

SERFF Tracking Number: FBLA-127209694 State: Arkansas
Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
Company Tracking Number: ETL-FPIUL-2000(04-11)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ETL-FPIUL-2000(04-11)
Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Filing at a Glance

Company: EquiTrust Life Insurance Company

Product Name: ETL-FPIUL-2000(04-11)

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

SERFF Tr Num: FBLA-127209694 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 49070

Closed

Co Tr Num: ETL-FPIUL-2000(04-11) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Stacie Baker

Disposition Date: 08/09/2011

Date Submitted: 06/16/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ETL-FPIUL-2000(04-11)

Project Number: ETL-FPIUL-2000(04-11)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/26/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/09/2011

State Status Changed: 08/09/2011

Created By: Stacie Baker

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Stacie Baker

Filing Description:

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

Individual Life Filing, form number, ETL-FPIUL-2000(04-11), et al.

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

This filing is for an individual, flexible premium, adjustable life policy with index-linked interest crediting options that may be available. This policy is new and does not replace any other forms. This form does not provide variable benefits. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

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At the time of application for the Flexible Premium Adjustable Life Insurance Policy [with Indexed Feature Option], the owner will choose between the available 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-1Y2PCAP-FP(04-11), ETL-1YAVGPART-FP(04-11) and ETL-1YRMC-FP(04-11) may be attached to the policy at issue. If available, the accounts are chosen at the time of application.

This life policy will be marketed to the general public, issue ages 18-85, by agents licensed with our company. It will be marketed to individuals in the states where EquiTrust is licensed to do business.

This policy will be issued on a sex-distinct plan, and the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

This policy is an illustrated plan, and will comply with the NAIC Model Life Insurance Illustrations Regulation. Please find a sample illustration enclosed for your reference.

This policy complies with the model Standard Nonforfeiture Regulation. Please see the Actuarial Memorandum and Statement of Variability for more information.

This filing also contains several riders that may be made available with this policy.

Income Benefit Rider, form number ETL-IBR(04-11), may be chosen at the time of application. The Income Benefit Rider provides a guaranteed minimum payment benefit for the lifetime of the Insured. There is an annual charge for this optional rider.

Children's Term Life Insurance Rider, form number ETL-CTR-FP(04-11), may be chosen at the time of application. The owner may purchase level term insurance on children. There is a monthly charge for this optional rider. Please note that there are no coverage continuation options for the covered child(ren) should the Insured die. The reason is there is no unearned identifiable charge; we are charging on a "pay-as-you-go" basis. The rider terminates when the base policy terminates.

The Accelerated Death Benefit Rider, form number ETL-ADBR-FP(04-11) will automatically be included with all policies at issue. The Accelerated Death Benefit Rider provides a benefit if the insured becomes terminally ill or chronically ill. The rider benefit may be elected once. There is no premium charge for this rider, but an administrative charge will apply at the time of election of the benefit. Form number ETL-ADBR-FPDISC (04-11) is the disclosure for the rider that will be

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used at the point of sale; this form will not become part of the policy at issue and is included for your reference.

Accidental Death Benefit Rider, form number ETL-ADB-FP(04-11), is available at the time of application. There is a monthly charge for this rider, and it is chosen by the applicant. The rider provides for an increased death benefit if the insured dies as a result of an accident.

The Overloan Protection Rider, form number ETL-OLP-FP(04-11) will be automatically included at issue for all Guideline Premium Test policies. This rider is not available for Cash Value Accumulation Test policies. The only charge for this rider is a one-time transaction charge when the rider is elected. If the rider is exercised, the policy will not lapse even if the cash surrender value is not sufficient to pay the deductions or loan interest when due, but is subject to availability.

The Waiver of Premium Rider, form number ETL-WPM-FP(04-11), is available at the time of application. There is a monthly charge for this optional rider. In the event of the total disability of the insured, the rider will waive planned premium payments, subject the terms of the rider.

The Wavier of Monthly Deductions Rider, form number ETL-WMD-FP(04-11), is available at the time of application. There is a charge for this rider. In the event of the total disability of the insured, the rider will waive the payment of monthly deductions, subject the terms of the rider.

The Term Insurance Rider, form number ETL-TERM-FP(04-11), may be chosen at the time of application. The rider provides for level term insurance on the life of the Insured. There is a monthly charge for this optional rider.

The Additional Insured Term Insurance Rider, form number ETL-AITR-FP(04-11), may be chosen at the time of application. The rider provides for a level amount of term insurance on the life of a covered person as named in the rider. There is a charge for this optional rider.

The Aviation Exclusion Rider, form number ETL-AER-FP(04-11), may be added to the policy to exclude coverage due to aviation risks.

The Application Change Endorsement, form number ETL-ACE(04-11) may be added to the policy to amend material that had been provided in the initial application form. This form may be used with other life insurance policies approved by your Department, such as form number ETL-ISWL-2000(01-10) in filing number FBLA-126546657 and form number ETL-IUL-2000(08-10) in filing number FBLA-126779407

The Amendment of Application, form number ETL-4102(03-11) may be used in situations where minor corrections are needed to be made to the application materials. This form replaces ETL-4102(01-10) which was approved by your department on 3/30/2010 in SERFF filing number FBLA-126546657.

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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.

The Application for this product is comprised of separate forms, which have separate form numbers, which will be used together to make the entire application. The entire booklet, with the exception of customer disclosures, must be submitted to the company for new business.

Please note that there are two separate forms that may be used to gather the insured's health information. Form number ETL-FPAPP2X(04-11) will be used by a paramedical examiner in conjunction with the medical exam form. Form number ETL-FPAPP2(04-11) will be used by the agent at the time of application. We will not use both forms for any insured during the application process.

This application booklet may be printed by the agent from our Company website, and may be available in preprinted format. Certain information is shown as bracketed. Please see enclosed statement of variable information for further explanation. The application format is subject to slight font and formatting variations due to printer variations.

EquiTrust Life certifies that the agent replacement question will be included on a separate, non-filed portion of the application. This question will comply with applicable state regulations.

The application will be completed by the client and the agent. Shortly thereafter, an interviewer may contact the client and ask the questions listed on the application to confirm answers, and may drill down where necessary. In addition, please find enclosed the scripts the interviewer will use to question the clients. The company reserves the right to revise the interview scripts as needed.

If the electronic application process is utilized, the client and agent will sign the application with an e-signature. It will have electronic logging of the date/time/IP address as appropriate. Any forms necessary to leave with the client (with another signature, if required) would also be electronically signed, printed out and given to the client (these could include a replacement form, where appropriate).

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

Company and Contact

Filing Contact Information

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
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 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,000.00
 Retaliatory? No
 Fee Explanation: Fee of \$50 per form, times 20 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EquiTrust Life Insurance Company	\$1,000.00	06/16/2011	48805563

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/09/2011	08/09/2011

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	07/21/2011	07/21/2011	Stacie Baker	08/05/2011	08/05/2011
Pending Industry Response	Linda Bird	06/21/2011	06/21/2011	Stacie Baker	07/21/2011	07/21/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flexible Premium Adjustable Life Insurance Policy	Stacie Baker	06/17/2011	06/17/2011

SERFF Tracking Number: FBLA-127209694 State: Arkansas
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Disposition

Disposition Date: 08/09/2011

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statements of Variable Information		Yes
Supporting Document	Illustration Certifications		Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Supporting Document	Certification		Yes
Supporting Document	Draft Disclosure/Account Election form		Yes
Supporting Document	Sample Guaranty Notice for reference		Yes
Supporting Document	Sample disclosure		Yes
Form (revised)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes
Form	1-Year Point-to-Point Cap Index Account Endorsement		Yes
Form	1-Year Average Participation Index Account Endorsement		Yes
Form	1-Year Monthly Cap Index Account Endorsement		Yes
Form	Income Benefit Rider		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Aviation Exclusion Rider		Yes
Form	Additional Insured Term Insurance Rider		Yes
Form	Children's Term Life Insurance Rider		Yes
Form	Term Insurance Rider		Yes
Form	Overloan Protection Rider		Yes
Form (revised)	Waiver of Monthly Deductions Rider		Yes

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Form	Waiver of Monthly Deductions Rider	Replaced	Yes
Form	Waiver of Premium Rider		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes
Form (revised)	Life Insurance Application		Yes
Form	Life Insurance Application	Replaced	Yes
Form	Life Insurance Application		Yes
Form	Amendment of Application		Yes
Form	Application Change Endorsement		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/21/2011
Submitted Date 07/21/2011
Respond By Date 08/22/2011

Dear Stacie Baker,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Thank you for your reply to our Objection Letter dated 6/21/2011. The section 8.3 of the policy was in compliance with Arkansas Code. The section 8.9 under the Suicide Exclusion was not in compliance with Ark. Code Ann. 23-81-115(a)(2)(E). After the incontestable period expiration you may not restart upon reinstatement. Please make the necessary corrections.

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 08/05/2011
 Submitted Date 08/05/2011

Dear Linda Bird,

Comments:

Thank you for your continued review of this filing. Please see the material below in response to your objections.

Response 1

Comments: Thank you for pointing out that I had revised the wrong section of the policy. Please find attached the revised policy, where the section 8.9 has been revised to comply with your request.

In addition to this change, please find a change to an application form submitted with this response. It had come to our attention that we were missing a family history medical question; it has been added as #5.

Related Objection 1

Comment:

Thank you for your reply to our Objection Letter dated 6/21/2011. The section 8.3 of the policy was in compliance with Arkansas Code. The section 8.9 under the Suicide Exclusion was not in compliance with Ark. Code Ann. 23-81-115(a)(2)(E). After the incontestable period expiration you may not restart upon reinstatement. Please make the necessary corrections.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium Adjustable Life Insurance Policy	ETL-FPIUL-2000(04-		Policy/Contract/Fraternal Certificate	Initial		69.000	Arkansas ETL-FPIUL-

SERFF Tracking Number: FBLA-127209694 State: Arkansas
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11) 2000(04-11)_FINAL.pdf

Previous Version

Flexible Premium ETL- Policy/Contract/Fraternal Initial 69.000 Arkansas
 Adjustable Life FPIUL- Certificate ETL-
 Insurance Policy 2000(04-11) FPIUL-
 2000(04-11)_FINAL.pdf

Flexible Premium ETL- Policy/Contract/Fraternal Initial 69.000 ETL-
 Adjustable Life FPIUL- Certificate FPIUL-
 Insurance Policy 2000(04-11) 2000(04-11)_FINAL.pdf

Flexible Premium ETL- Policy/Contract/Fraternal Initial 69.000 ETL-
 Adjustable Life FPIUL- Certificate FPIUL-
 Insurance Policy 2000(04-11) 2000(04-11)_FINAL.pdf

Life Insurance ETL- Application/Enrollment Initial 56.000 ETL-
 Application FPAPP2X Form FPAPP2X
 AR(04-11) (04-11)_FINAL 8-5-2011.pdf

Previous Version

Life Insurance ETL- Application/Enrollment Initial 56.000 ETL-
 Application FPAPP2X Form FPAPP2X
 AR(04-11) AR(04-11)_to file.pdf

No Rate/Rule Schedule items changed.

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I hope that you find that these changes adequately address your concerns. Please feel free to contact me if you have any questions.

Sincerely,
Stacie Baker

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/21/2011
Submitted Date 06/21/2011
Respond By Date 07/21/2011

Dear Stacie Baker,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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 you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

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 07/21/2011
Submitted Date 07/21/2011

Dear Linda Bird,

Comments:

Thank you for your review of this filing. Please see the following material in response to your objections.

Response 1

Comments: 1. Please note that we provide the material required by Bulletin 15-2009 with every policy issued in Arkansas.

2. We will provide a Life and Health Guaranty Notice with each policy issued in Arkansas, as required.
3. Please see the certification submitted with this filing response.
4. Please be assured that the policy is in compliance with Regulation 34. Please see the certification submitted with this filing response.
5. Please see the certification submitted with this filing response. In addition, please see the draft disclosure piece that will be used for this purpose.
6. Please note that section 8.3 of the policy has been revised in accordance with your request.

Also included with this request is the revised form number ETL-WMD-FP(04-11). This form has been revised to reflect the charges reflected in the table in the 'Rider Charge' section of the rider.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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.

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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 you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

Supporting Document Schedule Item Changes

- Satisfied -Name: Certification
Comment:
- Satisfied -Name: Draft Disclosure/Account Election form
Comment:
- Satisfied -Name: Sample Guaranty Notice for reference
Comment:
- Satisfied -Name: Sample disclosure
Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium Adjustable Life Insurance Policy	ETL-FPIUL-2000(04-11)		Policy/Contract/Fraternal Certificate	Initial		69.000	Arkansas ETL-FPIUL-2000(04-11)_FINA

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L.pdf

Previous Version

Flexible Premium ETL- Policy/Contract/Fraternal Initial 69.000 ETL-
 Adjustable Life FPIUL- Certificate FPIUL-
 Insurance Policy 2000(04- 2000(04-
 11) 11)_FINA
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Flexible Premium ETL- Policy/Contract/Fraternal Initial 69.000 ETL-
 Adjustable Life FPIUL- Certificate FPIUL-
 Insurance Policy 2000(04- 2000(04-
 11) 11)_FINA
 L.pdf

Waiver of Monthly ETL- Policy/Contract/Fraternal Initial 66.000 ETL-
 Deductions Rider WMD- Certificate: Amendment, WMD-
 FP(04-11) Insert Page, Endorsement FP(04-11)
 or Rider - Waiver
 of Monthly
 Deduction
 s Rider
 20110719.
 pdf

Previous Version

Waiver of Monthly ETL- Policy/Contract/Fraternal Initial 66.000 ETL-
 Deductions Rider WMD- Certificate: Amendment, WMD-
 FP(04-11) Insert Page, Endorsement FP(04-11)
 or Rider - Waiver
 of Monthly
 Deduction
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 Rider.pdf

No Rate/Rule Schedule items changed.

I hope that you might find that these revisions adequately meet your needs. Please feel free to contact me with any questions you may have.

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Sincerely,
Stacie Baker

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Amendment Letter

Submitted Date: 06/17/2011

Comments:

Hello,

Please note that we have made a minor typographical correction in the contract form. We have corrected section '74' to accurately reflect section '7.4'. No other changes have been made to the form.

