

SERFF Tracking Number: FBLA-126779407 State: Arkansas  
Filing Company: EquiTrust Life Insurance Company State Tracking Number: 46562  
Company Tracking Number: ETL-IUL-2000(08-10)  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: ETL-IUL-2000(08-10)  
Project Name/Number: ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)

## Filing at a Glance

Company: EquiTrust Life Insurance Company

Product Name: ETL-IUL-2000(08-10)

TOI: L071 Individual Life - Whole

SERFF Tr Num: FBLA-126779407 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46562

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: ETL-IUL-2000(08-10)

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Shawna Greenway,  
Patrick Riley, Stacie Baker, Lillie  
Peshel

Disposition Date: 09/16/2010

Date Submitted: 08/20/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ETL-IUL-2000(08-10)

Project Number: ETL-IUL-2000(08-10)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/16/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/20/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/16/2010

Created By: Lillie Peshel

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lillie Peshel

Filing Description:

Re: EquiTrust Life Insurance Company, NAIC # 62510, FEIN # 42-1468417

Individual Life and Annuity Filing, form number, ETL-IUL-2000(08-10) et al.

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

Form ETL-IUL-2000(08-10) is new and does not replace any previously approved form. This form is a non-participating Single Premium Universal Life Insurance Policy, which provides life insurance for an individual under a single premium

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universal life plan. At the time of application for the Single Premium Index Universal Life, the owner will choose between the one-year fixed interest rate crediting option and the indexed interest crediting options. These crediting options are attached to the product via Endorsements, which are included in this filing.

The indexed crediting Endorsements are form numbers ETL-1YRINT(08-10), ETL-1YAVGCAP(08-10), ETL-1YAVGPART(08-10), ETL-1YDAVGCAP(08-10), ETL-1YRMC(08-10), ETL-1YP2PCAP(08-10), ETL-1YP2PPART(08-10), and ETL-2YAVGCAP(08-10) may be attached to the policy at issue. If available, the accounts are chosen at the time of application.

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. Illustration certifications are included with this filing.

The policy will be marketed by agents licensed with our company. This policy complies with the model Standard Nonforfeiture Regulation. Please see the Actuarial Memorandum and Statement of Variability for more information.

Form number ETL-PBR(08-10) is a rider that will automatically be included with all policies at issue, when available. The Premium Bonus Rider provides a bonus to be applied to the single premium. The bonus will be added to the policy accumulation value on a date specified in the rider. The rider may also be offered to in-force contract owners. There is no charge for this rider.

Form number ETL-AVBR(08-10) The Accumulation Value Bonus Rider may be available with any previously approved contract forms as well as contract forms approved in the future. If available, this rider will automatically be attached at issue. The rider may also be offered to in-force contract owners. There is no charge for this rider. This rider provides for a certain percentage of the policy's value to be credited on specified contract anniversaries.

Form number ETL-ROP(08-10) is a rider that will automatically be included with all policies at issue, when available. The Return of Premium Rider provides that the cash surrender value of the policy will be computed in accordance with the rider. The rider may also be offered to in-force contract owners. There is no charge for this rider.

Form number ETL-FPW(08-10) is a rider that will automatically be included with all policies at issue, when available. The Partial Withdrawal without Surrender Charge Rider provides for a percentage of the accumulation value that may be withdrawn without application of a surrender charge. The rider may also be offered to in-force contract owners. There is no charge for this rider.

The following application form is also included in this filing, which is form number ETL-122(08-10)-7. This form is substantially similar for form number ETL-122(01-10)-7, which was approved by your department on 03/30/2010

SERFF Tracking Number: FBLA-126779407 State: Arkansas  
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(SERFF filing number FBLA-126546657), and is included with the base application to provide temporary life insurance coverage. This new form differs from the previously-approved form solely that the issue ages for the base product as well as the coverage amounts have been bracketed, to allow for additional flexibility in accordance with the product the application is used with. This form will not replace the form number any currently used forms.

This policy, and the associated riders and endorsements, will be used with the following previously- approved forms, which were approved in SERFF filing number FBLA-126546657:

Accelerated Death Benefit Rider ETL-ADBR(05-10)  
Amendment of Application ETL-4102(01-10)  
Endorsement ETL-IRE(01-10)  
Life Insurance Application – section 1 ETL-122(01-10)-1  
Life Insurance Application– section 2 ETL-122(01-10)-2  
Life Insurance Application– section 3 ETL-122(01-10)-3  
Life Insurance Application– section 4 ETL-122(01-10)-4  
Life Insurance Application– section 5 ETL-122(01-10)-5

We may also use this product with other forms as they become available.

These policy forms and riders are submitted in final printed format except for slight font and formatting variations which may occur due to production on our high-speed mainframe printer. The company takes care to assure that the impact of printer-based variations is minimized. 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.

Lillie Peshel  
515-226-6727  
Lillie.Peshel@fblfinancial.com

## 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

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**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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$700.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EquiTrust Life Insurance Company	\$700.00	08/20/2010	38912987

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2010	09/16/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/24/2010	08/24/2010	Lillie Peshel	09/15/2010	09/15/2010

*SERFF Tracking Number:* FBLA-126779407      *State:* Arkansas  
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*Project Name/Number:* ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)

## **Disposition**

Disposition Date: 09/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variable Information		Yes
Supporting Document	Notice in Compliance with Ark. Code Ann. 23-79-138		Yes
Supporting Document	Arkansas Life and Health Guaranty Notice		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Single Premium Universal Life Insurance Policy		Yes
Form	Accumulation Value Bonus Rider		Yes
Form	Return of Premium Rider		Yes
Form	Premium Bonus Rider		Yes
Form	Partial Withdrawal without Surrender Charge Rider		Yes
Form	1-Year Interest Account Endorsement		Yes
Form	1-Year Average Cap Index Account Specifications		Yes
Form	1-Year Average Participation Index Account Endorsement		Yes
Form	1-Year Average Cap Index Account Endorsement		Yes
Form	1-Year Monthly Cap Index Account Endorsement		Yes
Form	1-Year Point-to-Point Cap Index Account Endorsement		Yes
Form	1-Year Point-to-Point Participation Index Account Specifications		Yes
Form	2-Year Average Cap Index Account Specifications		Yes
Form	Life Insurance Application – Temporary Life Insurance Agreement portion		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/24/2010  
Submitted Date 08/24/2010  
Respond By Date 09/24/2010

Dear Stacie Baker,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that your are in compliance with Regulation 34.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/15/2010  
Submitted Date 09/15/2010

Dear Linda Bird,

### Comments:

Thank you for your review of this filing. Please consider the following information in response to your objections:

### Response 1

Comments: 1. I hereby certify that we are in compliance with Ark. Code Ann. 23-79-138. The attached notice is provided to each policy owner.

2. Please consider this as certification that we are in compliance with Regulation 49. The attached Guaranty Notice is provided to each policy owner.

3. Please see the attached Certificate of Compliance for your consideration.

4. Please consider this as certification that we are in compliance with Regulation 34.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that your are in compliance with Regulation 34.

