining Cash Value	\$78,667

Monthly Benefit Example 4: Nursing Care Confinement monthly benefit with policy loan

<u>Prior to acceleration:</u>		<u>After first monthly benefit (1/60 of Face Amount):</u>	
Face Amount	\$100,000	Remaining Face Amount	\$98,333
Cash Value	\$80,000	Remaining Cash Value	\$78,667
Policy Loan	\$20,000	Remaining Policy Loan	\$19,667

Charges and Fees

- There is no premium charge for this Rider.
- If benefits are elected under this Rider, a one-time administrative fee will be charged in the amount of the lesser of \$250 and the maximum allowable by applicable state law.

Payment of Benefits

- The Policy and Rider must be In Force for 12 months before the Policy Owner is eligible to receive any Accelerated Death Benefit payments.
- You may elect to receive benefits only once.
- Benefits are payable under the provision for which the Insured qualifies and the Owner elects. You may only elect one benefit even if the Insured qualifies under more than one.
- If you elect to accelerate less than 100% of the Face Amount, or if you elect to stop receiving monthly payments, any Face Amount less Loan Balance remaining will be payable upon death of the Insured.

Definitions

Terminally Ill means an individual who has been certified by a Physician as having an illness or physical condition which can reasonably be expected to result in death in 12 months or less after the date of certification.

Chronically Ill means a person who has been certified by a Physician as: 1) being unable to perform, without substantial assistance, at least two of six Activities of Daily Living (ADL) for at least 90 days due to a loss of functional capacity; or 2) requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment as certified by a Physician within the preceding 12-month period.

Qualified Nursing Facility means a skilled nursing care facility, intermediate care facility or custodial care facility. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of the Policy Owner's or the Insured's immediate family. A Qualified Nursing Facility must be licensed as a care facility by the state in which it operates and must conduct its business in accordance with law.

Lump Sum Discount Factor means an interest adjustment for the advanced payment of elected proceeds, if a lump sum payment is elected. The factor will be based on an annual interest rate that will be no more than the greater of the current yield on 90 day Treasury Bills or the current maximum statutory adjustable policy loan interest rate. The discount factors are: Terminal Illness Benefit – 95%; Nursing Care Confinement Benefit – 85%; Chronic Care Benefit – 75%.

Proposed Insured Signature

Date

Owner's Signature (if other than Proposed Insured)

Date

Agent's Signature

Date