Thanks,
 Stacie Baker

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ETL-FPIUL-2000(04-11)	Policy/Contr act/Fraternal Certificate	Flexible Premium Adjustable Life Insurance Policy	Initial				69.000	ETL-FPIUL-2000(04-11)_FINAL.pdf

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
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 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Form Schedule

Lead Form Number: ETL-FPIUL-2000(04-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ETL-FPIUL-2000(04-11)	Policy/Cont	Flexible Premium ract/Fratern Adjustable Life Insurance Policy Certificate	Initial		69.000	Arkansas ETL-FPIUL-2000(04-11)_FINAL.pdf
	ETL-1-YP2PCAP-FP(04-11)	Policy/Cont	1-Year Point-to-Point ract/Fratern Cap Index Account Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		54.000	ETL-1YP2PCAP-FP(04-11) 1-Year Point-to-Point Cap.pdf
	ETL-1YAVGPART-FP(04-11)	Policy/Cont	1-Year Average ract/Fratern Participation Index Account Certificate: Endorsement Amendment, Insert Page, Endorsement or Rider	Initial		51.000	ETL-1YAVGPART-FP(04-11) 1-Year Average Participation.pdf
	ETL-1YRMC-FP(04-11)	Policy/Cont	1-Year Monthly Cap ract/Fratern Index Account Endorsement Certificate: Amendment, Insert Page,	Initial		55.000	ETL-1YRMC-FP(04-11) 1-Year Monthly Cap.pdf

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Policy/Cont	Rider	Initial	Amount	File Name
ETL-IBR(04-11)	Policy/Cont Income Benefit Rider Initial rct/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider		52.000	ETL-IBR(04-11)_final to file.pdf
ETL-ADBR-FP(04-11)	Policy/Cont Accelerated Death rct/Fraternal Benefit Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	66.000	ETL-ADBR-FP(04-11) - Accelerated Death Benefit.pdf
ETL-ADB-FP(04-11)	Policy/Cont Accidental Death rct/Fraternal Benefit Rider Certificate	Initial	68.000	ETL-ADB-FP(04-11) - Accidental Death Benefit.pdf
ETL-AER-FP(04-11)	Policy/Cont Aviation Exclusion rct/Fraternal Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	60.000	ETL-AER-FP(04-11) - Aviation Exclusion Rider.pdf
ETL-AITR-FP(04-11)	Policy/Cont Additional Insured rct/Fraternal Term Insurance Rider	Initial	79.000	ETL-AITR-FP(04-11) - Additional

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Policy/Cont	Initial	Amount	Rider
ETL-CTR-FP(04-11)	Initial	59.000	ETL-CTR-FP(04-11) - Child Term Rider.pdf
ETL-TERM-FP(04-11)	Initial	59.000	ETL-TERM-FP(04-11) - Term Insurance Rider.pdf
ETL-OLP-FP(04-11)	Initial	68.000	ETL-OLP-FP(04-11) - Overloan Protection Rider.pdf
ETL-WMD-FP(04-11)	Initial	66.000	ETL-WMD-FP(04-11) - Waiver of Monthly

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

				Deductions Rider 20110719.pdf
ETL-WPM- FP(04-11)	Policy/Cont Waiver of Premium Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	67.000		ETL-WPM- FP(04-11) - Waiver of Premium Rider.pdf
ETL- FPAPPAR(04-11)	Application/Life Insurance Initial Enrollment Application Form	58.000		ETL- FPAPPAR(04 -11)_to file.pdf
ETL- FPAPP2AR (04-11)	Application/Life Insurance Initial Enrollment Application Form	60.000		ETL- FPAPP2AR(0 4-11)_to file.pdf
ETL- FPAPP2XA R(04-11)	Application/Life Insurance Initial Enrollment Application Form	56.000		ETL- FPAPP2X(04- 11)_FINAL 8- 5-2011.pdf
ETL- FPAPPAR(04-11)-TIA	Application/Life Insurance Initial Enrollment Application Form	50.000		ETL- FPAPPAR(04 -11)-TIA_to file.pdf
ETL- 4102(03- 11)	Application/ Amendment of Initial Enrollment Application Form	69.000		ETL-4102(03- 11)_to file.pdf
ETL- ACE(04-11)	Policy/Cont Application Change Initial ract/Fratern Endorsement al Certificate:	54.000		ETL-ACE(04- 11) Application Change

SERFF Tracking Number: FBLA-127209694 State: Arkansas
Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
Company Tracking Number: ETL-FPIUL-2000(04-11)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ETL-FPIUL-2000(04-11)
Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Amendmen
t, Insert
Page,
Endorseme
nt or Rider

Endorsement.
pdf

EquiTrust Life Insurance Company®
[WEST DES MOINES, IOWA]

[Executive Office

5400 University Avenue

West Des Moines, Iowa 50266-5997

1-866-598-3692]

[Iowa Insurance Division
515-281-5705]



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

EquiTrust Life Insurance Company (the "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 by returning it to the Company. 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

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- Death Benefit payable at the Insured's death
- Flexible premium payments
- Adjustable Death Benefit
- Cash Surrender Value payable upon surrender
- Dividends are not paid (Nonparticipating)

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

POLICY DATA PAGE

INSURED	[John Doe]
INSURED AGE	[45]
INSURED SEX	[Male]
OWNER	[Jane Doe]
POLICY NUMBER	[12345]
POLICY DATE	[04-17-2011]
[POLICY CHANGE DATE	09-09-2013]
MATURITY DATE	[04-17-2087]
PREMIUM CLASS	[Standard Nontobacco]
TABLE RATING	[0%]
FLAT EXTRA per \$1,000 of FACE AMOUNT	[\$0.00] per year for [0] years
FACE AMOUNT	[\$100,000.00]
MINIMUM FACE AMOUNT	[\$50,000.00]
DEATH BENEFIT OPTION	[Option A – Level Death Benefit]
LIFE INSURANCE QUALIFICATION TEST	[Guideline Premium Test]
NET AMOUNT AT RISK DIVISOR	[1.0016516]
INITIAL PREMIUM	[\$1,809.00]
PLANNED PREMIUM	[\$1,809.00] payable [Annually]
MINIMUM UNSCHEDULED PREMIUM	[\$50.00]
MINIMUM MONTHLY PREMIUM	[\$91.51]
MINIMUM MONTHLY PERIOD	[60 months]
PREMIUM LOAD	[6%] of Premium
MAXIMUM POLICY EXPENSE CHARGE FACTOR	[\$0.8367] per \$1,000 of Face Amount for [20] years
POLICY FEE	[\$8.00] per month
MAXIMUM TRANSACTION CHARGE	[\$200.00]
MAXIMUM COST OF INSURANCE RATES	[2001 CSO ALB Ultimate Mortality Table]
PAYMENT PLAN MINIMUM INTEREST RATE	[1.5%]
SURRENDER CHARGE SCHEDULE	

	Policy Year	Surrender Charge						
{	1	\$2,386	6	1,458	11	639	16	0
	2	2,277	7	1,277	12	498		
	3	2,056	8	1,105	13	364		
	4	1,847	9	942	14	237		
	5	1,647	10	786	15	115		

The Surrender Charge Schedule above is for the Face Amount on the Policy Date.

In the event of a Face Amount Increase, the Surrender Charges, Minimum Monthly Premium, and Policy Expense Charges will increase. You will be provided an endorsement to the Policy Data Page showing the new Surrender Charge Schedule, Minimum Monthly Premium, and Policy Expense Charge which will be effective as of the Policy Change Date.

In the event of a decrease in the Face Amount, the Surrender Charges, the Minimum Monthly Premium and Policy Expense Charge will not decrease.

POLICY DATA PAGE (cont)

FIXED LOAN INTEREST RATE	[6.0%]
MAXIMUM VARIABLE LOAN INTEREST RATE	[8.0%]
MAXIMUM PREFERRED LOAN INTEREST RATE	[2.0%]
PREFERRED LOAN DATE	[04-17-2021]
FIXED ACCOUNT PREMIUM ALLOCATION	[25%]
INITIAL FIXED ACCOUNT INTEREST RATE	[4.2%]
FIXED ACCOUNT RATE GUARANTEE PERIOD	[1 Year]
MINIMUM GUARANTEED FIXED ACCOUNT INTEREST RATE	[2.0%]
MINIMUM GUARANTEED POLICY RATE	[2.0%]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

Form Number	Description	Effective Date
ETL-FPIUL-2000(04-11)	Flexible Premium Adjustable Life	[04-17-2011]
ETL-1YP2PCAP-FP(04-11)	1-Yr Point-to-Point Index Account	[04-17-2011]
ETL-1YAVGPART-FP(04-11)	1-Yr Average Participation Index Account	[04-17-2011]
ETL-1YRMC-FP(04-11)	1-Yr Monthly Cap Index Account	[04-17-2011]
ETL-ADBR-FP(04-11)	Accelerated Death Benefit Rider Rider Benefit Amount: 50% of Death Benefit, up to \$250,000 Rider Charge: [No charge]	[04-17-2011]
ETL-ADB-FP(04-11)	Accidental Death Benefit Rider Rider Benefit Amount: [\$100,000] Rider Charge: [\$35.00] per month	[04-17-2011]
ETL-CTR-FP(04-11)	Child Term Rider Rider Benefit Amount: [\$5,000] Rider Charge: [\$24.00] per month	[04-17-2011]

POLICY DATA PAGE (cont)

<u>Form Number</u>	<u>Description</u>	<u>Effective Date</u>
--------------------	--------------------	-----------------------

ETL-WMD-FP(04-11)	Waiver of Monthly Deduction Rider	[04-17-2011]
-------------------	--	--------------

Rider Charge: [\$48.00] per month

ETL-WPM-FP(04-11)	Waiver of Premium Rider	[04-17-2011]
-------------------	--------------------------------	--------------

Rider Planned Premium: [\$5,000.00] payable [Annually]

Planned Premium Duration: [10] years

Rider Charge: [\$48.00] per month

POLICY DATA PAGE (cont)

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

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
18	0.07670	53	0.38513	88	14.74027
19	0.07837	54	0.43288	89	16.30607
20	0.07921	55	0.48654	90	17.89757
21	0.07921	56	0.54190	91	19.49638
22	0.07921	57	0.59563	92	21.20724
23	0.08004	58	0.64940	93	23.05252
24	0.08088	59	0.71246	94	25.04434
25	0.08338	60	0.78903	95	27.06773
26	0.08672	61	0.88254	96	29.09469
27	0.08838	62	0.99136	97	31.31290
28	0.08672	63	1.11047	98	33.74873
29	0.08588	64	1.23485	99	36.43252
30	0.08505	65	1.36453	100	39.08352
31	0.08421	66	1.49611	101	41.51094
32	0.08505	67	1.63389	102	44.17630
33	0.08755	68	1.77958	103	47.11034
34	0.08922	69	1.94350	104	50.33183
35	0.09339	70	2.13517	105	53.86989
36	0.09756	71	2.36857	106	57.80265
37	0.10340	72	2.64233	107	62.19404
38	0.11091	73	2.93178	108	67.12722
39	0.11759	74	3.24405	109	72.70105
40	0.12677	75	3.58552	110	79.04542
41	0.13762	76	3.97236	111	83.33333
42	0.15098	77	4.42467	112	83.33333
43	0.16685	78	4.95336	113	83.33333
44	0.18439	79	5.55015	114	83.33333
45	0.20360	80	6.22109	115	83.33333
46	0.22282	81	6.95716	116	83.33333
47	0.23870	82	7.74449	117	83.33333
48	0.25124	83	8.61347	118	83.33333
49	0.26713	84	9.59129	119	83.33333
50	0.28804	85	10.69345	120	83.33333
51	0.31481	86	11.92416		
52	0.34745	87	13.27646		

DEATH BENEFIT FACTOR PAGE

CASH VALUE CORRIDOR FACTORS

Attained Age	Factor	Attained Age	Factor
0-40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94+	1.01
67	1.18		

DEATH BENEFIT FACTOR PAGE (cont)

CASH VALUE ACCUMULATION TEST FACTORS

Attained Age	Factor	Attained Age	Factor
18	869.9%	60	214.9%
19	842.2%	61	208.8%
20	815.2%	62	202.9%
21	789.0%	63	197.3%
22	763.5%	64	192.1%
23	738.5%	65	187.0%
24	714.3%	66	182.3%
25	690.8%	67	177.7%
26	668.0%	68	173.3%
27	646.0%	69	169.0%
28	624.6%	70	164.9%
29	603.7%	71	161.0%
30	583.4%	72	157.3%
31	563.6%	73	153.8%
32	544.3%	74	150.5%
33	525.7%	75	147.3%
34	507.6%	76	144.3%
35	490.1%	77	141.4%
36	473.3%	78	138.7%
37	457.0%	79	136.1%
38	441.2%	80	133.7%
39	426.1%	81	131.4%
40	411.5%	82	129.3%
41	397.5%	83	127.4%
42	384.0%	84	125.5%
43	371.0%	85	123.8%
44	358.6%	86	122.2%
45	346.7%	87	120.7%
46	335.3%	88	119.4%
47	324.3%	89	118.1%
48	313.8%	90	117.0%
49	303.5%	91	115.9%
50	293.7%	92	114.8%
51	284.2%	93	113.8%
52	275.0%	94	112.7%
53	266.3%	95	111.6%
54	257.9%	96	110.3%
55	249.9%	97	108.8%
56	242.3%	98	106.8%
57	235.0%	99	104.0%
58	228.0%	100+	101.0%
59	221.3%		

1. GENERAL DEFINITIONS

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

Age means the Age of the Insured on his or her last birthday on the Policy Date of this Policy.

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

Attained Age means Age plus the number of complete Policy Years elapsed since the Policy Date.

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.

Guideline Premium Limitation means the greater of the Guideline Single Premium or the sum of the Guideline Level Premiums to date.

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 the Policy, the Initial Premium has been paid, the Cash Surrender Value is sufficient to cover the next Monthly Deduction, 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.

Maturity Date means the date coverage under this Policy terminates and the Policy's Cash Surrender Value, if any, becomes payable to you, provided this Policy is In Force and the Insured is alive. The Maturity Date is shown on the Policy Data Page.

Maximum Transaction Charge means the maximum amount that may be charged for any increase or decrease in the Face Amount, change in the Death benefit option, or partial withdrawal. This charge will not exceed the amount shown on the Policy Data Pages and is charged at every point when such policy change occurs. If more than one policy change is made at the same time, only one transaction charge will be assessed. This charge is for expenses associated with processing such changes. Any transaction charge is assessed against your accumulation value when a policy change is made.

Minimum Fixed Account Value means the Monthly Deduction due on the first day of each Policy Year multiplied by 12.

Minimum Monthly Period means the period in months which begins on the Policy Date and applies to the Minimum Monthly Premium provision. The Minimum Monthly Period is shown on the Policy Data Page.

Monthly Deduction means amounts subtracted from the Accumulation Value on the Monthly Deduction Day, and include the Cost of Insurance, the Policy Fee, the Policy Expense Charge, Flat Extra charge, and any rider charges.

Monthly Deduction Day means the same day in each month as the Policy Date.

Net Premium means the premium paid minus the Premium Load as shown on the Policy Data Page.

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 insurance coverage becomes effective and is shown on the Policy Data Page. 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.

2. DEATH BENEFIT

2.1 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.

2.2 Life Insurance Qualification

In order to qualify as life insurance under Section 7702 of the Internal Revenue Code, this Policy must satisfy one of the two Life Insurance Qualification Tests. The Life Insurance Qualification Tests are:

2.2.1 Guideline Premium Test - A Policy meets the Guideline Premium Test if:

- 1) the sum of the premiums paid under the Policy does not at any time exceed the Guideline Premium Limitation as of such time; and
- 2) the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Corridor Factor.

2.2.2 Cash Value Accumulation Test - A Policy meets the Cash Value Accumulation Test if the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Accumulation Test Factor.

The Life Insurance Qualification Test for your Policy is shown on the Policy Data Page. The Life Insurance Qualification Test may not be changed after the Policy Date.

2.3 Death Benefit Factor

The applicable Death Benefit Factor is determined by the Life Insurance Qualification Test as shown on the Policy Data Page. If the Life Insurance Qualification Test is the Guideline Premium Test, the Death Benefit Factor is the Cash Value Corridor Factor. If the Life Insurance Qualification Test is the Cash Value Accumulation Test, the Death Benefit Factor is the Cash Value Accumulation Test Factor.

The Death Benefit Factor is based on the Attained Age of the Insured, and is shown on the Death Benefit Factor Page.

2.4 Death Benefit

The Death Benefit payable upon the death of the Insured is determined by the Death Benefit Option in effect on the date of the Insured's death. The Death Benefit Options are:

- Option A – Level Death Benefit
- Option B – Increasing Death Benefit

The Death Benefit under Option A equals the greater of the Face Amount less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

The Death Benefit under Option B equals the greater of the Face Amount plus the Accumulation Value less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

2.5 Death Benefit Payment

We will pay the Death Benefit 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.