### Changed Items:

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**Supporting Document Schedule Item Changes**

Satisfied -Name: Notice in Compliance with Ark. Code Ann. 23-79-138

Comment:

Satisfied -Name: Arkansas Life and Health Guaranty Notice

Comment:

Satisfied -Name: Certificate of Compliance

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope that you may find this material satisfies your request. Please do not hesitate to contact me if you need further information.

Sincerely,

Lillie Peshel, Patrick Riley, Shawna Greenway, Stacie Baker

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ETL-IUL-2000(08-10)	Policy/Cont Single Premium ract/Fratern Universal Life Insurance Policy Certificate	Initial		73.000	ET-IUL-2000_08-10__FINAL.pdf
	ETL-AVBR(08-10)	Policy/Cont Accumulation Value ract/Fratern Bonus Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.000	ET-AVBR_08-10__FINAL.pdf
	ETL-ROP(08-10)	Policy/Cont Return of Premium ract/Fratern Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	ET-ROP_08-10__FINAL.pdf
	ETL-PBR(08-10)	Policy/Cont Premium Bonus ract/Fratern Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	ETL-PBR_08-10__FINAL.pdf

<i>SERFF Tracking Number:</i>	<i>FBLA-126779407</i>	<i>State:</i>	<i>Arkansas</i>	
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<i>Company Tracking Number:</i>	<i>ETL-IUL-2000(08-10)</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-IUL-2000(08-10)</i>			
<i>Project Name/Number:</i>	<i>ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)</i>			
ETL- FPW(08- 10)	Policy/Cont Partial Withdrawal ract/Fratern without Surrender al Charge Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	56.000	ETL- FPW_08- 10__FINAL.p df
ETL- 1YRINT(08 -10)	Policy/Cont 1-Year Interest ract/Fratern Account al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	47.000	ETL- 1YRINT_08- 10__FINAL.p df
ETL- 1YAVGCA P(08-10)	Policy/Cont 1-Year Average Cap ract/Fratern Index Account al Specifications Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000	ETL- 1YAVGCAP_ 08- 10__FINAL.p df
ETL- 1YAVGPA RT(08-10)	Policy/Cont 1-Year Average ract/Fratern Participation Index al Account Certificate: Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial	47.000	ETL- 1YAVGPART _08- 10__FINAL.p df
ETLDAVG CAP(08-10)	Policy/Cont 1-Year Average Cap ract/Fratern Index Account	Initial	50.000	ETL- 1YDAVGCAP

SERFF Tracking Number:	FBLA-126779407	State:	Arkansas
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TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	ETL-IUL-2000(08-10)		
Project Name/Number:	ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)		
	al Endorsement		_08-
	Certificate:		10__FINAL.p
	Amendmen		df
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
ETL-	Policy/Cont 1-Year Monthly Cap Initial	56.000	ETL-
1YRMC(08-	ract/Fratern Index Account		1YRMC_08-
10)	al Endorsement		10__FINAL.p
	Certificate:		df
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
ETL-	Policy/Cont 1-Year Point-to-Point Initial	51.000	ETL-
1YP2PCAP	ract/Fratern Cap Index Account		1YP2PCAP_0
(08-10)	al Endorsement		8-
	Certificate:		10__FINAL.p
	Amendmen		df
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
ETL-	Policy/Cont 1-Year Point-to-Point Initial	47.000	ETL-
1YP2PPAR	ract/Fratern Participation Index		1YP2PPART
T (08-10)	al Account		_08-
	Certificate: Specifications		10__FINAL.p
	Amendmen		df
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
ETL-	Policy/Cont 2-Year Average Cap Initial	47.000	ETL-
2YAVGCA	ract/Fratern Index Account		2YAVGCAP_
P(08-10)	al Specifications		08-
	Certificate:		10__FINAL.p

<i>SERFF Tracking Number:</i>	<i>FBLA-126779407</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)</i>		
	Amendmen		df
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
ETL-	Application/Life Insurance	Initial	46.400
122(08-10)-	Enrollment Application –		ETL-122_08-
7	Form Temporary Life		10_-7.pdf
	Insurance Agreement		
	portion		

**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.

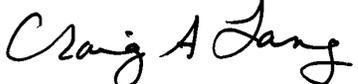
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EquiTrust Life Insurance Company will pay the benefits of this Policy subject to all of its terms. **Read this Policy carefully.** This is a legal Contract between the Owner and the Company.

#### 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 UNIVERSAL LIFE INSURANCE POLICY [WITH INDEXED FEATURE]

Policy features include:

- Death Benefit payable at the Insured's death
- Minimum Guaranteed Cash Value
- Dividends are not paid (Nonparticipating)
- Actual Cash Surrender Value May Exceed the Minimum Guaranteed Cash Values

[A surrender may result in a substantial penalty because the Cash Surrender Value of the Policy may be less than the Single Premium paid. While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

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		9.6 Death of Payee	
		9.7 Claims of Creditors	

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:** [50]

**INSURED SEX:** [Male]

**PREMIUM CLASS:** [Non-Tobacco]

**POLICY NUMBER:** [12345]

**POLICY DATE:** [01-01-2010]

**FACE AMOUNT:** [\$263,000]

**SINGLE PREMIUM:** [\$100,000]

**POLICY EXPENSE CHARGE FACTOR:** [\$13.02 per \$1000 Years 1-10]

**POLICY FEE:** [\$75]

**MINIMUM GUARANTEED POLICY RATE:** [2.00%]

**PARTIAL WITHDRAWAL FEE:** [\$25.00]

**GUARANTEED TABULAR MORTALITY TABLE:** [2001 CSO Ultimate Mortality Table]

**GUARANTEED TABULAR RATE:** [5%]

**SURRENDER CHARGE PERIOD:** [10 Years]

**SURRENDER CHARGE PERCENTAGE:**

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

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**COST OF INSURANCE RATES PAGE**

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

<b>Attained Age</b>	<b>Rate</b>	<b>Attained Age</b>	<b>Rate</b>
50	3.45	86	132.59
51	3.77	87	146.38
52	4.16	88	161.04
53	4.61	89	176.42
54	5.18	90	191.74
55	5.82	91	206.82
56	6.48	92	222.62
57	7.12	93	239.28
58	7.76	94	256.83
59	8.51	95	274.21
60	9.42	96	291.18
61	10.53	97	309.26
62	11.82	98	328.54
63	13.23	99	349.11
64	14.70	100	368.76
65	16.23	101	386.19
66	17.78	102	404.73
67	19.40	103	424.44
68	21.11	104	445.27
69	23.03	105	467.21
70	25.27	106	490.50
71	27.99	107	515.21
72	31.17	108	541.43
73	34.52	109	569.22
74	38.12	110	598.65
75	42.04	111	629.83
76	46.46	112	662.83
77	51.60	113	697.75
78	57.57	114	734.65
79	64.26	115	773.63
80	71.72	116	814.76
81	79.83	117	858.13
82	88.42	118	903.80
83	97.80	119	951.67
84	108.23	120	1000.00
85	119.83		