2.6 Death Benefit Option Change

After the first Policy Year, you may submit a request In Writing to change the Death Benefit Option. The Death Benefit Option may not be changed more than once in any 12-month period. You may not change the Death Benefit Option if it results in a Face Amount below the Minimum Face Amount shown on the Policy Data Page. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change, the new Death Benefit Option and the new Face Amount.

If you change from Option A to Option B, the new Face Amount will be the Face Amount prior to the change minus the Accumulation Value prior to the change. If you change from Option B to Option A, the new Face Amount will be the Face Amount prior to the change plus the Accumulation Value prior to the change.

We reserve the right to limit or refuse any requested Death Benefit Option change that would cause this Policy to no longer qualify as life insurance under the applicable test in the Life Insurance Qualification provision.

We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a death benefit option change.

2.7 Face Amount Changes

After the first Policy Year, you may submit a request In Writing to change the Face Amount. The Face Amount may not be changed more than once in any 12-month period. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change and the new Face Amount. We reserve the right to limit or refuse any change that would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a face amount increase or decrease.

2.7.1 Face Amount Increases – Prior to the Insured's Attained Age 85, you may increase the Face Amount of this Policy subject to the following conditions:

- you send us an Application In Writing for the increased amount;
- you provide us with evidence of the Insured's insurability satisfactory to us; and
- unless the Accumulation Value is sufficient to cover the next Monthly Deduction, you pay enough Net Premium to cover the next Monthly Deduction after the increase becomes effective. We will notify you of the amount of premium, if any, necessary to fulfill this condition.

An additional Policy Expense Charge will be added to the Monthly Deduction in an amount equal to the Face Amount Increase multiplied by the Policy Expense Charge Factor applicable for the Attained Age of the Insured at the time of the Face Amount Increase. An additional Surrender Charge schedule will be added to the existing Surrender Charge schedule and will be based on the Face Amount Increase applicable for the Attained Age of the Insured at the time of the Face Amount Increase. The Policy Expense Charge and Surrender Charge schedule associated with the Face Amount Increase will be shown on the endorsement to the Policy Data Page.

The Minimum Monthly Premium will increase if the Policy is within the Minimum Monthly Premium Period. The Minimum Monthly Premium Provision does not apply to any Face Amount Increases after the Minimum Monthly Period.

2.7.2 Face Amount Decreases – A Face Amount decrease will be effective on the first Monthly Deduction Day following the date we approve your request. The Face Amount in effect after any decrease must not be less than the Minimum Face Amount as shown on the Policy Data Page. If there have been prior increases in the Face Amount, a decrease will be taken first from the most recent increase, then each successive increase in the reverse order in which they were added, and then from initial Face Amount. The Surrender Charges, Minimum Monthly Premium, and Policy Expense Charge will not reduce with a decrease in your Face Amount.

2.8 Simultaneous Death of Beneficiary and Insured

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

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

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

3.1 Ownership

If there is more than one Owner, this Policy will be owned jointly with right of survivorship unless the ownership designation specifies otherwise. If there is more than one Owner, we will use the first Owner listed on our records for purposes of Policy Owner communications.

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. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations. 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; and
- 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 go into effect once signed by the Owner, subject to any payments we make or actions we take before we record the assignment. We are not responsible for the validity or effect of any assignment or the tax consequences of any assignment.

4. PREMIUM

4.1 Initial Premium

The Initial Premium shown on the Policy Data page is the premium that must be paid before your Policy will be In Force.

The Initial Premium is payable either at our Executive Office or to our authorized representative.

4.2 Planned Premium

The Planned Premium is the amount you have chosen to pay, and is shown on the Policy Data Page. You may change the Planned Premium amount or frequency by submitting a request In Writing. We may limit your request or require evidence of continued insurability if the new Planned Premium causes an increase in the Net Amount at Risk as a result of the change.

Paying the Planned Premium does not guarantee the Policy will remain In Force, and additional premiums may be required to continue your coverage.

If you stop paying premiums, we will continue to deduct the Monthly Deductions from your Accumulation Value. If the Cash Surrender Value is not sufficient to cover the Monthly Deduction, your Policy will enter the Grace Period and will Lapse if additional premiums are not paid by the end of the Grace Period.

4.3 Unscheduled Premiums

After the Initial Premium, you may pay premiums in any amount and at any time the Policy is In Force. You can choose the payment amount, but the premium payment may be no less than the Minimum Unscheduled Premium payment shown on the Policy Data Page. In addition, we may limit your premium payment or require evidence of continued insurability if it causes an increase in the Net Amount at Risk as a result of the payment. We reserve the right to limit or refund any premium payment that would cause the Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. Any refund will be within the time required by law.

4.4 Grace Period

If on any Monthly Deduction Day the Cash Surrender Value is not sufficient to cover the Monthly Deduction, a Grace Period of 61 days will be allowed for the payment of sufficient premium to keep your Policy In Force. The Grace Period begins on the Monthly Deduction Day on which the insufficiency occurred and ends 61 days thereafter. We will send you and any assignee of record, at the last known address, at least 31 days prior to the end of the Grace Period, a written notice indicating the due date and the payment required to keep your Policy In Force.

The Net Premium required to keep your Policy In Force after the Grace Period is equal to three times the Monthly Deduction due at the beginning of the Grace Period. You have the entire Grace Period within which to remit the required payment. Any payments sent by U.S. mail must be postmarked within the Grace Period. If you do not send us at least the required premium payment, all coverage under this Policy, including additional benefits or riders, will Lapse without value.

If the Insured dies during the Grace Period, the Death Benefit will be equal to the Death Benefit at the beginning of the Grace Period reduced by any unpaid Monthly Deductions.

4.5 Minimum Monthly Premium

If the sum of premiums paid to date, less any withdrawals and Policy Loans, is greater than or equal to (1) multiplied by (2) where:

- (1) is the Minimum Monthly Premium shown on the Policy Data Page; and
- (2) is the number of Monthly Deduction Days to date since the Policy Date; then

Your Policy will not enter the Grace Period even if the Cash Surrender Value is not sufficient to cover the Monthly Deductions. If the sum of premiums paid to date does not meet the requirement of this provision and the Policy enters the Grace Period, this provision will be reinstated during the Minimum Monthly Period if the Net Premium paid during the Grace Period is at least enough to meet the premium requirement of this provision.

On the first Monthly Deduction Day after the Minimum Monthly Period, the Policy will enter the Grace Period if the Cash Surrender Value is not sufficient to cover the Monthly Deduction. If you only pay the Minimum Monthly Premium during the Minimum Monthly Period, you may be required to pay additional premiums to keep the Policy In Force past the Minimum Monthly Period.

4.6 Reinstatement

If your Policy has Lapsed, you may reinstate it at any time within three years of the termination date, subject to the following conditions:

- the Policy must not have been surrendered;
- you submit In Writing an Application for reinstatement signed by the Owner and the Insured;
- you submit evidence satisfactory to us that the Insured is still insurable at the same risk classification in which the Policy was issued;
- the Owner must repay or reinstate any unpaid Policy Loans and loan interest existing at termination; and
- payment of a Net Premium that is at least enough to cover the Monthly Deductions and any loan interest due and unpaid for the lapsed period, and to keep the Policy In Force for three months following the effective date of reinstatement.

Upon reinstatement of your Policy:

- the Accumulation Value on the reinstatement date will be the Accumulation Value at the beginning of the Grace Period, plus the premium required for reinstatement, minus the Monthly Deductions and any loan interest due and unpaid for the lapsed period;
- the Surrender Charge and Policy Expense Charge schedules that were in place at the end of the Grace Period will be effective on the reinstatement date;
- the Accumulation Value on the reinstatement date will be allocated to the Fixed Account. Reallocation of the Accumulation Value in the Fixed Account after reinstatement will be based on the terms and conditions of the Fixed Account provision and any attached account Endorsement(s); and
- the effective date of reinstatement will be the next Monthly Deduction Day following the date you meet all of the reinstatement conditions. If you have met all the conditions for reinstatement and the Insured's death occurs before the Monthly Deduction Day on which we reinstate your Policy, we will pay the Death Benefit as of that Monthly Deduction Day.

5. POLICY VALUES

5.1 Accumulation Value

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

5.2 Fixed Account

All Net Premiums will be paid into the Fixed Account when received. Any value in the Fixed Account in excess of the Minimum Fixed Account Value will be transferred on the next Monthly Deduction Day to the account Endorsement(s) based on the most recent account allocation instructions. The value in the Fixed Account on the Policy Date equals the Net Premiums received on or before the Policy Date minus the Monthly Deduction.

The value in the Fixed Account on any other Monthly Deduction Day equals:

- 1) the value in the Fixed Account on the prior Monthly Deduction Day; plus
- 2) Net Premiums received since the prior Monthly Deduction Day; minus
- 3) the Monthly Deduction; plus
- 4) transfers in from any account Endorsements; minus
- 5) transfers out of the Fixed Account; minus
- 6) any Partial Withdrawal and transaction charge taken from the Fixed Account; plus
- 7) any loan repayments; plus
- 8) interest credited to the Fixed Account.

The Initial Fixed Account Interest Rate will be in effect for the Fixed Account Rate Guarantee Period shown on the Policy Data Page. We may at any time declare additional interest on these funds. The current Interest Rate declared will not be less than the Minimum Guaranteed Fixed Account Interest Rate shown on the Policy Data Page.

5.3 Loan Value Account

When a loan is requested under the Fixed Loan Interest Rate method, we will transfer an amount equal to the loan to the Loan Value Account. The transfer to the Loan Value Account will be taken from the Fixed Account and any account Endorsement(s) in proportion to the Accumulation Value in each account. The Loan Value Account will be credited interest at an annual effective interest rate no less than the Minimum Guaranteed Fixed Account Interest Rate, as shown on the Policy Data Page. Interest is credited daily to this account.

5.4 Monthly Deduction

The Monthly Deduction is deducted first from the Fixed Account. If the Monthly Deduction is greater than the value in the Fixed Account, the remaining Monthly Deduction will be deducted from the Accumulation Value of any attached account Endorsements in proportion to the Accumulation Value in each account.

5.5 Cost of Insurance

The Cost of Insurance will be deducted on the Policy Date and each Monthly Deduction Day thereafter. The monthly Cost of Insurance under this Policy will be equal to (1) multiplied by (2), divided by (3), where:

- (1) is the Net Amount at Risk on the Monthly Deduction Day;
- (2) is the monthly Cost of Insurance rate; and
- (3) is equal to 1,000.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the Policy Data Page. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Face Amount, divided by 1,000, and then divided by 12.

5.6 Net Amount at Risk

The Net Amount at Risk is equal to the Death Benefit divided by the Net Amount at Risk Divisor, less the Accumulation Value.

5.7 Policy Fee

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

5.8 Policy Expense Charge

We will deduct a Policy Expense Charge on the Policy Date and each Monthly Deduction Day 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 will be no greater than the Maximum Policy Expense Charge Factor shown on the Policy Data Page.

5.9 Basis of Values

The guaranteed values are based on the Minimum Guaranteed Policy Rate and the Maximum Cost of Insurance Rates shown on the Policy Data Page. We have filed a detailed statement of the method we use to determine values with the state in which the Application was signed. All values are equal to or more than those required by the laws of that state.

6. SURRENDER AND WITHDRAWAL OF POLICY VALUES

6.1 Surrender of Policy

You may Surrender this Policy to us at any time while it is In Force for the Cash Surrender Value. This Policy will terminate without notice if it is surrendered. We reserve the right to defer payment of any Cash Surrender Value for up to six months after we receive the surrender request.

6.2 Cash Surrender Value

The Cash Surrender Value is the Accumulation Value less the Surrender Charge, if any, and less any Loan Balance.

You may surrender the Policy for the Cash Surrender Value at any time, and if surrendered within 30 days following a Policy Anniversary the value available shall not be less than the Cash Surrender Value on such Policy Anniversary less any Policy Loans or Partial Withdraws taken after the Policy Anniversary. Any Cash Surrender Value available under the Policy at any time other than on a Policy Anniversary shall be calculated with allowance for lapse of time from the last preceding Policy Anniversary.

A Surrender Charge may apply if you surrender this Policy during the Surrender Charge Period. The Surrender Charge Schedule is shown on the Policy Data Page.

6.3 Partial Withdrawal

You may take a Partial Withdrawal from the Accumulation Value while the Insured is alive and this Policy is In Force. We may charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page. Any transaction charge will be deducted from the Partial Withdrawal proceeds. The amount withdrawn at any time must be at least \$500. The maximum Partial Withdrawal allowed is an amount such that the Cash Surrender Value after deduction of the Partial Withdrawal is greater than or equal to three times the next Monthly Deduction. We reserve the right to limit or refuse any Partial Withdrawal if it would result in the Face Amount being less than the Minimum Face Amount shown on the Policy Data Page, or if it would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision.

The Accumulation Value will be reduced by the amount of the Partial Withdrawal. The Face Amount will be reduced by the amount of the Partial Withdrawal for Death Benefit Option A, and will remain unchanged for Death Benefit Option B. If the Face Amount is reduced, a Surrender Charge will be deducted from the Partial Withdrawal proceeds. The Surrender Charge on a Partial Withdrawal is the reduction in the Face Amount multiplied by the applicable Surrender Charge as shown on the Policy Data Page.

We reserve the right to defer payment of any Partial Withdrawal for up to six months after we receive the Partial Withdrawal request.

7. POLICY LOANS

7.1 Right to Borrow and Loan Value

After the first Policy Year, you may borrow up to the available loan value of your Policy. The Cash Surrender Value will be the security for the loan. The available 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, less three times the next Monthly Deduction due as of the date of the loan. Any Loan Balance on this Policy will be deducted from the proceeds at death or surrender.

Any payment we receive from you while there is a Loan Balance that is not specifically designated as a premium payment will be applied first as a loan repayment.

We reserve the right to defer payment of any Policy Loan for up to six months after we receive the loan request.

7.2 Loan Interest Method

You may choose between a Variable Loan Interest Rate and a Fixed Loan Interest Rate to determine the loan interest charged on a Policy Loan. The choice will be made at the time a loan is requested. If there is an existing loan at the time an additional loan is requested, the Loan Interest Method will be the same as the outstanding loan. If you want to switch the Loan Interest Method, you must first repay the outstanding Loan Balance before switching to the other method.

7.3 Fixed Loan Interest Rate

Loan interest is charged from the date of the loan at the Fixed Loan Interest Rate shown on the Policy Data Page. 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.

After the Preferred Loan Date shown on the Policy Data Page, the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page will apply to any portion of the policy loan up to the amount equal to the greater of:

- (1) 10% of the Cash Surrender Value; or
- (2) The Cash Surrender Value less the sum of all premiums paid plus the sum of all withdrawals.

Loan interest for the preferred loan will not exceed the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page.

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. At the time of repayment, a transfer from the Loan Value Account to the Fixed Account for the amount of the loan repayment will occur. The reallocation of any repaid amounts transferred to the Fixed Account will be based on the terms and conditions of the Fixed Account provision.

7.4 Variable Loan Interest Rate

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. 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 Minimum Guaranteed Policy Rate shown on the Policy Data Page plus 1% per annum;

but it will never exceed the Maximum Variable Loan Interest Rate shown on the Policy Data Page.

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 delivered.

We will determine the Loan Interest Rate no more than once every 12 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.

With a Variable Loan Interest Rate, the loaned portion of your Accumulation Value will continue to earn interest based on the terms and conditions of any attached account Endorsement(s).

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. All loan repayments will be allocated to the Fixed Account. The reallocation of any repaid amounts will be based on the terms and conditions of the Fixed Account provision.

8. GENERAL TERMS

8.1 Entire Contract

This Policy is a legal contract. We issue this Policy in consideration of the Initial 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.

We will not contest the payment of any approved Face Amount Increases after such increases have been In Force during your lifetime for two (2) years from the effective date of the increases, and only with respect to statements made on the Application for the increased amount(s).

We will not contest payment of the death proceeds, with respect to statements made in any Application for reinstatement, after the Policy has been In Force during your lifetime for two (2) years following the effective date of reinstatement.

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 delivered. The report shall contain the following information:

- the beginning and end dates of the current report period;
- the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts credited or debited to the Accumulation Value during the current report period;
- the current Death Benefit at the end of the current report period on each life covered by the Policy;
- the Cash Surrender Value, if any, at the end of the current report period;
- the amount of outstanding loans, if any, at the end of the current report period; and
- a notice if the Policy's Cash Surrender Value will not maintain insurance In Force until the end of the next reporting period unless further premium payments are made.

You may annually request, without charge, an illustrative report to be delivered to you by submitting a written request to us.

8.8 Misstatement of Age or Sex

We have the right to correct benefits for misstated Age or sex. The method for adjusting values and benefits will be as follows:

- (1) we will recalculate all Policy values since the inception of the Policy to the extent that the recalculation, in and of itself, will not result in termination of the Policy prior to the date of death;
- (2) the Death Benefit after recalculation shall not be less than the Cash Surrender Value that would have been paid had the Policy been surrendered on the date of death based upon the misstated Age or Sex; and
- (3) when making an adjustment at the time of surrender or death, the Death Benefit in all preceding years is the actual Death Benefit which would have been paid under the corrected Age or Sex of the Insured had death occurred in any preceding year. We will not use guaranteed assumptions in the calculations, but shall use the actual assumptions applied to the Policy during the recalculated period.

If the Policy would terminate as a result of the recalculation, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the most recent mortality charge by adjusting the Net Amount at Risk by the ratio of the incorrect Cost of Insurance Rate to the correct Cost of Insurance Rate. We will not make any retrospective recalculations to the Accumulation Value. We may adjust future Monthly Deductions to reflect the corrected Age.

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. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial Withdrawals.

Any increase in Death Benefit resulting from a requested increase in Face Amount will not be paid if the Insured dies by suicide, while sane or insane, within two (2) years of the date of such increase. Instead, we will return to the Owner an amount equal to the Cost of Insurance for such increase in Face Amount.

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 grace period ends without payment of the required premium payment; or
- all of the value of this Policy is applied to a payment option; or
- the Maturity Date listed on the Policy Data Page.

9. PAYMENT OF PROCEEDS

9.1 Choice of Options

The Owner may choose to have the proceeds of this Policy paid under a payment option. After the death of the Insured, the Beneficiary may choose a payment option if the Owner has not done so before the Insured's death. The Death Benefit shall always be available in a lump sum payment. 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 as shown on the Policy Data Page. We may pay a higher interest rate at our discretion. The mortality table used for Option B is the Annuity 2000 Mortality Table.

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

9.2 Requirements

For the Owner to choose or change a payment option:

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

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

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

9.3 Payment Options

The payment option choices are:

Plan A. Fixed Period

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

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

Plan B. Life Income

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

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

Factors for Ages not shown will be supplied upon request.

9.4 Other Options

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

9.5 Effective Date of Payment Option

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

9.6 Death of Payee

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

9.7 Claims of Creditors

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

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**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE
OPTION]**

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Flexible premium payments**
- **Adjustable Death Benefit**
- **Cash Surrender Value payable upon surrender**
- **Dividends are not paid (Nonparticipating)**

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

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

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEXED FEATURE
OPTION**

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.

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

Policy Form Number:	[ETL-FPIUL-2000(04-11)]
Policy Number:	[EQ0001123456F]
Allocation Percentage:	[25] %
Initial Index Cap:	[6.00] %
Minimum Index Cap:	[3.00] %
Index:	[S&P 500®]
Initial Index Number:	[1234.00]
Index Segment Period:	1 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.]

The Index Cap may be changed at the beginning of each Index Segment Period, but can never be less than the Minimum Index Cap.

ALLOCATIONS AND TRANSFERS

Allocation to this Account: Amounts in excess of the Minimum Fixed Account Value will be allocated to this account based on the Allocation Percentage listed above. The amount allocated will create a new Index Segment.

Transfers: You may transfer amounts to or from an Index Segment at the end of any Index Segment Period by sending a request In Writing.

A transfer will be effective on the next Index Segment Date following receipt of the request. Your written request for transfer must be received at least five business days prior to the end of an Index Segment Period.

DEFINITIONS

Index means the measure used for determining the Index Number. 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 Index Segment Value of this account. The Initial Index Cap is declared at issue, is guaranteed for one year and applies to the Index Segment that starts on the Policy Date. The Initial Index Cap can be found in the Specifications section of this Endorsement. The Index Cap for future Index Segments will be declared on each Index Segment Date and will be guaranteed for the Index Segment Period. 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 Index Segment Value at the end of each Index Segment Period. The Index Credit in any Index Segment Period will never be less than zero.

Index Increase means the percentage excess of the Index Number at the end of the Index Segment Period over the Index Number at the start of the Index Segment 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.

An **Index Segment** is created when an amount is allocated to this account.

Index Segment Date means the date an Index Segment Period begins. An Index Segment Date must coincide with a Monthly Deduction Day.

Index Segment Period means the length of an Index Segment.

Index Segment Value means the account value associated with a particular Index Segment.

ACCOUNT VALUES

Account Accumulation Value

The Account Accumulation Value is equal to the sum of the Index Segment Values of this account.

The Index Segment Value on the Policy Date is equal to the amount allocated to this account.

During each Index Segment Period, the Index Segment Value will be reduced for any Partial Withdrawals from this Index Segment during the Index Segment Period, any transfers out to the Loan Account Value for Fixed Loan amounts from this Index Segment during the Index Segment Period, and a proportionate share of any Monthly Deduction where the value in the Fixed Interest Account is not sufficient to cover the Monthly Deduction.

At the end of each Index Segment Period, the Index Segment Value will be adjusted by the following items:

- (1) Index Credits for this Index Segment; and
- (2) any transfers into (out) of the Index Segment.

Index Credit Methodology

The Index Credit is equal to the Index Segment Value multiplied by the Index Credit Factor. Any Partial Withdrawals, transfers out to the Loan Account Value or Monthly Deductions taken from the Index Segment during the Index Segment Period reduce the Index Segment Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (1) the Index Number at the end of the Index Segment Period, minus the Index Number at the beginning of the Index Segment Period; divided by
- (2) the Index Number at the beginning of the Index Segment Period; adjusted
- (3) to not be greater than the Index Cap applicable to that Index Segment; but not less than
- (4) zero.

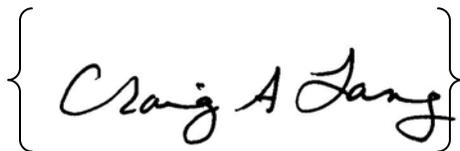
GENERAL PROVISIONS

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 Fixed Interest Account as of the effective date of termination.

Discontinuation of or Substantial Change to the Index

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.

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 PARTICIPATION INDEX ACCOUNT ENDORSEMENT

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEXED FEATURE
OPTION**

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.

1-YEAR AVERAGE PARTICIPATION INDEX ACCOUNT SPECIFICATIONS

Policy Form Number:	[ETL-FPIUL-2000(04-11)]
Policy Number:	[EQ0001123456F]
Allocation Percentage:	[25] %
Initial Participation Rate:	[80] %
Minimum Participation Rate:	[10] %
Index:	[S&P 500®]
Initial Index Number:	[1234.00]
Index Segment Period:	1 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.]

The Participation Rate may be changed at the beginning of each Index Segment Period, but can never be less than the Minimum Participation Rate.

ALLOCATIONS AND TRANSFERS

Allocation to this Account: Amounts in excess of the Minimum Fixed Account Value will be allocated to this account based on the Allocation Percentage listed above. The amount allocated will create a new Index Segment.

Transfers: You may transfer amounts to or from an Index Segment at the end of any Index Segment Period by sending a request In Writing.

A transfer will be effective on the next Index Segment Date following receipt of the request. Your written request for transfer must be received at least five business days prior to the end of an Index Segment Period.

DEFINITIONS

Index means the measure used for determining the Index Number. The Index for this account is shown in the Specifications section of this Endorsement.

Index Average for an Index Segment equals the sum of the Index Numbers from each month during the Index Segment divided by 12.

Index Credit is the amount, if any, added to the Index Segment Value at the end of each Index Segment Period. The Index Credit in any Index Segment Period will never be less than zero.

Index Increase means the percentage excess of the Index Average at the end of the Index Segment Period over the Index Number at the start of the Index Segment 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.

An **Index Segment** is created when an amount is allocated to this account.

Index Segment Date means the date an Index Segment Period begins. An Index Segment Date must coincide with a Monthly Deduction Day.

Index Segment Period means the length of an Index Segment.

Index Segment Value means the account value associated with a particular Index Segment.

Participation Rate means the percentage of the Index Increase that may be applied to the Index Segment Value of this account. The Initial Participation Rate is declared at issue, is guaranteed for one year and applies to the Index Segment that starts on the Policy Date. The Initial Participation Rate can be found in the Specifications section of this Endorsement. The Participation Rate for future Index Segments will be declared on each Index Segment Date and will be guaranteed for the Index Segment Period. 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.

ACCOUNT VALUES

Account Accumulation Value

The Account Accumulation Value is equal to the sum of the Index Segment Values of this account.

The Index Segment Value on the Policy Date is equal to the amount allocated to this account.

During each Index Segment Period, the Index Segment Value will be reduced for any Partial Withdrawals from this Index Segment during the Index Segment Period, any transfers out to the Loan Account Value for Fixed Loan amounts from this Index Segment during the Index Segment Period, and a proportionate share of any Monthly Deduction where the value in the Fixed Interest Account is not sufficient to cover the Monthly Deduction.

At the end of each Index Segment Period, the Index Segment Value will be adjusted by the following items:

- (1) Index Credits for this Index Segment; and
- (2) any transfers into (out) of the Index Segment.

Index Credit Methodology

The Index Credit is equal to the Index Segment Value multiplied by the Index Credit Factor. Any Partial Withdrawals, transfers out to the Loan Account Value or Monthly Deductions taken from the Index Segment during the Index Segment Period reduce the Index Segment Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to:

- (1) the Index Average at the end of the Index Segment Period, minus the Index Number at the beginning of the Index Segment Period; divided by
- (2) the Index Number at the beginning of the Index Segment Period; multiplied by
- (3) the Participation Rate; but not less than
- (4) zero.

GENERAL PROVISIONS

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 Fixed Interest Account as of the effective date of termination.

Discontinuation of or Substantial Change to the Index

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.



President

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

1-YEAR MONTHLY CAP INDEX ACCOUNT ENDORSEMENT

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEXED FEATURE
OPTION**

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.

1-YEAR MONTHLY CAP INDEX ACCOUNT SPECIFICATIONS

Policy Form Number:	[ETL-FPIUL-2000(04-11)]
Policy Number:	[EQ0001123456F]
Allocation Percentage:	[25] %
Initial Monthly Cap:	[3.00] %
Minimum Monthly Cap:	[1.00] %
Index:	[S&P 500®]
Initial Index Number:	[1234.00]
Index Segment Period:	1 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.]

The Monthly Cap may be changed at the beginning of each Index Segment Period, but can never be less than the Minimum Monthly Cap.

ALLOCATIONS AND TRANSFERS

Allocation to this Account: Amounts in excess of the Minimum Fixed Account Value will be allocated to this account based on the Allocation Percentage listed above. The amount allocated will create a new Index Segment.

Transfers: You may transfer amounts to or from an Index Segment at the end of any Index Segment Period by sending a request In Writing.

A transfer will be effective on the next Index Segment Date following receipt of the request. Your written request for transfer must be received at least five business days prior to the end of an Index Segment Period.

DEFINITIONS

Index means the measure used for determining the Index Number. The Index for this account is shown in the Specifications section of this Endorsement.

Index Credit is the amount, if any, added to the Index Segment Value at the end of each Index Segment Period. The Index Credit in any Index Segment Period 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.

An **Index Segment** is created when an amount is allocated to this account.

Index Segment Date means the date an Index Segment Period begins. An Index Segment Date must coincide with a Monthly Deduction Day.

Index Segment Period means the length of an Index Segment.

Index Segment Value means the account value associated with a particular Index Segment

Monthly Cap means the maximum percentage of the Monthly Index Increase that may be recognized in calculating the Index Credit Factor for this account. The Initial Monthly Cap is declared at issue, is guaranteed for one year and applies to the Index Segment that starts on the Policy Date. The Initial Monthly Cap can be found in the Specifications section of this Endorsement. The Monthly Cap for future Index Segments will be declared on each Index Segment Date and will be guaranteed for the Index Segment Period. 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 means 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 Index Segment. The Monthly Index Increase may be less than zero. Month refers to Policy Month.

ACCOUNT VALUES

Account Accumulation Value

The Account Accumulation Value is equal to the sum of the Index Segment Values of this account.

The Index Segment Value on the Policy Date is equal to the amount allocated to this account.

During each Index Segment Period, the Index Segment Value will be reduced by any Partial Withdrawals, any transfers out to the Loan Account Value for Fixed Loan amounts, and a proportionate share of any Monthly Deduction if the value in the Fixed Interest Account is not sufficient to cover the Monthly Deduction.

At the end of each Index Segment Period, the Index Segment Value will be adjusted by the following items:

- (1) Index Credits for this Index Segment; and
- (2) any transfers into (out) of the Index Segment.

Index Credit Methodology

The Index Credit is equal to the Index Segment Value multiplied by the Index Credit Factor. Any Partial Withdrawals, transfers out to the Loan Account Value or Monthly Deductions taken from the Index Segment during the Index Segment Period reduce the Index Segment Value prior to the determination of any Index Credits.

The Index Credit Factor is equal to the Sum of:

- (1) each Monthly Index Increase for the Index Segment Period, adjusted
- (2) to not be greater than the Monthly Cap applicable to that Index Segment.

There will be 12 Monthly Index Increases in each Index Segment Period used to determine the Index Credit Factor. The Index Credit Factor can never be less than zero.

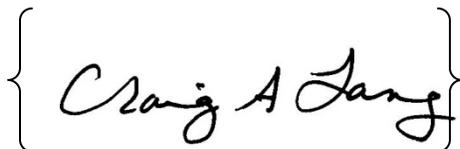
GENERAL PROVISIONS

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 Fixed Interest Account as of the effective date of termination.

Discontinuation of or Substantial Change to the Index

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.

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]

Income Benefit Rider

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

This Rider provides a guaranteed minimum payment benefit for the lifetime of the Insured. Benefits provided and charges assessed under the terms and conditions of this Rider are described on the following pages.

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INCOME BENEFIT RIDER SPECIFICATIONS PAGE

POLICY NUMBER: {12345}

INSURED: {John Doe}

RIDER EFFECTIVE DATE: {01/01/2011}

RIDER WAITING PERIOD: {15 YEARS}

MINIMUM AGE FOR INCOME PAYMENTS: {60}

BENEFIT BASE ROLLUP RATE: {6.00% ANNUALLY}

BENEFIT BASE PREMIUM PERCENTAGE: {105.00% YEARS 1-5;
100.00% YEARS 6 AND LATER}

ROLLUP PERIOD: {LATER OF 20 YEARS OR AGE 60}

MAXIMUM INCOME BENEFIT RIDER CHARGE FACTOR: {1.50% ANNUALLY}

EARLIEST TERMINATION DATE: {2nd POLICY YEAR}

MINIMUM CASH SURRENDER VALUE {\$1,000}

INCOME PAYMENT PERCENTAGE: {4.00% ATTAINED AGES 60-69}
{5.00% ATTAINED AGES 70+}

SECTION 1 - GENERAL DEFINITIONS

Accumulation Period means the period of time before Income Payments begin. The Accumulation Period starts on the Policy Date and ends on the date of the first Income Payment.