**TABLE OF VALUES PAGE**

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

<b>Attained Age</b>	<b>Rate</b>	<b>Attained Age</b>	<b>Rate</b>
50	276.20	86	799.80
51	287.46	87	811.51
52	299.10	88	822.47
53	311.09	89	832.65
54	323.41	90	842.05
55	336.01	91	850.78
56	348.88	92	859.04
57	362.03	93	866.82
58	375.51	94	874.11
59	389.35	95	880.84
60	403.53	96	887.13
61	417.99	97	893.16
62	432.66	98	898.87
63	447.46	99	904.20
64	462.40	100	908.97
65	477.47	101	913.30
66	492.71	102	917.55
67	508.16	103	921.70
68	523.85	104	925.75
69	539.80	105	929.68
70	556.00	106	933.52
71	572.36	107	937.26
72	588.78	108	940.90
73	605.14	109	944.43
74	621.47	110	947.85
75	637.79	111	951.17
76	654.10	112	954.38
77	670.33	113	957.48
78	686.39	114	960.47
79	702.13	115	963.35
80	717.49	116	966.12
81	732.39	117	968.79
82	746.82	118	971.42
83	760.82	119	974.86
84	774.37	120	1000.00
85	787.39		

**MINIMUM REQUIRED DEATH BENEFIT PERCENTAGES**

<b>Attained Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
50	293.7%	328.7%	250.6%	270.6%
51	284.2%	318.1%	243.3%	262.7%
52	275.0%	307.9%	236.2%	255.0%
53	266.3%	298.2%	229.5%	247.8%
54	257.9%	288.9%	223.1%	240.9%
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%

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## 1. GENERAL DEFINITIONS

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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 as of the last 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.

**Policy Year** is the period from one Policy Anniversary to the next Policy Anniversary. The first Policy Year is from the Policy Date to the first Policy Anniversary.

**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.

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## **2. DEATH BENEFIT**

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### **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.

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## **3. OWNERSHIP, ASSIGNMENT, AND BENEFICIARY(IES) PROVISIONS**

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### **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.

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## **4. PREMIUM**

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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.

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## **5. POLICY VALUES**

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### **5.1 Accumulation Value**

The Accumulation Value equals the sum of the Accumulation Values(s) of any attached account Endorsement(s), the Loan Value Account, and the Loan Repayment Account.

### **5.2 Minimum Accumulation Value**

The Minimum Accumulation Value is equal to:

- (1) the Single Premium paid; less
- (2) any Partial Withdrawals, Policy Expense Charges, Policy Fees, and Maximum Guaranteed Cost of Insurance charges; plus
- (3) interest credited at the Minimum Guaranteed Policy Rate shown on the Policy Data Page.

### **5.3 Cost of Insurance**

The Cost of Insurance will be deducted on the Policy Date and each Policy Anniversary thereafter. The annual 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 Year;
- (2) is the annual 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.

### **5.4 Net Amount at Risk**

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

### **5.5 Policy Fee**

The Policy Fee is shown on the Policy Data Page. We will deduct the Policy Fee on the Policy Date and each Policy Anniversary thereafter.

### **5.6 Policy Expense Charge**

We will deduct the Policy Expense Charge on the Policy Date and each Policy Anniversary thereafter. The Policy Expense Charge is equal to the Face Amount on the Policy Date divided by 1,000 then multiplied by the Policy Expense Charge Factor. The Policy Expense Charge Factor is shown on the Policy Data Page.

### **5.7 Guaranteed Tabular Cash Value**

The Guaranteed Tabular Cash Value on any day is equal to the Face Amount on that date multiplied by the Minimum Guaranteed Cash Values Table for the Attained Age of the Insured, divided by 1,000. The Minimum Guaranteed Cash Values we use are described in the Basis of Values provision of this Policy.

### **5.8 Minimum Guaranteed Cash Value**

The Minimum Guaranteed Cash Value equals the greater of: (1) the Minimum Accumulation Value less the Surrender Charge; or (2) the Guaranteed Tabular Cash Value. The Minimum Guaranteed Cash Value on certain Policy Anniversaries is shown in the Minimum Guaranteed Cash Values Table.

### **5.9 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.

### **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.

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## **6. SURRENDER AND WITHDRAWAL OF POLICY VALUES**

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### **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, if any, and less any Loan Balance; or
- the Minimum Guaranteed Cash Value less any Loan Balance.

A Surrender Charge may apply if you surrender this Policy during the Surrender Charge Period. 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.

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## **7. POLICY LOANS**

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### **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 Value Account**

When a loan is requested, we will transfer an amount equal to the loan to the Loan Value Account. If the loan value is greater than the Accumulation Value and requested loans exceed the un-loaned Accumulation Value, we will transfer an amount equal to the remaining un-loaned Accumulation Value to the Loan Value Account.

### **7.3 Interest Credited to the Loan Value Account**

The Loan Value Account will be credited interest at an annual effective interest rate equal to the Minimum Guaranteed Policy Rate, as shown on the Policy Data Page. Interest is credited daily to this account.

### **7.4 Interest Charged on the Loan**

Loan interest is charged from the date of the loan. Loan interest is due annually in arrears on each Policy Anniversary. Interest not paid when due will be added to the Loan Balance, transferred to the Loan Value Account, and 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.

### **7.5 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.

### **7.6 Loan Repayment Account**

At the time of repayment, a transfer from the Loan Value Account to the Loan Repayment Account for the amount of the loan repayment will occur. The Loan Repayment Account will be credited interest each day at a rate no less than the Minimum Guaranteed Policy Rate, as shown on the Policy Data Page. On the next Policy Anniversary, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions.

### **7.7 Policy Lapse and Notice**

If there is a Loan Balance, 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.

If there is no Loan Balance, we guarantee this Policy will not Lapse.

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## **8. GENERAL TERMS**

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### **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.

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## **9. PAYMENT OF PROCEEDS**

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### **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.

**SINGLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY [WITH INDEXED FEATURE]**

**Policy features include:**

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

**[A surrender may result in a substantial penalty because the Cash Surrender Value of the Policy may be less than the Single Premium paid. While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]**

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**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.**

**Accumulation Value Bonus Rider**

**Policy Form Number:** [ETL-IUL-2000(08-10)]

**Policy Number:** [EQ0001123456F]

**RIDER BENEFIT**

**Accumulation Value Bonus:** On each applicable Policy Anniversary shown below, an amount will be added to your Policy Accumulation Value, which is equal to the Accumulation Value Bonus Percentage multiplied by the Accumulation Value as of the applicable Policy Anniversary.

<u>Policy Anniversary</u>	<u>Accumulation Value Bonus Percentage</u>
[1	1.00%
2	1.00%
3	1.00%
4	1.00%
5	1.00%
6	1.00%
7	1.00%
8	1.00%
9	1.00%
10	1.00%]

{ *Craig A. Jang* }

President

ETL-AVBR(08-10)

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**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.**

**Return of Premium Rider**

**Policy Form Number:** [ETL-IUL-2000(08-10)]

**Policy Number:** [EQ0001123456F]

**RIDER BENEFIT**

The Cash Surrender Value of your Policy will equal the greater of:

- (1) The Cash Surrender Value, as defined in your Policy; or
- (2) The Return of Premium, as defined below, less any Loan Balance.