Benefit Base means the value used to determine the Income Payment Amount.

Benefit Base Premium Percentage means the percentage of premiums received that is added to the Benefit Base.

Benefit Base Rollup Rate means the annual rate at which the Benefit Base accumulates during the Rollup Period.

Extended Income Period means the period of time during the Income Period which starts the first time the Cash Surrender Value falls below the Minimum Cash Surrender Value. The Minimum Cash Surrender Value for determining the Extended Income Period is shown on the Income Benefit Rider Specifications Page.

Income Benefit Monthly Deduction means amounts subtracted from the Benefit Base on the Monthly Deduction Day, and includes the Income Benefit Cost of Insurance, the Policy Fee, the Policy Expense Charge, Flat Extra charge and any applicable rider charges.

Income Benefit Rider Charge means the annual charge for this Rider, which is deducted from the Accumulation Value.

Income Payment means an amount deducted from the Policy under the terms of this Rider and will be no greater than the Income Payment Amount.

Income Payment Percentage means the percentage applied to the Benefit Base to determine the Income Payment Amount. The Income Payment Percentage is based on the Attained Age of the Insured at the start of the Income Period. The Income Payment Percentages is shown on the Income Benefit Rider Specifications Page.

Income Period means the period which starts on the date of the first Income Payment and continues until the termination of the Rider.

Minimum Age for Income Payments means the Attained Age of the Insured at which the Owner can first elect to start Income Payments.

Policy means the Policy to which this Rider is attached.

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

Rider Effective Date means the effective date for this Rider as shown on the Income Benefit Rider Specifications Page.

Rider Waiting Period means the period of time that must elapse before the Owner can start taking Income Payments.

Rollup Period means the maximum period that the Benefit Base will accumulate at the Benefit Base Rollup Rate. The Rollup Period stops when Income Payments begin.

SECTION 2 - PREMIUM

Premiums after the Initial Premium may be paid during the Accumulation Period according to the terms of the Policy. Upon receipt of the Premium, an amount equal to the Premium multiplied by the Benefit Base Premium Percentage will be added to the Benefit Base.

No Premium payments are allowed during the Income Period.

SECTION 3 - INCOME BENEFIT RIDER PROVISIONS

3.1 Benefit Base

The Benefit Base is only used to determine the Income Payment Amount. The Benefit Base has no surrender value and is not payable as a Death Benefit at any time.

During the Accumulation Period

On the Policy Date, the Benefit Base is equal to the initial Premium Paid multiplied by the Benefit Base Premium Percentage.

After the Policy Date, the Benefit Base will accumulate at the Benefit Base Rollup Rate for the duration of the Rollup Period. The Benefit Base will be increased by any Premiums paid multiplied by the Benefit Base Premium Percentage. The Benefit Base will be decreased by any Partial Withdrawals and any Income Benefit Monthly Deductions. Any Partial Withdrawals during the Accumulation Period will reduce the Benefit Base in proportion to the decrease in the Accumulation Value.

No benefits will be available under this Rider if the Policy terminates during the Accumulation Period.

During the Income Period

During the Income Period, there is no longer a Benefit Base.

3.2 Income Payment Amount

At the start of the Income Period, the Income Payment Amount is equal to:

- (a) the greater of the Accumulation Value or the Benefit Base, multiplied by
- (b) the Income Payment Percentage.

The Income Payment Amount is the maximum amount that can be taken each Policy Year under the terms of the Rider. Income Payments can be taken in equal monthly, quarterly, semi-annual, or annual installments. Income Payments will be payable to the Owner.

Income Payments will be first taken from the Policy as Partial Withdrawals until such time that the amount equal to the total Premiums paid less total Partial Withdrawals has been withdrawn from the Policy. Income Payments taken as Partial Withdrawals will only be permitted to the extent that the Policy qualifies as Life Insurance for Federal Income Tax Purposes under the Internal Revenue Code. Then, Income Payments will be taken as Policy loans under the Fixed Loan Interest Rate Method. It is possible that one Income Payment may be treated partly as a Partial Withdrawal and partly as a Policy loan. During the Extended Income Period, we will ensure that the Accumulation Value is sufficient to continue the Income Payment Amount.

Income Payments are not subject to a Surrender Charge or a transaction charge. Income Payments will continue for the life of the Insured subject to the terms of the Rider.

The Owner may not take more than the Income Payment Amount in any Policy Year. The Owner may take less than the Income Payment Amount in any year, but any unused portion of the Income Payment Amount in a Policy Year will not carry over to any subsequent Policy Year. During the Income Period, the Owner may not take Partial Withdrawals or Loans other than the Income Payment Amount.

The Company has the right to require proof that the Insured is living on the date of any Income Payment.

3.3 Income Benefit Rider Charge

The Income Benefit Rider Charge will be deducted from the Accumulation Value on each Policy Anniversary during the Income Period.

The Income Benefit Rider Charge will be calculated as:

- (a) a factor that will not exceed the Maximum Income Benefit Rider Charge Factor, as shown on the Income Benefit Rider Specifications Page, multiplied by
- (b) the Accumulation Value as of the Policy Anniversary.

The Income Benefit Rider Charge will be deducted proportionately from each Account Accumulation Value (as defined in the Policy). The Income Benefit Rider Charge is not deducted from the Benefit Base.

In the event that the Rider is terminated, but the Policy continues, a pro-rata portion of the Income Benefit Rider Charge for the year of termination will be deducted on the next Policy Anniversary. The pro-rata portion of the charge will be based on the number of days that have elapsed in the current Policy Year on the date the Rider is terminated.

A pro-rata Income Benefit Rider Charge will be applied in the year that Income Payments begin. The pro-rata portion of the charge will be based on the number of days between the start of the Income Period and the next Policy Anniversary.

There are no Income Benefit Rider Charges during the Accumulation Period. There are no Income Benefit Rider Charges if the Accumulation Value is zero.

3.4 Income Benefit Monthly Deduction

The Income Benefit Monthly Deduction is equal to the sum of:

- (a) the Income Benefit Cost of Insurance including any Flat Extra charge; plus
- (b) the Policy Fee; plus
- (c) the Policy Expense Charge; plus
- (d) charges for riders other than the Income Benefit Rider attached to the Policy.

The Income Benefit Cost of Insurance will be equal to (a) multiplied by (b), divided by (c), where:

- (a) is the Income Rider Net Amount at Risk on the Monthly Deduction Day;
- (b) is the Income Rider Cost of Insurance rate; and
- (c) is equal to 1,000.

The Income Rider Net Amount at Risk under Option A is equal to the greater of the Face Amount, or the Benefit Base multiplied by the applicable Death Benefit Factor, divided by the Net Amount at Risk Divisor, less the Benefit Base.

The Income Rider Net Amount at Risk under Option B is equal to the greater of the Face Amount plus the Benefit Base, or the Benefit Base multiplied by the applicable Death Benefit Factor, divided by the Net Amount at Risk Divisor, less the Benefit Base.

The Net Amount at Risk Divisor and applicable Death Benefit Factors are shown on the Policy Data Page.

The Income Rider Cost of Insurance rates will be determined by the Company, but will never be greater than the Maximum Monthly Cost of Insurance Rates as shown on the Policy Data Page. If there is a Table Rating, the Income Rider Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Income Rider Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Income Benefit Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Face Amount, divided by 1,000, and then divided by 12.

3.5 Income Period

The Income Period starts on the date of the first Income Payment and ends on the date this Rider is terminated.

The Owner is responsible for determining when to begin the Income Period, subject to the following conditions:

- (a) you must make a request In Writing; the Income Period will not go into effect until we receive the request to start Income Payments, and the request is accepted and recorded by us;
- (b) Income Payments cannot begin prior to the later of the end of the Rider Waiting Period or the Minimum Age for Income Payments;
- (c) the Policy must not be a modified endowment contract or immediately become a modified endowment contract once Income Payments begin;
- (d) the Policy is not within 7 years of a material change as defined by 7702A of the Internal Revenue Code; material changes include but are not limited to Death Benefit Option changes, Face Amount increases or the addition of certain riders;
- (e) the Policy has no Loan Balance; any Loan Balance must be repaid prior to the Income Period;
- (f) the Life Insurance Qualification Test for the Policy is the Guideline Premium Test;
- (g) the guideline level premium as defined in Internal Revenue Code Section 7702 must be equal to or greater than zero (this amount is available upon request); and
- (h) the Insured cannot be receiving benefits from any other Riders attached to this Policy.

During the Income Period, the Owner may not take Partial Withdrawals or Loans in addition to, or greater than, the Income Payment Amount.

SECTION 4 - POLICY CHANGES

At the beginning of the Income Period, the following changes will take place to the Policy:

- (a) the Death Benefit Option will be set to Option A;
- (b) the Policy's Face Amount will be reduced; the reduction in Face Amount will be no greater than an amount so that the guideline level premium will not be negative, as defined in Internal Revenue Code Section 7702;
- (c) no further premium payments may be made; and
- (d) inforce riders and benefits attached to this Policy will terminate, excluding any term insurance rider(s) on the primary insured and any accelerated death benefit rider.

At the beginning of the Extended Income Period, the following changes will take place to the Policy:

- (a) Monthly Deductions and the Income Benefit Rider Charge will be waived to the extent the Minimum Cash Surrender Value is maintained; and
- (b) any amounts in the Account Endorsements will be transferred to the Fixed Account.

SECTION 5 - RIDER TERMINATION

The Rider may be terminated at the Owner's request on or after the Earliest Termination Date. Once the Rider has terminated, it may not be restarted at any time. To request termination of the Rider, you must make a request In Writing. The termination will go into effect when we receive the request to terminate the Rider, and the request is accepted and recorded by us.

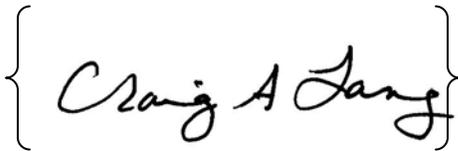
This Rider will terminate in the event of the following:

- upon a request In Writing;
- upon the death of the Insured;
- upon the request for a full surrender of the Policy;
- the Policy reaches the Maturity Date; or
- upon termination of the Policy to which this Rider is attached.

SECTION 6 - ANNUAL REPORT

During the Accumulation Period, the Annual Report will contain the Benefit Base and the Income Payment Amount for the earliest possible Income Date. During the Income Period, the Annual Report will contain the current Income Payment Amount.

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

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

President

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Accelerated Death Benefit Rider

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

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

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

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

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

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

There is no charge for this Rider. An Administrative Fee will apply to benefits paid under this rider.

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

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

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RIDER DATA PAGE

POLICY NUMBER	{12345}
RIDER EFFECTIVE DATE	{4/1/2011}
LUMP SUM DISCOUNT FACTORS	
TERMINAL ILLNESS	{95%}
CHRONIC ILLNESS	{75%}
ADMINISTRATIVE FEE	{\$250}

Section 1 – Definitions

Accelerated Death Benefit means the advance payment of some or all of the Death Benefit to the Policy Owner or Owner's estate, unless the benefit has been otherwise assigned or designated by the Owner, during the lifetime of the Insured if the Insured becomes Terminally Ill or Chronically Ill after the Rider Effective Date.

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

Administrative Fee means a one-time Administrative Fee as shown on the Rider Data Page. The Administrative Fee will be deducted from the Accelerated Death Benefit prior to determining any benefit payments.

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

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

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

Policy Benefit means the amount of death benefits we would pay to the Beneficiaries upon the death of the Insured if this Rider were not a part of the Policy. It includes:

- The Death Benefit of the Policy;
- The face amount of any term insurance rider on the Insured attached to the Policy.

It does not include the amount of any accidental death benefit rider that may be attached to the Policy or any death benefit from any rider that covers another person or another family member.

Rider Effective Date means the Effective Date shown for this Rider on the Rider Data Page.

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

Section 2 – Benefit Provisions

Payment of Benefits

The Owner may elect to receive the Accelerated Death Benefit as a one-time lump sum payment that is no less than the acceleration percentage multiplied by the difference between the current Policy Accumulation Value and any outstanding Policy Loans.

The payment of the Accelerated Death Benefit is due immediately upon receipt of due written proof of eligibility. The Accelerated Death Benefit is payable to the Owner.

Benefits are payable under the provision for which the Insured qualifies and the Owner elects. You may only elect one benefit even if the Insured qualifies under more than one. If there is a Policy loan, a payment will be made on the Loan Balance from the proceeds. The amount of this payment will be in the same proportion to the Loan Balance as the amount of the Accelerated Death Benefit is to the Death Benefit.

Any Death Benefit less Loan Balance remaining will be payable upon the death of the Insured.

Prior to the payment of the Accelerated Death Benefit, the company shall obtain from an assignee or irrevocable Beneficiary a signed acknowledgement of concurrence for payout.

Terminal Illness Benefit

If the Insured qualifies for benefits under the definition of Terminally Ill, the Owner may elect to accelerate a portion of the Policy Benefit as a lump sum payment. The benefit will be multiplied by the Terminal Illness Lump Sum Discount Factor, as specified on the Rider Data Page.

The maximum amount available as a Terminal Illness Benefit is the lesser of:

- [75%] of the Policy Benefit; or
- [\$750,000].

The maximum will be applied in sum to all the Policies under which the Insured is insured with us.

Chronic Illness Benefit

If the Insured qualifies for benefits under the definition of Chronically Ill, the Owner may elect to accelerate a portion of the Policy Benefit as a lump sum payment. The benefit will be multiplied by the Chronic Illness Lump Sum Discount Factor, as specified on the Rider Data Page.

The maximum amount available as a Chronic Illness Benefit is the lesser of:

- [25%] of the Policy Benefit; or
- [\$250,000].

The maximum will be applied in sum to all the Policies under which the Insured is insured with us.

Benefit Election

To elect a benefit under this Rider:

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

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

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

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

Once an Accelerated Death Benefit payment has been paid to you, the election cannot be revoked. A payment under this Rider is considered made when received by you.

Section 3 – Policy Adjustments

When an Accelerated Death Benefit is paid under this Rider:

- The Death Benefit of the Policy will be reduced by the Accelerated Death Benefit; and
- The face amount of any term insurance rider on the Insured attached to the Policy will be reduced by the Accelerated Death Benefit; and
- The Face Amount and Accumulation Value will be reduced in proportion to the Accelerated Death Benefit; and
- A portion of the Loan Balance will be paid from the proceeds in proportion to the amount of Accelerated Death Benefit.

We will amend the Policy Data Page to reflect the new Face Amount after payment of an Accelerated Death Benefit. The accidental death benefit rider, if attached to this Policy, will not be affected by the payment of an Accelerated Death Benefit.

Prior to or concurrent with the election to accelerate the Policy Death Benefits, the Owner and any irrevocable Beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of Death Benefits on the Cash Value, Death Benefit, COI charges, and Policy Loans of the particular Policy involved.

Section 4 – General Provisions

Incontestable Clause

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

Nonforfeiture

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

Policy Provisions

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Termination

The Rider will terminate:

- Upon written request to terminate this Rider; or
- If the Death Benefit of the Policy has been paid in full; or
- Upon payment of an Accelerated Death Benefit under this Rider; or
- If the grace period specified in the Policy ends without payment of the premium; or
- If the Policy to which this Rider is attached is terminated.



President

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Accidental Death Benefit Rider

This Rider provides payment of an additional death benefit in the event of death by accidental injury, as described below.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Accidental Death means the death of the Insured by Injury as defined in this Rider. The Insured's death must occur within 180 days of the Injury to qualify for benefits payable under this Rider.

Injury means an accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease or mental illness or infirmity or any other cause, and which occurs while the Policy is In Force.

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Section 2 – Rider Provisions

Rider Benefit Amount

The Rider Benefit Amount is the amount of accidental death benefit coverage provided under this Rider, as shown on the Policy Data Page.

Rider Benefit

We will pay the Rider Benefit Amount to the Beneficiary of this Rider:

- if the Insured dies by Accidental Death;
- if we receive proof that the Insured died as a result of an accidental Injury;
- if the Policy and this Rider are In Force on the date of the Insured's death with all needed Monthly Deductions paid; and
- subject to the terms and conditions of the Policy and this Rider.

We reserve the right to request an autopsy to prove Accidental Death at our expense, unless prohibited by law.

Rider Charge

The Rider Charge shown on the Policy Data Page will be deducted on each Monthly Deduction Day until this Rider terminates.

Rider Exclusions

In no event will an accidental death benefit be payable under this Rider if the Insured's death results from, or is caused by, any of the following:

- disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- an infection not occurring as a direct result or consequence of the accidental bodily injury;
- suicide or any attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
- war or any act of war;
- active participation in a riot, insurrection, or terrorist activity;

- death occurring while incarcerated;
- voluntary intake or use by any means of
 - (i) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (ii) poison, gas, or fumes, unless a direct result of an occupational accident;
- intoxication as defined by the jurisdiction where the accident occurred;
- participation in an illegal occupation or activity;
- committing or attempting to commit a felony;
- riding or driving in an air, land, or water vehicle in a race, speed or endurance contest;
- bungee jumping, rock or mountain climbing; and/or
- aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning, and parasailing).

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

This Rider may be reinstated along with the base Policy subject to the requirements of the Policy and if all unpaid Rider Charges are paid.

Termination

This Rider will terminate when any one of the following occurs:

- upon written request from the Owner to terminate this Rider; or
- upon termination of the base Policy; or
- the Policy Anniversary following the Insured's [70th birthday]; or
- upon nonpayment of the Rider Charge, in accordance with the provisions of the Policy or Rider.

Termination shall not prejudice the payment of benefits for any accident that occurred while the form was in force.

Section 4 – Ownership and Beneficiaries

Ownership

The Owner of the Policy will be the Owner of this Rider.

Beneficiary

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

{ *Craig A. Jang* }

President

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Aviation Exclusion Rider

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Rider Specifications Section

INSURED	[Jane Doe]
BASE POLICY NUMBER	[123456789]

Section 1 – Definitions

Aviation Risks Not Assumed means the Insured's death occurs as a result of operating, riding in or descending from any kind of aircraft, if:

- the Insured is a pilot, officer or member of the crew;
- the Insured is giving or receiving any kind of training or instruction;
- the aircraft is being used for test or experimental reasons;
- the aircraft is under the control of any armed forces;
- the Insured has any duties aboard such aircraft; or
- the Insured is being flown for the purpose of descent from such aircraft while in flight.

Rider Effective Date means the later of:

- the date of issue of the Policy; or
- the date we approve adding this rider to an existing Policy, whether:
 - i) requested by the owner; or
 - ii) added by us at time of any reinstatement.

Section 2 – Rider Provisions

Death Benefit

If the Insured's death occurs under any of the terms of the Aviation Risks Not Assumed provision, our liability will be limited to the payment of a single sum equal to:

- the premiums paid on the Policy; or
- the reserve of the Policy;

whichever is greater; less:

- any Policy loan; and
- any Policy loan interest due.

In no event will such payment be greater than would have been paid under the Policy without this rider.

Change of Policy

The terms of this rider will continue to apply even if the Policy is:

- a) converted to any other plan;
- b) continued under a policy value option; or
- c) changed in any other way.

Limitations

This rider does not affect the risks not assumed provision of any accidental death benefit rider attached to the Policy. The incontestable clause of the Policy does not apply to this Rider.

Section 3 – General Provisions

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.



President

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Additional Insured Term Insurance Rider

This Rider provides level term life insurance on the Covered Person as described below.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Rider Specifications Section

COVERED PERSON	[Jane Doe]
COVERED PERSON AGE	[45]
COVERED PERSON SEX	[Female]
COVERED PERSON PREMIUM CLASS	[Standard Nontobacco]
TABLE RATING	[0%]
FLAT EXTRA per \$1,000	[\$0.00] per year for [0] years
RIDER BENEFIT AMOUNT	[\$50,000]
[RIDER CHANGE DATE	09-09-2013]
RIDER EXPIRATION DATE	[01-17-2031]

Section 1 – Definitions

Covered Person refers to the person named in the Rider Specifications whose life is insured under this Rider. The Covered Person may not be changed.

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Section 2 – Rider Provisions

Rider Benefit Amount

The Rider Benefit Amount is the amount of level term insurance provided on the life of the Covered Person, as defined in this Rider.

Rider Benefit

We will pay the Rider Benefit Amount to the Beneficiary of this Rider:

- If the Covered Person dies before the Rider Expiration Date shown in the Rider Specifications Section of this Rider;
- Upon receipt by us of due proof of the Covered Person's death;
- If the Policy and this Rider are In Force on the date of the Covered Person's death with all needed Monthly Deductions paid; and
- Subject to the terms and conditions of the Policy and this Rider.

Rider Benefit Changes

The Owner may decrease the Rider Benefit Amount at any time after the first Policy Year by sending us a written request signed by the Owner. We will issue a new Policy Data Page for any change in amount of this Rider.

Any decrease will be effective on the Monthly Deduction Day coinciding with, or next following, our receipt of the request.

Rider Charge

The Rider Charge is a monthly Cost of Insurance rate multiplied by the Rider Benefit Amount divided by 1,000. The Rider Charge will be deducted on each Monthly Deduction Day until this Rider terminates.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the page 3 of this Rider. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown in the Rider Specifications Section of this Rider multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown in the Rider Specifications Section of this Rider multiplied by the Rider Benefit Amount, divided by 1,000, and then divided by 12.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

This Rider may be reinstated along with the base Policy subject to the requirements of the Policy if all unpaid Rider Charges are paid.

Suicide

We will not pay the Rider Benefit if the Covered Person dies by suicide, while sane or insane, while this Policy is In Force and within two (2) years from the Rider Effective Date.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- Upon the Rider Expiration Date; or
- Upon the first Policy Anniversary after the Insured's [100th] birthday.

Section 4 – Ownership and Beneficiaries

Ownership

The Owner of the Policy will be the Owner of this Rider.

Beneficiary

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

**MAXIMUM MONTHLY COST OF INSURANCE RATES
Per \$1,000 of Rider Benefit Amount**

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
16	0.06417	51	0.31417	86	11.04917
17	0.07250	52	0.34667	87	12.19833
18	0.07667	53	0.38417	88	13.42000
19	0.07833	54	0.43167	89	14.70167
20	0.07917	55	0.48500	90	15.97833
21	0.07917	56	0.54000	91	17.23500
22	0.07917	57	0.59333	92	18.55167
23	0.08000	58	0.64667	93	19.94000
24	0.08083	59	0.70917	94	21.40250
25	0.08333	60	0.78500	95	22.85083
26	0.08667	61	0.87750	96	24.26500
27	0.08833	62	0.98500	97	25.77167
28	0.08667	63	1.10250	98	27.37833
29	0.08583	64	1.22500	99	29.09250
30	0.08500	65	1.35250	100	30.73000
31	0.08417	66	1.48167	101	32.18250
32	0.08500	67	1.61667	102	33.72750
33	0.08750	68	1.75917	103	35.37000
34	0.08917	69	1.91917	104	37.10583
35	0.09333	70	2.10583	105	38.93417
36	0.09750	71	2.33250	106	40.87500
37	0.10333	72	2.59750	107	42.93417
38	0.11083	73	2.87667	108	45.11917
39	0.11750	74	3.17667	109	47.43500
40	0.12667	75	3.50333	110	49.88750
41	0.13750	76	3.87167	111	52.48583
42	0.15083	77	4.30000	112	55.23583
43	0.16667	78	4.79750	113	58.14583
44	0.18417	79	5.35500	114	61.22083
45	0.20333	80	5.97667	115	64.46917
46	0.22250	81	6.65250	116	67.89667
47	0.23833	82	7.36833	117	71.51083
48	0.25083	83	8.15000	118	75.31667
49	0.26667	84	9.01917	119	79.30583
50	0.28750	85	9.98583	120	83.33333

Craig A. Lang

President

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Children's Term Life Insurance Rider

This Rider provides level term life insurance for children of the Insured as described below.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Covered Child means the Insured's child, the Insured's stepchild or the Insured's legally adopted child, who:

- Is named in the Application for this Rider and who is less than age [18] on the date of such Application; or
- After the date of such Application, is born to the Insured or legally adopted by the Insured before such child is age [18].

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Section 2 – Rider Provisions

Rider Benefit Amount

The Rider Benefit Amount is the amount of level term insurance provided on the life of each Covered Child under this Rider, as shown on the Policy Data Page.

Rider Benefit

We will pay the Rider Benefit Amount to the Beneficiary of this Rider:

- Within two months after receipt by us of due proof of a Covered Child's death;
- If a Covered Child dies:
 - After such Covered Child is [14 days] old, and
 - Before such Covered Child's [25th] birthday;
- If the Policy and this Rider are In Force on the date of a Covered Child's death with all needed Monthly Deductions paid; and
- Subject to the terms and conditions of the Policy and this Rider.

Rider Benefit Changes

The Owner may decrease the Rider Benefit Amount at any time after the first Policy Year by sending us a written request signed by the Owner. We will issue a new Policy Data Page for any change in amount of this Rider.

Any decrease will be effective on the Monthly Deduction Day coinciding with, or next following, our receipt of the request. Any decrease is also subject to a minimum amount remaining of [\$1,000].

Rider Charge

The Rider Charge shown on the Policy Data Page will be deducted on each Monthly Deduction Day until this Rider terminates.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force during such Covered Child's lifetime for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

This Rider may be reinstated along with the base Policy subject to the requirements of the Policy and the following:

- You must provide evidence of insurability satisfactory to us for each Covered Child who would be insured under this Rider upon such reinstatement; and
- All unpaid Rider Charges must be paid.

Suicide

If, within two years of the Rider Effective Date, a Covered Child dies by suicide, whether sane or insane, our liability is limited to the Rider Charges paid for this Rider.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- Upon the youngest Covered Child's [25th] birthday; or
- Upon the death of the last surviving Covered Child.

Section 4 – Ownership and Beneficiaries

Ownership

The Owner of the Policy will be the Owner of this Rider.

Beneficiary

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



President

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

Term Insurance Rider

This Rider provides level term life insurance on the Insured as described below.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

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

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Section 2 – Rider Provisions

Rider Benefit Amount

The Rider Benefit Amount is the amount of level term insurance provided on the life of the Insured, as shown on the Policy Data Page.

Rider Benefit

We will pay the Rider Benefit Amount to the Beneficiary of this Rider:

- If the Insured dies before the expiration date shown on the Policy Data Page for this Rider;
- Upon receipt by us of due proof of the Insured's death;
- If the Policy and this Rider are In Force on the date of the Insured's death with all needed Monthly Deductions paid; and
- Subject to the terms and conditions of the Policy and this Rider.

Rider Benefit Changes

The Owner may decrease the Rider Benefit Amount at any time after the first Policy Year by sending us a written request signed by the Owner. We will issue a new Policy Data Page for any change in amount of this Rider.

Any decrease will be effective on the Monthly Deduction Day coinciding with, or next following, our receipt of the request.

Rider Charge

The Rider Charge is the monthly Cost of Insurance rate multiplied by the Rider Benefit Amount divided by 1,000. The Rider Charge will be deducted on each Monthly Deduction Day until this Rider terminates.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the Policy Data Page. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Rider Benefit Amount, divided by 1,000, and then divided by 12.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

This Rider may be reinstated along with the base Policy subject to the requirements of the Policy if all unpaid Rider Charges are paid.

Suicide

We will not pay the Rider Benefit if the Insured dies by suicide, while sane or insane, while this Policy is In Force and within two (2) years from the Rider Effective Date.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- Upon the expiration date of this Rider, as shown on the Policy Data Page; or
- Upon the first Policy Anniversary after the Insured's [100th] birthday.

Section 4 – Ownership and Beneficiaries

Ownership

The Owner of the Policy will be the Owner of this Rider.

Beneficiary

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



President

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

Overloan Protection Rider

This Rider provides protection which prevents the Policy from lapsing due to an excessive loan on the Policy, as described below.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Section 2 – Rider Provisions

Rider Benefit

If you exercise this Rider, the Policy will not Lapse under your Grace Period and Lapse provisions, even if the Policy's Cash Surrender Value is not sufficient to pay Monthly Deductions or Policy loan interest when due. If all of the conditions for eligibility described below are satisfied, you may exercise this Rider and we will guarantee that your Policy will not terminate.

Eligibility for Overloan Protection

The following conditions must be met to be Eligible for Overloan Protection:

- The Life Insurance Qualification Test on your Policy must be the Guideline Premium Test;
- The Death Benefit Option is Option A – Level Death Benefit;
- The Policy has been In Force for 15 or more years since the Policy Date;
- The Insured's Attained Age must be at least 75;
- The cumulative sum of all Partial Withdrawals is greater than or equal to the sum of all premiums paid;
- Exercising this Rider cannot cause the Policy to violate the federal Guideline Premium Test under Section 7702 of the Internal Revenue Code, as amended, at any duration;
- Exercising this Rider cannot cause the Policy to become a Modified Endowment Contract under Section 7702 of the Internal Revenue Code, as amended;
- The Policy Loan Balance is no less than [96%] of the Accumulation Value; and
- The Policy Loan Balance is more than the Face Amount plus any other term rider coverage on the Insured.

Election of the Overloan Protection Benefit

The Owner may exercise a one-time election of the Overloan Protection Benefit if the Policy is Eligible for Overloan Protection by sending us a request In Writing.

If the Loan Balance at the time of the election exceeds [96%] of the Accumulation Value, the Owner must repay the amount of the balance that exceeds [96%]. After exercise of this Benefit, interest will continue to accrue on the Policy Loan Balance.

Rider Charge

When you exercise this Rider, there will be a one-time transaction charge, equal to [3.5%] of the Accumulation Value at the time of the election. The Rider Charge will be deducted from the Accumulation Value. There is no other charge for this Rider.

Effect on the Policy of Exercising this Rider

Upon election of the Overloan Protection Benefit, the following will be effective on the next Monthly Deduction Day:

- All other benefit riders (including additional life insurance on the life of any person), if any, will terminate;
- The Face Amount will be changed to be equal to the Accumulation Value (after deduction of the Rider Charge) multiplied by the applicable guideline corridor percentage;
- All monthly deductions will be waived;
- The Accumulation Value will continue to earn interest;
- No further premium payments, Partial Withdrawals, Policy loans, or loan repayments will be allowed;
- Any amounts in the Account Endorsements will be transferred to the Fixed Account; and
- The Loan Interest method will be switched to the Fixed Loan Interest Rate method and any Loan Balance will be transferred to the Loan Value Account. The Fixed Loan Interest Rate at that time will be set equal to the Fixed Account Interest Rate; and
- No further changes may be made to the Policy.

Exercising the Overloan Protection Rider in conjunction with the Income Benefit Rider will not terminate the Income Benefit Rider.