The Return of Premium is equal to the Single Premium as shown on the Policy Data Page, less any Partial Withdrawals. The Return of Premium does not include any Premium Bonus, if applicable.

**RIDER TERMINATION**

This Rider will terminate:

- (1) Upon election of an accelerated death benefit; or
- (2) Upon termination of the Policy to which it is attached.

{ *Craig A. Jang* }

President

ETL-ROP(08-10)

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**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.**

**Premium Bonus Rider**

**Policy Form Number:** [ETL-IUL-2000(08-10)]

**Policy Number:** [EQ0001123456F]

**RIDER BENEFIT**

**Premium Bonus:** The Premium Bonus is equal to the Single Premium, multiplied by the Premium Bonus Percentage shown below. The Premium Bonus will be added to your Policy Accumulation Value on the date shown below. The Premium Bonus will be allocated among all available accounts according to the allocation of the Single Premium on the Policy Date.

Date Applied  
[Policy Date]

Premium Bonus Percentage  
[12.00%]

If you exercise the Right to Examine and Return your Policy, you will not receive any portion of the Premium Bonus.

{ *Craig A. Jang* }

President

ETL-PBR(08-10)

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**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.**

**Partial Withdrawal without Surrender Charge Rider**

**Policy Form Number:** [ETL-IUL-2000(08-10)]

**Policy Number:** [EQ0001123456F]

**RIDER BENEFIT**

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.

**RIDER TERMINATION**

This Rider will terminate:

- (1) Upon election of an accelerated death benefit; or
- (2) Upon termination of the Policy to which it is attached.

{ *Craig A. Jang* }

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR INTEREST ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Interest Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR INTEREST ACCOUNT SPECIFICATIONS**

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**Policy Form Number:** [ETL-IUL-2000(08-10)]  
**Policy Number:** [EQ0001123456F]  
**Single Premium Allocation (%):** [25] %  
**Initial Interest Rate:** [3.50] %  
**Minimum Guaranteed Interest Rate:** [2.00] %

The Initial Interest Rate shown above is guaranteed for one Policy Year.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value equals:

- (a) The Single Premium allocated to this account; plus
- (b) Any transfers into this account; plus
- (c) Any reallocations from the Loan Repayment Account into this account; less
- (d) Adjustments for any Partial Withdrawals or transfers out of this account; less
- (e) Adjustments for any Loan amounts transferred out of this account; less
- (f) Adjustments for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges on each Policy Anniversary deducted from this account; plus
- (g) Interest credited to this account.

### Interest Credited

The Interest Rate is declared at issue and guaranteed for one year. The Initial Interest Rate is shown in the Specifications section on page 1 of this Endorsement. The Interest Rate for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Interest Rate can never be less than the Minimum Guaranteed Interest Rate, which can also be found in the Specifications section of this Endorsement. Interest Rates are compounded annually.

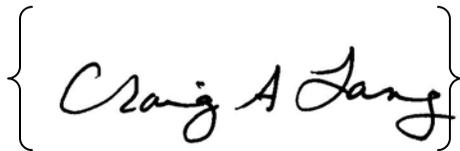
In case of Partial Withdrawal, full Surrender, or transfer out of the account, interest will be credited on the portion of the Account Accumulation Value withdrawn or transferred up to the transaction date. The Account Accumulation Value at any date within a Policy Year will be determined by us with allowance for the time elapsed in the Policy Year.

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## GENERAL PROVISIONS

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This Endorsement terminates upon termination of the Policy to which it is attached.

A handwritten signature in cursive script, enclosed in large curly braces. The signature reads "Craig A. Lang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR AVERAGE CAP INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Average Cap Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR AVERAGE CAP INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Index Cap:</b>	[6.00] %
<b>Minimum Index Cap:</b>	[3.00] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Index Cap is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

**"Standard & Poor's 500®" is a trademark of The McGraw-Hill Companies, Inc. and has been licensed for use by EQUITRUST LIFE INSURANCE COMPANY®. The Product is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of purchasing the Product.]**

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**ALLOCATIONS AND TRANSFERS**

---

**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

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**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Average** for a Policy Year equals the sum of the Index Numbers from each month during the Policy Year divided by 12.

**Index Cap** means the maximum Index Increase that may be applied to the Accumulation Value of this account. The Index Cap is declared at issue and guaranteed for one year. The Initial Index Cap can be found in the Specifications section of this Endorsement. The Index Cap for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Index Cap can never be less than the Minimum Index Cap, which can also be found in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-year Index Average over the beginning-of-year Index Number. Year refers to Policy Year.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Average for the current Policy Year, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Policy Anniversary date; adjusted
- (c) To not be greater than the Index Cap; but not less than
- (d) Zero.

The Index Credit Factor uses the Index Cap applicable for the 1-Year Average Cap Index Account.

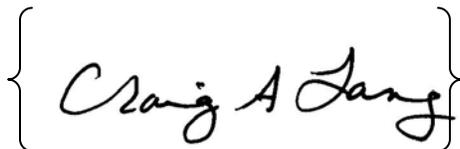
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## GENERAL PROVISIONS

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.

A handwritten signature in black ink, enclosed in large curly braces. The signature reads "Craig A. Jang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR AVERAGE PARTICIPATION INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Average Participation Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR AVERAGE PARTICIPATION INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Participation Rate:</b>	[50] %
<b>Minimum Participation Rate:</b>	[10] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Participation Rate is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

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**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Average** for a Policy Year equals the sum of the Index Numbers from each month during the Policy Year divided by 12.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-year Index Average over the beginning-of-year Index Number. Year refers to Policy Year.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

**Participation Rate** is the percentage of the Index Increase which will be recognized in calculating the Index Value. The Participation Rate is declared at issue and guaranteed for one year. The Initial Participation Rate can be found in the Specifications section of this Endorsement. The Participation Rate for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Participation Rate can never be less than the Minimum Participation Rate, which can also be found in the Specifications section of this Endorsement.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Average for the current Policy Year, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Policy Anniversary date; multiplied by
- (c) The Participation Rate; but not less than
- (d) Zero.

The Index Credit Factor uses the Participation Rate applicable for the 1-Year Average Participation Index Account.

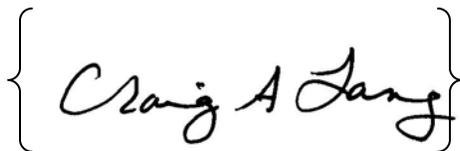
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## GENERAL PROVISIONS

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A handwritten signature in cursive script, enclosed in large curly braces. The signature reads "Craig A. Jang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR AVERAGE CAP INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Average Cap Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

---

**1-YEAR AVERAGE CAP INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Index Cap:</b>	[6.00] %
<b>Minimum Index Cap:</b>	[3.00] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Index Cap is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

---

**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Average** for a Policy Year equals the sum of the Index Numbers from each trading day during the Policy Year divided by the number of trading days during the Policy Year.

**Index Cap** means the maximum Index Increase that may be applied to the Accumulation Value of this account. The Index Cap is declared at issue and guaranteed for one year. The Initial Index Cap can be found in the Specifications section of this Endorsement. The Index Cap for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Index Cap can never be less than the Minimum Index Cap, which can also be found in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-year Index Average over the beginning-of-year Index Number. Year refers to Policy Year.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Average for the current Policy Year, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Policy Anniversary date; adjusted
- (c) To not be greater than the Index Cap; but not less than
- (d) Zero.