We will send you notification of these changes once this Rider has been exercised.

Section 3 – General Provisions

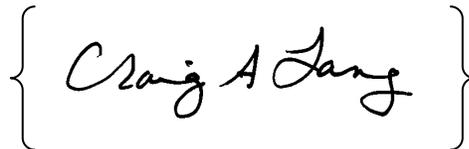
Policy Provisions Apply

All provisions of the base Policy not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail. This form does not have cash value or loan values.

Termination

All rights and benefits under this Rider will end when any one of the following events occurs:

- The Policy is surrendered or otherwise terminates;
- Upon written request from the Owner to terminate this Rider; or
- Upon payment of an Accelerated Death Benefit.

A handwritten signature in cursive script, reading "Craig A. Lang", enclosed within large, thin black curly braces.

President

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

Waiver of Monthly Deductions Rider

This Rider provides a waiver of the Monthly Deductions under the Policy in the event of Total Disability, as defined in this Rider.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Total Disability means the continuous Total Disability caused by sickness or accidental bodily injury. The Total Disability must prevent the Insured from engaging in the substantial and material duties of an occupation as follows:

- **During the first 24 months of Total Disability**, the Insured is unable to perform the substantial and material duties of his or her job due to sickness or accidental bodily injury; and
- **After the first 24 months of Total Disability**, the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of his or her job, or any other job for which the Insured becomes reasonably suited by education, training, or experience.

The Total Disability must

- start after the Rider Effective Date of this Rider and while the Rider is In Force; and
- start before the Policy Anniversary on which the Insured is Attained Age 65.

Waiting Period means the number of days at the beginning of Total Disability before benefit payments begin. The Waiting Period begins on the date the Insured becomes totally disabled.

Section 2 – Rider Provisions

Rider Benefit

We will waive the payment of Monthly Deductions under the Policy during the continuous Total Disability of the Insured:

- if the Policy and the Rider are In Force on the date the Insured becomes totally disabled;
- upon receipt by us of due proof of the Insured's Total Disability;
- after a [90]-day Waiting Period; and
- subject to the terms and conditions of the Policy and this Rider.

Amounts to be Waived

The Monthly Deductions after the Waiting Period will be waived during the Insured's continuous Total Disability. After the Waiting Period is satisfied, Monthly Deductions that were due and paid during the Waiting Period will be refunded. Monthly Deductions are waived until Total Disability ends.

Monthly Deductions waived by us will not be taken from Policy proceeds.

If the Total Disability begins during the Grace Period, sufficient funds will be required to be added to the Accumulation Value to ensure that any overdue Monthly Deductions can be taken to avoid Lapse before we approve the claim for Rider Benefits.

An application to increase the Face Amount of the Policy will be deemed to be an application to increase the benefits provided under this Rider.

Rider Charge

The Rider Charge will be deducted on each Monthly Deduction Day until this Rider terminates. The Rider Charge is based on the Attained Age of the Insured at the beginning of each Policy Year. The following table shows the Rider Charge as a percentage of the Monthly Deduction prior to determining the cost of this Rider. For substandard classes, the Rider Charge will be increased by the Table Rating of the Insured, as shown on the Policy Data Page.

TABLE OF PERCENTAGES FOR STANDARD PREMIUM CLASS

Attained Age	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco	Attained Age	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
18	4.6%	6.1%	9.3%	12.6%	42	6.5%	8.9%	11.3%	15.4%
19	4.6%	6.1%	9.3%	12.6%	43	6.9%	9.3%	11.5%	15.6%
20	4.6%	6.1%	9.3%	12.6%	44	7.2%	9.7%	11.8%	16.1%
21	4.6%	6.1%	9.3%	12.6%	45	7.5%	10.1%	12.2%	16.6%
22	4.6%	6.1%	9.3%	12.6%	46	7.8%	10.5%	12.6%	17.0%
23	4.6%	6.1%	9.3%	12.6%	47	8.1%	10.9%	12.9%	17.6%
24	4.6%	6.1%	9.3%	12.6%	48	8.4%	11.3%	13.3%	18.1%
25	4.6%	6.1%	9.3%	12.6%	49	8.7%	11.8%	13.7%	18.6%
26	4.8%	6.5%	9.3%	12.6%	50	9.1%	12.2%	14.1%	19.2%
27	4.8%	6.5%	9.3%	12.8%	51	9.4%	12.7%	14.6%	19.8%
28	4.8%	6.5%	9.5%	13.0%	52	9.8%	13.2%	15.0%	20.4%
29	4.8%	6.5%	9.5%	13.0%	53	10.2%	13.8%	15.5%	21.0%
30	4.8%	6.5%	9.8%	13.2%	54	10.6%	14.3%	15.9%	21.6%
31	5.0%	6.7%	9.8%	13.2%	55	11.0%	14.9%	16.4%	22.2%
32	5.0%	6.7%	9.8%	13.2%	56	11.5%	15.5%	16.9%	22.9%
33	5.2%	6.9%	10.2%	13.7%	57	11.9%	16.1%	17.4%	23.6%
34	5.2%	7.2%	10.2%	13.7%	58	12.4%	16.7%	17.9%	24.3%
35	5.4%	7.4%	10.2%	13.7%	59	12.9%	17.4%	18.5%	25.0%
36	5.4%	7.4%	10.2%	13.9%	60	13.4%	18.1%	19.0%	25.8%
37	5.6%	7.6%	10.2%	13.9%	61	14.0%	18.8%	19.6%	26.6%
38	5.6%	7.6%	10.4%	14.1%	62	14.5%	19.6%	20.2%	27.4%
39	6.1%	8.0%	10.6%	14.3%	63	15.1%	20.4%	20.8%	28.2%
40	6.1%	8.0%	10.8%	14.5%	64	15.7%	21.2%	21.4%	29.0%
41	6.1%	8.5%	11.1%	14.7%					

Claim Procedures

Before any Monthly Deduction is waived under this Rider, written notice of claim and proof of Total Disability must be received by us:

- while the Insured is living; and
- while the Insured's Total Disability continues.

Waiver of any Monthly Deduction will be subject to the following rules:

- We may require a medical examination by a physician of our choice, at our expense; and
- If you fail to give us notice and proof of the Total Disability on time, your rights to benefits will not be impaired if you prove you complied as soon as reasonably possible.

Proof of Continuing Disability

During the first 24 months after the claim for waiver of Monthly Deductions is approved, we may require proof of continued Total Disability not more frequently than once every 30 days. After 24 months, we may require proof no more often than once every 12 months. We may require a medical examination by a physician of our choice, at our expense, as part of such proof.

Rider Exclusions

No Monthly Deduction will be waived under this Rider if the Insured's Total Disability results from:

- suicide or any attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- war or any act of war;
- active participation in a riot, insurrection, or terrorist activity;
- committing or attempting to commit a felony;
- voluntary intake or use by any means of
 - (i) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (ii) poison, gas, or fumes, unless a direct result of an occupational accident;
- intoxication as defined by the jurisdiction where the disability occurred;
- participation in an illegal occupation or activity; and/or
- any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

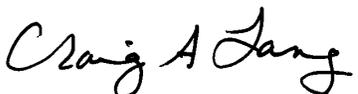
This Rider may be reinstated along with the base Policy subject to the requirements of the Policy and the following:

- You must provide evidence of insurability satisfactory to us; and
- All unpaid Rider Charges must be paid.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- The Policy Anniversary following the Insured's 65th birthday (but this will not affect a claim which began before such date); or
- The insufficiency of the Accumulation Value to allow Monthly Deductions, in accordance with the provisions of the Policy or Rider.

{  }

President

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

Waiver of Premium Rider

This Rider provides a waiver of the Rider Planned Premium under the Policy in the event of Total Disability, as defined in this Rider.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Planned Premium Duration means the number of years the Rider Planned Premium is payable, as specified on the Policy Data Page. The Planned Premium Duration begins on the Rider Effective Date.

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Rider Planned Premium means the amount specified on the Policy Data Page as the Planned Premium.

Total Disability means the continuous Total Disability caused by sickness or accidental bodily injury. The Total Disability must prevent the Insured from engaging in the substantial and material duties of an occupation as follows:

- **During the first 24 months of Total Disability**, the Insured is unable to perform the substantial and material duties of his or her job due to sickness or accidental bodily injury; and
- **After the first 24 months of Total Disability**, the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of his or her job, or any other job for which the Insured becomes reasonably suited by education, training, or experience.

The Total Disability must

- start after the Rider Effective Date of this Rider and while the Rider is In Force; and
- start before the Policy Anniversary on which the Insured is Attained Age 65, or before the end of the Planned Premium Duration, if earlier.

Waiting Period means the number of days at the beginning of Total Disability before benefit payments begin. The Waiting Period begins on the date the Insured becomes totally disabled.

Section 2 – Rider Provisions

Rider Benefit

In the event of Total Disability of the Insured, this Rider provides that the Rider Planned Premium will be waived during the Planned Premium Duration, subject to the terms and conditions of the Policy and this Rider.

Rider Conditions

In order for benefits to be payable under this Rider, the sum of all premiums paid must be greater than or equal to the sum of Rider Planned Premiums payable at the start of the Total Disability. The Rider may be exercised

- upon receipt by us of due proof of the Insured's Total Disability; and
- after a [90]-day Waiting Period.

Amounts to be Waived

The Rider Planned Premium after the Waiting Period will be waived during the Insured's continuous Total Disability during the Planned Premium Duration and while the Rider is In Force. After the Waiting Period is satisfied, Rider Planned Premiums that were due and paid during the Waiting Period will be refunded. Rider Planned Premiums are waived until Total Disability ends or termination of the Rider, if earlier.

Premiums waived by us will not be taken from Policy proceeds.

If the Total Disability begins during the Grace Period, payment of the overdue premium is required before we approve the claim for Rider Benefits.

Rider Charge

The Rider Charge shown on the Policy Data Page will be deducted on each Monthly Deduction Day until this Rider terminates.

Claim Procedures

Before any premiums are waived under this Rider, written notice of claim and proof of Total Disability must be received by us:

- while the Insured is living; and
- while the Insured's Total Disability continues.

Waiver of any premium will be subject to the following rules:

- We may require a medical examination by a physician of our choice, at our expense; and
- If you fail to give us notice and proof of the Total Disability on time, your rights to benefits will not be impaired if you prove you complied as soon as reasonably possible.

Proof of Continuing Disability

During the first 24 months after the claim for waiver of premiums is approved, we may require proof of continued Total Disability not more frequently than once every 30 days. After 24 months, we may require proof no more often than once every 12 months. We may require a medical examination by a physician of our choice, at our expense, as part of such proof.

Rider Exclusions

No Rider Benefit will be payable under this Rider if the Insured's Total Disability results from:

- suicide or any attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- war or any act of war;
- active participation in a riot, insurrection, or terrorist activity;
- committing or attempting to commit a felony;
- voluntary intake or use by any means of
 - (i) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (ii) poison, gas, or fumes, unless a direct result of an occupational accident;
- intoxication as defined by the jurisdiction where the disability occurred;
- participation in an illegal occupation or activity; and/or
- any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

This Rider may be reinstated along with the base Policy subject to the requirements of the Policy and the following:

- You must provide evidence of insurability satisfactory to us; and
- All unpaid Rider Charges must be paid.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- The Policy Anniversary following the Insured's [70th] birthday; or
- The end of the Planned Premium Duration; or
- Upon election to start lifetime income under the Income Benefit Rider, if applicable.



President



INDIVIDUAL LIFE INSURANCE APPLICATION – PART 1

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

Policy # _____
 (Home Office Use Only)

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

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

SECTION A – NEW BUSINESS APPLICATION	Product Applied For: _____ Face Amount: \$ _____ Death Benefit Option: <input type="checkbox"/> Option A - Level <input type="checkbox"/> Option B - Increasing [Life Insurance Qualification Test] <input type="checkbox"/> Guideline Premium Test] [Both Tests may not be available on all products.] <input type="checkbox"/> Cash Value Accumulation Test]
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SECTION B – PROPOSED INSURED INFORMATION	Complete Name of Insured (first-middle-last)				
PROPOSED INSURED	Sex	Age	Birth Date	Birth State	Social Security #
	Residential Address		City	State	ZIP
	Best time to call _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Contact the Proposed Insured at <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Email Address	
	Home Telephone	Work Telephone	Cell Number		
	Driver's License #	Driver's License State	Expiration Date		
	If no Driver's License, list Government issued identification photo ID type			Document Number	
	Where Issued	Issue Date	Expiration Date		
	Occupation	Job Title/ Duties	Years in Current Occupation		
	Employer's Name	Employer's Address			
	Annual Earned Income	Annual Unearned Income	Net Worth	Marital Status	

SECTION B – (CONT.) PROPOSED ADDITIONAL INSURED (FOR TERM RIDERS ONLY)	Complete Name of Proposed Additional Insured (first-middle-last)							
	Sex	Age	Birth Date	Birth State		Social Security #		
	Residential Address				City	State	ZIP	
	Best time to call _____ <input type="checkbox"/> am <input type="checkbox"/> pm		Contact the Additional Proposed Insured at <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Email Address		
	Home Telephone		Work Telephone		Cell Number			
	Driver's License #			Driver's License State		Expiration Date		
	If no Driver's License, list Government issued identification photo ID type					Document Number		
	Where Issued			Issue Date		Expiration Date		
	Employer's Name			Employer's Address				
	Annual Earned Income		Annual Unearned Income			Net Worth		

PROPOSED CHILDREN FOR CHILD TERM RIDER (AGES [15 DAYS] THROUGH [17 YEARS])	Children (list names and complete Section I and Part 2)	Social Security Number	Sex	Age	Birth Date	Birth State	Height/Weight FT. In. Lbs.	Life Insurance in Force	
					/ /			\$	
					/ /			\$	
					/ /			\$	
	Are all children listed the natural or legally adopted children of the Proposed Insured or Spouse?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has each child eligible for coverage been included?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the residence of Proposed Insured the permanent residence of all children listed?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions were answered "No", provide details here:									

SECTION C - OWNER (IF OTHER THAN PROPOSED INSURED) <i>IF LEFT BLANK, OWNER WILL BE THE SAME AS THE INSURED</i>	Complete Name of Owner		Birth Date	Social Security #/ TIN	Relationship to Proposed Insured			
	Address			City	State	ZIP		
	Primary Telephone		Cell or Other Telephone		Email Address			
	Complete Name of Contingent Owner (if any)				Relationship to Proposed Insured			
	For Trusts, submit completed [Trust Certification Form] as well as the first page, all pages which address who may act as trustee, and the signature page of the Trust. For Corporations, submit completed [Entity Certification Form].							

SECTION D - BENEFICIARY

Unless otherwise directed, the insurance proceeds shall be divided equally among all persons who are named as Primary Beneficiary(ies) and who survive the Insured, but if none survive, equally among all persons who are named as Contingent Beneficiary (ies). If the Beneficiary is a Trust, give complete trust name and date trust is established and submit a completed [Trust Certification Form.]

PRIMARY BENEFICIARY(IES)

CHECK HERE IF ATTACHING ADDITIONAL BENEFICIARY INFORMATION

<u>Full Legal Name</u>	<u>Birth Date</u>	<u>SS#/TIN</u>	<u>Relationship to Insured</u>	<u>Percent</u>

Percentages must total 100%

If no Primary Beneficiary survives the Insured then to the following Contingent Beneficiary(ies):

CONTINGENT BENEFICIARY(IES)

<u>Full Legal Name</u>	<u>Birth Date</u>	<u>SS#/TIN</u>	<u>Relationship to Insured</u>	<u>Percent</u>

Percentages must total 100%

SIMULTANEOUS DEATH PROVISION

It is understood and agreed that the following Simultaneous Death provision shall be effective only if checked and marked with an "X" and the number of days inserted in the space provided. If this provision is not elected, any simultaneous death provision in the Policy will be applicable.