The Index Credit Factor uses the Index Cap applicable for the 1-Year Average Cap Index Account.

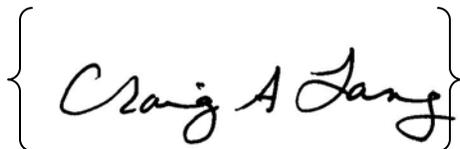
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## GENERAL PROVISIONS

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.

A handwritten signature in black ink, enclosed in large curly braces. The signature reads "Craig A. Jang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR MONTHLY CAP INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Monthly Cap Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR MONTHLY CAP INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Monthly Cap:</b>	[3.00] %
<b>Minimum Monthly Cap:</b>	[0.50] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Monthly Cap is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

**"Standard & Poor's 500®" is a trademark of The McGraw-Hill Companies, Inc. and has been licensed for use by EQUITRUST LIFE INSURANCE COMPANY®. The Product is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard & Poor's makes no representation regarding the advisability of purchasing the Product.]**

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

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**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

**Monthly Cap** is the maximum percentage of the Monthly Index Increase which will be recognized in calculating the Index Credit Factor. The Monthly Cap is declared at issue and guaranteed for one year. The Initial Monthly Cap can be found in the Specifications section of this Endorsement. The Monthly Cap for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Monthly Cap can never be less than the Minimum Monthly Cap, which can also be found in the Specifications section of this Endorsement.

**Monthly Index Increase** is the percentage excess of the end-of-month Index Number over the beginning-of-month Index Number. Each Monthly Index Increase is subject to the Monthly Cap for the current Policy Year. The Monthly Index Increase may be less than zero. Month refers to Policy month.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to the sum of:

- (a) Each Monthly Index Increase for the Policy Year; adjusted
- (b) To not be greater than the Monthly Cap.

There will be 12 Monthly Index Increases used to determine the Index Credit Factor. The Index Credit Factor can never be less than Zero. The Index Credit Factor uses the Monthly Cap applicable for the 1-Year Monthly Cap Index Account.

## Index Credit Factor Example

The following grid shows a hypothetical example of how the Index Credit Factor is calculated for this account. Assume for this example that the Monthly Cap is equal to 2.00%.

Policy Month	Monthly Percentage Change in Index	Monthly Percentage Change in Index, adjusted for the Monthly Cap*
1	1.50%	1.50%
2	0.00%	0.00%
3	-1.50%	-1.50%
4	5.00%	<b>2.00%</b>
5	0.50%	0.50%
6	-1.25%	-1.25%
7	3.00%	<b>2.00%</b>
8	1.25%	<b>1.25%</b>
9	0.00%	0.00%
10	4.00%	<b>2.00%</b>
11	-2.50%	-2.50%
12	1.00%	1.00%
Sum of Monthly Percentage Change in Index, adjusted for the Monthly Cap		5.00%

Index Credit Factor = 5.00%

\* Numbers in bold are months where the monthly percentage change in the Index equals or exceeds the Monthly Cap.

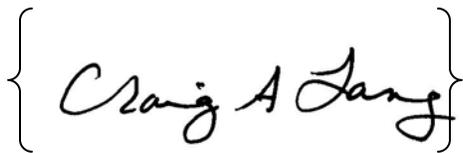
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**GENERAL PROVISIONS**

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.



President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR POINT-TO-POINT CAP INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Point-to-Point Cap Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR POINT-TO-POINT CAP INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Index Cap:</b>	[6.00] %
<b>Minimum Index Cap:</b>	[3.00] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Index Cap is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

---

**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Cap** means the maximum Index Increase that may be applied to the Accumulation Value of this account. The Index Cap is declared at issue and guaranteed for one year. The Initial Index Cap can be found in the Specifications section of this Endorsement. The Index Cap for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Index Cap can never be less than the Minimum Index Cap, which can also be found in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-year Index Number over the beginning-of-year Index Number. Year refers to Policy Year.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Number for the current Policy Anniversary date, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Policy Anniversary date; adjusted
- (c) To not be greater than the Index Cap; but not less than
- (d) Zero.

The Index Credit Factor uses the Index Cap applicable for the 1-Year Point-to-Point Cap Index Account.

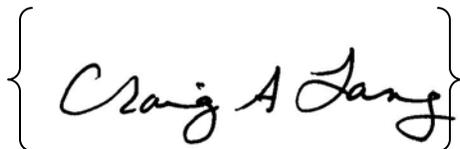
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## GENERAL PROVISIONS

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.

A handwritten signature in cursive script, enclosed in large curly braces. The signature reads "Craig A. Jang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**1-YEAR POINT-TO-POINT PARTICIPATION INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 1-Year Point-to-Point Participation Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**1-YEAR POINT-TO-POINT PARTICIPATION INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Participation Rate:</b>	[50] %
<b>Minimum Participation Rate:</b>	[10] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Participation Rate is guaranteed for one Policy Year.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to or from this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office.

A transfer will be effective on the Policy Anniversary next following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Policy Anniversary;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice.

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## DEFINITIONS

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**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value at the end of each Policy Year. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-year Index Number over the beginning-of-year Index Number. Year refers to Policy Year.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

**Participation Rate** is the percentage of the Index Increase which will be recognized in calculating the Index Value. The Participation Rate is declared at issue and guaranteed for one year. The Initial Participation Rate can be found in the Specifications section of this Endorsement. The Participation Rate for future durations will be declared on each Policy Anniversary and will be guaranteed for the following Policy Year. The declared Participation Rate can never be less than the Minimum Participation Rate, which can also be found in the Specifications section of this Endorsement.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Policy Year, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Policy Year, as well as adjusted for any Loan amounts transferred out of this account during the Policy Year.

The Account Accumulation Value on each Policy Anniversary will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

## Index Credit Methodology

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Number for the current Policy Anniversary date, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Policy Anniversary date; multiplied by
- (c) The Participation Rate; but not less than
- (d) Zero.

The Index Credit Factor uses the Participation Rate applicable for the 1-Year Point-to-Point Participation Index Account.

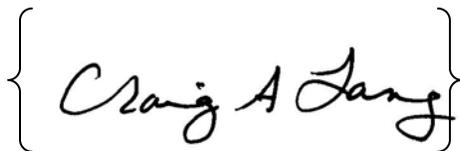
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## GENERAL PROVISIONS

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.

A handwritten signature in black ink, enclosed in large curly braces. The signature reads "Craig A Jang".

President

**EquiTrust Life Insurance Company®**  
[5400 University Avenue, West Des Moines, Iowa 50266-5997]

**2-YEAR AVERAGE CAP INDEX ACCOUNT ENDORSEMENT**

This Endorsement is attached to and becomes part of the Policy. This Endorsement adds a 2-Year Average Cap Index Account to your Policy.

This Endorsement is subject to all of the provisions of the Policy, except as otherwise stated herein. If any provisions of the Policy conflict with the Endorsement, the provisions of the Endorsement will apply.

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**2-YEAR AVERAGE CAP INDEX ACCOUNT SPECIFICATIONS**

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<b>Policy Form Number:</b>	[ETL-IUL-2000(08-10)]
<b>Policy Number:</b>	[EQ0001123456F]
<b>Single Premium Allocation (%):</b>	[25] %
<b>Initial Index Cap:</b>	[10.00] %
<b>Minimum Index Cap:</b>	[6.00] %
<b>Index:</b>	[S&P 500®]
<b>Initial Index Number:</b>	[1234.00]

The Initial Index Cap is guaranteed for two Policy Years.

[The Index used for this account is the Standard & Poor's 500® Index. It excludes any dividends that may be paid by the stocks of the firms that comprise the Index.

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**ALLOCATIONS AND TRANSFERS**

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**Allocation of Single Premium:** A portion of your Single Premium will be allocated to this account based on the Single Premium Allocation Percentage listed above.

**Transfers:** You may transfer amounts to this account on each Policy Anniversary by sending a written request, on a form acceptable to us, to our Executive Office. Transfers into this account will start a new 2-year Indexing Period with its own Account Accumulation Date, if no such 2-year Indexing Period exists.

Transfers out of this Account are allowed on each Account Accumulation Date.

A transfer will be effective on the next available Account Accumulation Date following receipt of the request. All requests are subject to the following:

- Your written request for transfer is received at least five business days prior to the next Account Accumulation Date;
- The amount transferred is not less than \$[2,000]; and
- Any remaining Account Accumulation Value after a transfer is not less than \$[2,000].

**Allocation of Loan Repayments:** On the Policy Anniversary following a loan repayment, the Loan Repayment Account will automatically be reallocated among the accounts according to your most recent allocation instructions. You may change your allocation instructions at any time by sending a written notice to us. The change to your allocations will be effective on the Policy Anniversary next following our receipt of written notice. Loan repayment reallocations into this account will start a new 2-year Indexing Period with its own Account Accumulation Date, if no such 2-year Indexing Period exists.

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## DEFINITIONS

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**Account Accumulation Date** means the Policy Date and every second Policy Anniversary for the Single Premium paid and allocated to this account. For Accumulation Value transferred or reallocated into this account, the Account Accumulation Date will be the date of transfer and every two years thereafter.

**Index** means the measure used for determining the Index Number. If the Index is discontinued or if the calculation of the Index is substantially changed, we will substitute an alternative Index, as approved by the insurance commissioner of the state in which the Policy is issued, and notify you in writing. The Index for this account is shown in the Specifications section of this Endorsement.

**Index Average** for an Indexing Period equals the sum of the Index Numbers from each month during the Indexing Period divided by 24.

**Index Cap** means the maximum Index Increase that may be applied to the Accumulation Value of this account. The Index Cap is declared at issue and guaranteed for two years. The Initial Index Cap can be found in the Specifications section of this Endorsement. The Index Cap for future Indexing Periods will be declared on each Account Accumulation Date and will be guaranteed for the following two years. The declared Index Cap can never be less than the Minimum Index Cap, which can be found in the Specifications section of this Endorsement.

**Index Credit** is the amount, if any, added to the Account Accumulation Value on the Account Accumulation Date. The Index Credit in any Policy Year will never be less than zero.

**Index Increase** means the percentage excess of the end-of-period Index Average over the beginning-of-period Index Number. Period refers to Indexing Period.

**Index Number** means the published value of the Index. The Index Number on any specified date is the closing value on the previous trading day associated with the Index. If the Index Number is not published on any day for which a calculation is made, the first preceding published Index Number will be used. The Initial Index Number is shown in the Specifications section of this Endorsement.

**Indexing Period** is the two-year period starting on each Account Accumulation Date.

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## ACCOUNT VALUES

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### Account Accumulation Value

The Account Accumulation Value on the Policy Date is equal to the Single Premium allocated to this account, less a proportionate deduction for the Policy Expense Charge, the Policy Fee, and the Cost of Insurance.

During each Indexing Period, the Account Accumulation Value will be reduced for any Partial Withdrawals from this account during the Indexing Period, as well as adjusted for any Loan amounts transferred out of this account during the Indexing Period.

The Account Accumulation Value on each Account Accumulation Date will be adjusted by the following items in this order:

- (1) The Index Credit for this account;
- (2) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (3) Any reallocations from the Loan Repayment Account into this account; and
- (4) Any transfers into or out of this account.

On a Policy Anniversary which is not an Account Accumulation Date, the Account Accumulation Value will be adjusted by the following items in this order:

- (1) A proportionate deduction for the Policy Expense Charges, Policy Fees, and Cost of Insurance charges;
- (2) Any reallocations from the Loan Repayment Account into this account; and
- (3) Any transfers into this account.

### **Index Credit Methodology**

The Index Credit is equal to the Account Accumulation Value multiplied by the Index Credit Factor. Any Partial Withdrawals or Loan amounts transferred from this account during the Policy Year reduce the Account Accumulation Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (a) The Index Average for the current Indexing Period, minus the Index Number on the last Policy Anniversary; divided by
- (b) The Index Number on the last Account Accumulation Date; adjusted
- (c) To not be greater than the Index Cap; but not less than
- (d) Zero.

The Index Credit Factor uses the Index Cap applicable for the 2-Year Average Cap Index Account.

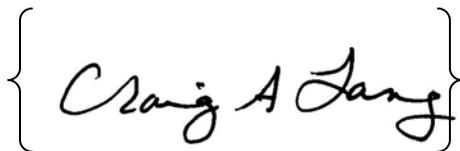
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## **GENERAL PROVISIONS**

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This Endorsement terminates upon termination of the Policy to which it is attached.

We may elect to terminate this Endorsement at any time by sending you a written notice stating the effective date of termination to your last known address. Such notice will be sent at least 60 days in advance of the effective date of this Endorsement's termination. On and after the effective date of the termination, you will not be allowed to transfer amounts to this account. We reserve the right to move values from this account to the 1-Year Interest Account as of the effective date of termination.

A handwritten signature in black ink, enclosed in large curly braces. The signature reads "Craig A. Jang".

President

## 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 \_\_\_\_\_

SERFF Tracking Number:	FBLA-126779407	State:	Arkansas
Filing Company:	EquiTrust Life Insurance Company	State Tracking Number:	46562
Company Tracking Number:	ETL-IUL-2000(08-10)		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	ETL-IUL-2000(08-10)		
Project Name/Number:	ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> The application that will be used was previously approved on 3/30/2010, SERFF Tracking Number FBLA-126546657.		

The Form Numbers are as follows:

ETL-122AR(01-10)-1  
 ETL-122AR(01-10)-2  
 ETL-122AR(01-10)-3  
 ETL-122AR(01-10)-4  
 ETL-122AR(01-10)-5

The attached application form number ETL-122(08-10)-7 is substantially similar to form number ETL-122(01-10)-7, which was also approved by your department on 03/30/2010 (SERFF filing number FBLA-126546657). This form is included with the base application to provide temporary life insurance coverage. This new forms differs from the previously-approved form solely that the issue ages for the base product as well as the coverage amounts have been bracketed, to allow for additional flexibility in accordance with the product the application is used with.

**Attachment:**  
 ETL-122\_08-10\_-7.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variable Information		
<b>Comments:</b>		
<b>Attachments:</b>		

SERFF Tracking Number: FBLA-126779407 State: Arkansas  
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 46562  
 Company Tracking Number: ETL-IUL-2000(08-10)  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
 Product Name: ETL-IUL-2000(08-10)  
 Project Name/Number: ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)

- Policy statement of variability\_FINAL.pdf
- Application statement of variability\_FINAL.pdf
- AVBR Statement of Variability\_FINAL.pdf
- Partial Withdrawal without Surrender Charge Rider Statement of Variability\_FINAL.pdf
- Policy statement of variability\_FINAL.pdf
- Premium Bonus Rider Statement of Variability\_FINAL.pdf
- Return of Premium Rider Statement of Variability\_FINAL.pdf
- 1-Year Average Cap Index Account Statement of Variability\_FINAL.pdf
- 1-Year Average Participation Index Account Statement of Variability\_FINAL.pdf
- 1-Year Daily Average Cap Index Account Statement of Variability\_FINAL.pdf
- 1-Year Interest Account Statement of Variability\_FINAL.pdf
- 1-Year Monthly Cap Index Account Statement of Variability\_FINAL.pdf
- 1-Year Point-to-Point Cap Index Account Statement of Variability\_FINAL.pdf
- 1-Year Point-to-Point Participation Index Account Statement of Variability\_FINAL.pdf
- 2-Year Average Cap Index Account Statement of Variability\_FINAL.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Notice in Compliance with Ark.  
 Code Ann. 23-79-138

**Comments:**

**Attachment:**  
 436-170AR(11-09).pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Arkansas Life and Health Guaranty  
 Notice

**Comments:**

**Attachment:**  
 ET-GAN-2000AR (12-04).pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Certificate of Compliance

**Comments:**

*SERFF Tracking Number:* FBLA-126779407      *State:* Arkansas  
*Filing Company:* EquiTrust Life Insurance Company      *State Tracking Number:* 46562  
*Company Tracking Number:* ETL-IUL-2000(08-10)  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.111 Single Premium - Single Life  
*Product Name:* ETL-IUL-2000(08-10)  
*Project Name/Number:* ETL-IUL-2000(08-10)/ETL-IUL-2000(08-10)

**Attachment:**

Compliance Cert\_reg 19s10B.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.

<b><u>TITLE</u></b>	<b><u>FORM NUMBER</u></b>	<b><u>FLESCH SCORE</u></b>
Single Premium Universal Life Insurance Policy	ETL-IUL-2000(08-10)	<b>73.0</b>
Accumulation Value Bonus Rider	ETL-AVBR(08-10)	<b>47.0</b>
Return of Premium Rider	ETL-ROP(08-10)	<b>59.0</b>
Premium Bonus Rider	ETL-PBR(08-10)	<b>51.0</b>
Partial Withdrawal without Surrender Charge Rider	ETL-FPW(08-10)	<b>56.0</b>
1-Year Interest Account Endorsement	ETL-1YRINT(08-10)	<b>47.0</b>
1-Year Average Cap Index Account Endorsement	ETL-1YAVGCAP(08-10)	<b>50.0</b>
1-Year Average Participation Index Account Endorsement	ETL-1YAVGPART(08-10)	<b>47.0</b>
1-Year Average Cap Index Account Endorsement	ETL-DAVGCAP(08-10)	<b>50.0</b>
1-Year Monthly Cap Index Account Endorsement	ETL-1YRMC(08-10)	<b>56.0</b>
1-Year Point-to-Point Cap Index Account Endorsement	ETL-1YP2PCAP(08-10)	<b>51.0</b>
1-Year Point-to-Point Participation Index Account Endorsement	ETL-1YP2PPART(08-10)	<b>47.0</b>
2-Year Average Cap Index Account Endorsement	ETL-2YAVGCAP(08-10)	<b>47.0</b>
Life Insurance Application – Temporary Life Insurance Agreement portion	ETL-122(08-10)-7**	46.4

\*These forms were scored in conjunction with base policy number ETL-IUL-2000(08-10)

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

**Signature:**



**Ana Bumgardner**  
**Product Management Vice President**

**Date:** August 16, 2010

## 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.**

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The following limitations apply to this Temporary Insurance Agreement:

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2. No one is authorized to waive or modify any of the provisions of this Agreement.
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4. This Agreement provides no insurance for riders or additional benefits.
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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

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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

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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 \_\_\_\_\_

**Summary of Variable Material  
Single Premium Whole Life Insurance Policy  
Form # ETL-IUL-2000(08-10)**

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 Title	The text "With Indexed Feature" if the policy will include an index crediting feature, which would be attached by endorsement.
A surrender may result in a substantial penalty because the Cash Surrender Value of the Policy may be less than the Single Premium paid.	This text will not print if the Return of Premium Rider is attached to the policy.
While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.	This text will not print if the policy does not include an indexed crediting feature.
Face Amount	\$1,000-\$750,000
Single Premium	\$1,000-\$750,000
Policy Expense Charge Factor	Will be expressed as a per \$1,000 charge, may vary from \$1.00 per thousand to \$100.00 per thousand. The years may vary from 1 to 100, and will be based on the age of the insured at issue. The variability will not be applied in a discriminatory manner.
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.
Minimum Guaranteed Policy 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.

Partial Withdrawal Fee	This fee may range from \$5 to \$50.
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. This rate may range from 1% to 10%. Any change will apply only to new policies – it will not affect in-force contracts.
Surrender Charge Period	The surrender charge period will not change once a contract has been issued. This period may range from one to fifteen 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.
Cost of Insurance Rates Page	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.
Table of Values Page	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.
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**  
**Life Insurance Application**  
**Form number**  
**ETL-122(08-10)-7**

Explanation of Variable Material: All variable material is shown contained in brackets in the application. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Issue Ages	These items are marked as variable to enable us to utilize this form with different contracts, which may have different issue ages. This item will vary in accordance with the issue ages for the policy being applied for.
Coverage Amount	These items are marked as variable so the company may provide different amounts of coverage for different products that the application may be used with.

**Summary of Variable Material  
Accumulation Value Bonus Rider  
Form ETL-AVBR(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the rider without refiling should this item change in the course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Policy Anniversary/Accumulation Value Bonus Percentage	The Policy Anniversary may be 1 year up to 70 years. The Accumulation Value Bonus Percentage may range from 0.00% to 20.00%. There can be any combination of Bonus Percentages and Policy Anniversaries chosen by the company within these parameters. There may be a design such that the bonus is 0.00% in certain years and the bonus is greater than 0.00% in other years. These items will vary in accordance with the contract form that it is attached to. Any change to these values will be made with respect to all associated policies issued as of a specified date. The company may periodically update these values based on the current interest rate environment. Any change will be applied in a non-discriminatory manner.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
Partial Withdrawal without Surrender Charge Rider  
Form ETL-FPW(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the rider without refiling should this item change in the course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Partial Withdrawal Percentage	The percentage will range from 1% to 15%. The percentage will not change once a policy has been issued. Any change to the percentage will be made with respect to all policies issued as of a specified date.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
Single Premium Whole Life Insurance Policy  
Form # ETL-IUL-2000(08-10)**

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 Title	The text "With Indexed Feature" if the policy will include an index crediting feature, which would be attached by endorsement.
A surrender may result in a substantial penalty because the Cash Surrender Value of the Policy may be less than the Single Premium paid.	This text will not print if the Return of Premium Rider is attached to the policy.
While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.	This text will not print if the policy does not include an indexed crediting feature.
Face Amount	\$1,000-\$750,000
Single Premium	\$1,000-\$750,000
Policy Expense Charge Factor	Will be expressed as a per \$1,000 charge, may vary from \$1.00 per thousand to \$100.00 per thousand. The years may vary from 1 to 100, and will be based on the age of the insured at issue. The variability will not be applied in a discriminatory manner.
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.
Minimum Guaranteed Policy 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.

Partial Withdrawal Fee	This fee may range from \$5 to \$50.
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. This rate may range from 1% to 10%. Any change will apply only to new policies – it will not affect in-force contracts.
Surrender Charge Period	The surrender charge period will not change once a contract has been issued. This period may range from one to fifteen 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.
Cost of Insurance Rates Page	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.
Table of Values Page	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.
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  
Premium Bonus Rider  
Form ETL-PBR(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the rider without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Date Applied/Premium Bonus Percentage	The Bonus applied may range from 1% to 20% of the policy's single premium. The date applied may range from the Policy Date to any time the policy is in force.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
Return of Premium Rider  
Form ETL-ROP(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. Some of this material 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	This item is marked as variable to enable us to update the rider without refiling should this item change in the course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material**  
**1-Year Average Cap Index Account Endorsement**  
**Form # ETL-1YAVGCAP(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Index Cap	The level of the Index Cap will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate may vary from 1.00% to an uncapped rate. The Index Cap is guaranteed for one policy year.
Minimum Index Cap	The Index Cap is determined at the beginning of each policy year and is guaranteed to never be less than the minimum index cap. The rate may vary from 1.00% to 7.00%
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material**  
**1-Year Average Participation Index Account Endorsement**  
**Form # ETL-1YAVGPART(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Participation Rate	The level of the Participation Rate will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate will range from 5.00% to 200.00%. The Participation Rate is guaranteed for one policy year.
Minimum Participation Rate	The Participation Rate is determined at the beginning of each policy year and is guaranteed to never be less than the minimum Participation Rate. The rate will range from 5.00% to 50.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Value, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material**  
**1-Year Average Cap Index Account Endorsement**  
**Form # ETL-1YDAVGCAP(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Index Cap	The level of the Index Cap will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate may vary from 1.00% to an uncapped rate. The Index Cap is guaranteed for one policy year.
Minimum Index Cap	The Index Cap is determined at the beginning of each policy year and is guaranteed to never be less than the minimum index cap. The rate may vary from 1.00% to 7.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
1-Year Interest Account Endorsement  
Form # ETL-1YRINT(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Interest Rate	This rate will be effective for a 1 year period and may change thereafter. The rate may range from 1% to 20%.
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.
Transfer Minimums	The company’s objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company’s management.

**Summary of Variable Material  
1-Year Monthly Cap Index Account Endorsement  
Form # ETL-1YRMC(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Monthly Cap	The level of the Index Cap will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate may vary from 0.50 % to 10.00%. The Initial Monthly Cap is guaranteed for one policy year.
Minimum Monthly Cap	The Index Cap is determined at the beginning of each policy year and is guaranteed to never be less than the minimum index cap. The rate may vary from 0.50% to 5.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
1-Year Point-to-Point Cap Index Account Endorsement  
Form # ETL-1YP2PCAP(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Index Cap	The level of the Index Cap will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate may vary from 1.00% to 100.00%. The Index Cap is guaranteed for one policy year.
Minimum Index Cap	The Index Cap is determined at the beginning of each policy year and is guaranteed to never be less than the minimum index cap. The rate may vary from 1.00% to 7.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material**  
**1-Year Point-to-Point Participation Index Account Endorsement**  
**Form # ETL-1YP2PPART(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Participation Rate	The level of the Participation Rate will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate will range from 5.00% to 200.00%. The Initial Participation Rate is guaranteed for one policy year.
Minimum Participation Rate	The Participation Rate is determined at the beginning of each policy year and is guaranteed to never be less than the minimum Participation Rate. The rate will range from 5.00% to 50.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material  
2-Year Average Cap Index Account Endorsement  
Form # ETL-2YAVGCAP(08-10)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Company Address	This item is marked as variable to enable us to update the form without refiling should this item change in course of business.
Policy Form Number	This rider may be used with policies filed with your department; this field will reflect the form number of that policy.
Policy Number	This field will reflect the policy number assigned to the base policy.
Single Premium Allocation (%)	This field will reflect the allocation chosen at the time of application.
Initial Index Cap	The level of the Index Cap will recognize the amount available for hedging at the beginning of each Indexing Period, and as such, will recognize the return on the bonds supporting the product and the current cost of call options. The rate may vary from 3.00% to an uncapped rate. The Index Cap is guaranteed for two policy years.
Minimum Index Cap	The Index Cap is determined at the beginning every second policy anniversary and is guaranteed to never be less than the minimum index cap. The rate may vary from 3.00% to 15.00%.
Index	This item is marked as variable so that the form may indicate the current index. If the index is discontinued or the calculation of the index is substantially changed, we will substitute an alternative index, as approved by the insurance commissioner of the state in which the policy is issued.
Initial Index Number	This is the Index Number, as of the issue date, of the applicable index.
Transfer Minimums	The company's objectives in filing the transfer minimums as variable material is to be able to reflect a change quickly based on the experience of the Company. Transfer minimums need to be based on operational costs and the needs of the consumer.
Officer Signature	We may change the Officer Signature to reflect the company's management.

# **EQUITRUST LIFE INSURANCE COMPANY**

5400 University Avenue, West Des Moines, Iowa 50266-5997

## **Important Information**

We look forward to serving you. If you have any questions about your policy, please contact us at:

*EquiTrust Life Insurance Company*  
5400 University Avenue  
ATTN: Box 14500  
West Des Moines, IA 50266-5997  
866-598-3692

Your agent is:

Dennis Sealy  
4605 Sw Freeway  
#100  
Houston, TX 77027

If we at EquiTrust Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
(501) 371-2640 or 1-800-852-5494

**LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTEE ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this State to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

# State of Arkansas

## Certificate of Compliance

Carrier: EquiTrust Life Insurance Company

**TITLE**

**FORM NUMBER**

Single Premium Universal Life Insurance Policy      ETL-IUL-2000(08-10)

I hereby certify that to the best of my knowledge and belief the above submission complies with Regulation 19s10B, as well as all applicable requirements of this Department.

Signature of Officer or General Counsel: 

Name (typed or printed): Ana Bumgardner, FSA, MAAA

Title or business affiliation: Product Management Vice President

Date: September 2, 2010