SIMULTANEOUS DEATH: If any Beneficiary shall die simultaneously with the Insured or within _____ (not to exceed 30) days after the death of any Insured, payment of the proceeds shall be made in accordance with the Policy terms and conditions which would have prevailed had the Insured survived such Beneficiary.

SECTION E - SPECIAL POLICY DATING

Special Policy Dating (Backdating is subject to Company and state guidelines)

Backdate to Save Age

By signing this Application, I understand that insurance charges and expenses begin on the Policy Date.

If this Policy is being backdated, please note: if you choose to pay your premiums by automatic bank draft, your account will be drafted for each month that your Policy is backdated unless this amount was already included in the initial premium payment. You are encouraged to obtain overdraft protection from your bank to avoid any withdrawals not honored and associated fees.

I understand that the accrued cost of insurance charges deducted from the initial premium results in the values within the Policy being lower than those illustrated. **I also understand that if I choose to pay premiums by automatic bank draft, my bank account will be drafted to "catch up" my Policy premiums for each month that my Policy is backdated.**

**SECTION F –
OPTIONAL
BENEFITS**

Accidental Death Benefit Rider (choose one)

- \$100,000
- \$200,000
- \$300,000

Term Rider (on Proposed Insured)

Amount \$ _____

Additional Insured Rider

Amount \$ _____

Child Term Rider (choose one) (Complete form ICC11-ETL-FPAPP)

- \$1,000
- \$3,000
- \$5,000

Waiver of Monthly Deduction

Waiver of Planned Premium

Planned Premium \$ _____

Planned Premium Duration _____ Years

Planned Premium Frequency _____

**SECTION G –
POLICY
CHANGE**

Reinstatement on Policy # _____

Complete Sections [C, J, K, L, N and O, Supplements 1-6 (if applicable)] and the Producer Certificate

*COMPLETE
THIS SECTION
ONLY IF
CHANGING AN
EXISTING
POLICY*

Change on Policy # _____

Change death benefit option to: Option A - Level Option B - Increasing

Face Amount Increase by \$ _____

Face Amount Decrease \$ _____

Premium Class Change _____

For any increase, complete Sections [C, J, K, L, N, and O, Supplements 1-6 (if applicable)], the Producer Certificate and the Temporary Insurance Agreement.

For changes that do not include an increase, complete Sections [C, J, K, L, N, and O, Supplements 1- 6 (if applicable)].

**SECTION H -
PREMIUMS**

Billing Method: Direct (Annual, Semi-Annual, Quarterly only)

EFT (Complete the [Automatic Deposit Authorization Agreement ET-2513])

Frequency: Annual Semi-Annual Quarterly Monthly

Planned premium amount: \$ _____

Submitted premium (not including transfer): \$ _____

1035 Exchange: Yes No (If Yes, submit Life [1035 Exchange/Transfer Form ETL-1035/TRN])

Anticipated 1035 Premium \$ _____

Anticipated Additional / Dump-in Premium (Excluding 1035): \$ _____

Premium Payor (complete if the payor is not the Owner):

Name

Social Security or Tax ID #

Relationship to Proposed Insured

Address

City

State

Zip

Third Party Notification: If you wish to give us the name and address of a person, other than the Owner, whom you designate to also receive notice of an overdue premium or pending lapse. (Indicate below)

Name

Address

City

State

Zip

SECTION I – GENERAL QUESTIONS

[THIS SECTION MUST BE COMPLETED IF THERE WILL BE NO TELE-UNDERWRITING INTERVIEW.]

1. Are all persons proposed for coverage citizens of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give name, current citizenship, immigration status, type and expiration date of visa.
2. Do all persons proposed for coverage understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give name and relationship of individual who was the interpreter for this application for life insurance.
Has any person proposed for coverage:	Proposed Insured	Proposed Additional Insured(s)
3. Ever had an application for insurance declined, modified, or rated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Applied for any life insurance that is still pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Been in bankruptcy proceedings, completed or that are still pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Lived or traveled outside the U.S. and Canada within the past two years or plan to in the next two years? (If “Yes”, complete Supplement 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Had any present or expected military service in the Armed Forces, Reserves, or National Guard? (If “Yes”, complete Supplement 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Been exempted, rejected or discharged by the Armed Forces, Reserves, or National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ever sought or received advice or treatment for use of alcohol? (If “Yes”, complete Supplement 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Used or received advice or treatment for any narcotic, stimulant, sedative, hallucinogenic, habit-forming drug, or any illegal drug. (If “Yes”, complete Supplement 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Ever flown as a pilot, crew member or student pilot or plan to fly as a pilot, crew member or student pilot in the next two years? (If “Yes”, complete Supplement 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Within the past five years engaged in, or plan in the next two years to engage in rodeo events, racing, hang gliding, sky diving, skin/scuba diving, or mountain/rock climbing? (If “Yes”, complete Supplement 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Been convicted of, awaiting trial for or on probation for, any crime other than a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Ever used nicotine or tobacco in any form? <input type="checkbox"/> Current use: Form and amount per day _____ <input type="checkbox"/> Not current, but within past three years: Date of most recent use _____ Form and amount per day _____ <input type="checkbox"/> More than three years: Date last used _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Had a driver’s license suspended or revoked or had two or more moving violations or two or more motor vehicle accidents within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Had a conviction for DUI/DWI or reckless driving within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION J – ADDITIONAL QUESTIONS

		Details to each "Yes" answer
1. Will the Proposed Owner and/or Beneficiary, and/or any entity on the Proposed Owner's behalf, receive any compensation, whether via the form of cash, property, an agreement to pay money in the future, a percentage of the death benefit, or otherwise if this Policy is issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this Policy or a beneficial interest in a trust, LLC, or other entity created on the Owner's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "yes", provide details and a copy of the applicable entity's controlling documents.</i>
3. Is this Policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has any party to the Application, such as the Applicant, Proposed Insured, Owner, or any Beneficiary ever sold, transferred or assigned any life insurance to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SECTION K – REPLACEMENT

(QUESTIONS 1-3 MUST BE COMPLETED FOR EACH PROPOSED INSURED/OWNER/ADDITIONAL PROPOSED INSURED.)

- Do you have any other life insurance policies or annuity contracts? Yes No
If "Yes" and required by your state, complete the Replacement Notice
- Is the policy applied for replacing or likely to replace any existing life insurance or annuity contracts? Yes No
If "Yes", complete any required Replacement Notice
- Are values from an existing life insurance policy or annuity being used to pay premiums on the new policy? Yes No
If "Yes" and required by your state, complete the Replacement Notice

SECTION L – SPECIAL MAILING ADDRESS -

(IF MAIL (OTHER THAN PREMIUM NOTICE) SHOULD BE SENT SOMEWHERE OTHER THAN THE OWNER'S HOME ADDRESS, INDICATE HERE.)

Name			
Address	City	State	Zip

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

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

SUPPLEMENT 1 – FOREIGN TRAVEL & RESIDENCE SUPPLEMENT

COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 6.

1. Name of Proposed Insured _____

2. Have you lived or traveled outside the United States in the past 12 months? Yes No

If yes, please give the following details:

City & Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visits, etc.)

3. Do you have plans to live or travel outside the United States?

City & Country	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visits, etc.)

SUPPLEMENT 2 – MILITARY SUPPLEMENT

COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 7.

1. Name of Proposed Insured _____

2. Do you belong to an active military component?

Yes No

3. If no, are you a member of the National Guard
 Reserves

4. Which branch of service? Army Navy Air Force
 Marine Corps Coast Guard Other _____

5. Which describes your service? Career military Servicing military obligation

6. If you are a member of the Reserves or National Guard are you currently
 Active Reserve Retired Reserve
 Individual Ready Reserve (IRR) National Guard

7. Rank:
 Officer _____
 Enlisted _____

8. Designation of Assigned Unit, including location: _____

9. Military Occupational Specialty (MOS): _____

In addition, indicate if current duties include:

SCUBA or other underwater diving Demolition or ordinance disposal
 Aviation (**Complete Supplement 5**) Paratrooper

10. Have you been alerted or volunteered for overseas duty? Yes No

If yes, provide details: _____

11. If you are currently on active duty, please provide details of last Permanent Change of Station (PCS), including location: _____

12. When is your next PCS expected? _____

SUPPLEMENT 3 – ALCOHOL SUPPLEMENT**COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 9.**

1. Name of Proposed Insured _____

2. Do you presently use alcoholic beverages? Yes No
 If "No" date of last drink: _____

Quantity:	Beer	Wine	Liquor
Daily:			
Weekly:			
Monthly:			

3. Did you ever drink more than you do now? Yes No
 If "Yes," from _____ to _____

Quantity:	Beer	Wine	Liquor
Daily:			
Weekly:			
Monthly:			

4. When did/do you drink? (day, evening, weekend) Present: _____ Past: _____

5. How long did/do occasions last? (an evening, a day or two, a week, longer) Present: _____ Past: _____

6. How many times per year? Present: _____ Past: _____

7. When was the last occasion? Date: _____

8. Have ever received any medical advice regarding your use of alcohol or received treatment or attended a rehabilitation program for alcohol usage? Yes No
 If "Yes," give name address of any doctor, hospital or treatment center:

9. Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol?
 Yes No
 If "Yes," provide details: _____

SUPPLEMENT 4 – DRUG SUPPLEMENT**COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 10.**

1. Name of Proposed Insured _____

2. Check any drugs used within the past 10 years:
 Narcotics Stimulants Sedatives Hallucinogens Marijuana

3. Details

Type of Drug	How Often Used	Dosage/Amount	Date Used: From	Date Used: To

4. Name, address and phone number of physician, therapist, counselor or facility by whom treatment or counseling was provided. _____

5. Additional comments: _____

SUPPLEMENT 5 – AVIATION SUPPLEMENT**COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 11.**

1. Name of Proposed Insured: _____
2. Type of license now held _____ Date of Issue _____
3. Total solo hours _____ Date of last flight _____
4. Certificate(s) held: IFR ATR Other (Describe) _____
5. Describe nature and purpose of flying: _____
6. Type of plane flown: _____
7. Ever had an aviation accident or violation? Yes No (If "Yes," give details) _____

8. Ever fly for pay? Yes No (If "Yes," give details) _____

9. If standard, unrestricted coverage cannot be offered, issue Policy with :
 Extra Premium Aviation Exclusion Rider

10. Type of flying:

	Hours Past 12 Months	Hours 1-2 Years Ago	Hours Contemplated Next 12 Months
Pilot-Civilian			
Student			
Other (describe)			

11. Additional details: _____
 _____**SUPPLEMENT 6 – SPORTS/RODEO/AVOCATIONS SUPPLEMENT****COMPLETE FOR PROPOSED INSURED AND/OR PROPOSED ADDITIONAL INSURED FOR "YES" ANSWER IN SECTION I, QUESTION 12.**

1. Name of Proposed Insured _____ 2. Type of activity/
sport/event _____
3. How long engaged in this activity? _____ 4. How often do you participate? _____
5. Date of last participation _____ 6. Where does this activity take place? _____
7. If racing, make and type of auto or other vehicle _____ 8. If racing, top speed attained _____
9. Do you have any certification or rating?
 Yes No If "Yes", describe _____
10. Do you belong to any professional
 associations or clubs? Yes No If "Yes", which ones? _____
11. Do you participate solely for pleasure?
 Yes No, for profit If "Profit", explain _____

12. Activity Log

Past 12 Months	1-2 Years Ago	Contemplated Next 12 Months

13. Additional details (Include depth of dives, location, etc.) _____

SECTION N – REPRESENTATIONS, AUTHORIZATION AND AGREEMENTS

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

THIS IS A HIPAA COMPLIANT AUTHORIZATION

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

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

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

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

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

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

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

Printed Name of Proposed Insured _____

Birthdate of Proposed Insured _____

Signature of Proposed Insured _____

Date _____

Printed Name of Proposed Additional Insured _____

Birthdate of Proposed Additional Insured _____

Signature of Proposed Additional Insured _____

Date _____

SECTION O – REPRESENTATIONS, AUTHORIZATION AND AGREEMENTS (CONTINUED)

Facsimile or electronic transmission of this signed, original Application and retransmission of any signed facsimile or electronic transmission thereof shall be the same as delivery of an original. Each party agrees that delivery of this Application by facsimile or electronic transmission as provided above shall be evidence of the execution and delivery of the Application by all parties to the same extent that an original signature could be used. The preceding notwithstanding, at the request of EquiTrust Life Insurance Company, the other party will confirm facsimile or electronically transmitted signatures by signing an original document.

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

1. I have read the Application and all statements as they pertain to the Proposed Insured or Owner.
2. The statements and answers in this Application will be relied upon and form the basis of any insurance.
3. No agent or any other person, except an officer of the Company, can make or change any insurance contract or bind the Company by making promises regarding any contract. Any change must be in writing and signed by an officer of the Company.
4. In the case of any apparent errors or omissions found by the Company in this Application, the Company is hereby authorized to amend the same by recording the change in the space provided in Section N.
5. Except as specified in the Temporary Insurance Agreement, no insurance shall take effect unless and until the following conditions are met:
 - (a) the Policy as applied for has been approved by the Company in its Administrative Office, or if the Policy is issued other than as applied for, the Policy has been physically received and accepted by the Owner;
 - (b) the first premium has been paid; and
 - (c) no change in health and insurability of any Proposed Insured has occurred to the best of any Owner's or Proposed Insured's knowledge between the date of the Application and the date the conditions in (a) and (b) of this paragraph are both satisfied.
6. No change in amount, age at issue, premium class, plan of insurance, or benefits shall be effective without the written consent of the Owner.
7. I have read the Important Notice Regarding Sales to Military Personnel, if applicable.

If this Application is for other than new business, I further agree that:

1. This Application shall be considered an amendment and supplement to the original Application and shall form a part of the Policy;
2. The action requested shall not be effective until it has been approved by the Company and any required additional premium has been paid;
3. My acceptance of any endorsement, rider or Data Page issued hereon will constitute a ratification of such change or omissions except that any change in amount, classification, or type of benefits shall be subject to written ratification by me;
4. The time limit on certain defenses or the contestable period, whichever is applicable, shall, with respect to any action taken by the Company on the basis of statements contained herein, be measured from the effective date of such action; and
5. If this Application is for reinstatement, the Policy benefits shall be as provided in the reinstatement provision.

The Proposed Insured, if not also the Owner:

- a. understands that this is an application for life insurance on his/her life;
- b. that the Owner(s) of any life insurance policy issued as a result of this application will have all ownership rights associated with the policy, including the right to surrender or assign the policy, change ownership or change any revocable beneficiary designation.

Federal law requires that sufficient information to identify the parties to the purchase of a policy be obtained, and failure to provide such information could result in the Policy not being issued, being delayed, unprocessed transaction requests, or policy termination.

I have been asked all questions on the Application and the answers are those given by me. I have received a copy of this Authorization, and have read the previous page.

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

Signed at: City and State _____

Signature of Proposed Insured _____ Date _____

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

Signature of Producer _____ Date _____



INDIVIDUAL LIFE INSURANCE APPLICATION – PART 2

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

[This section must be completed by the agent if no tele-underwriting and no paramed occurs.]

PROPOSED INSURED				
Proposed Insured Name		Height	Weight	
Personal Physician Name		Physician Phone ()		
Physician Address		City	State	Zip
Date last seen by Physician		Reason for Consultation		
Results of Consultation				
PROPOSED ADDITIONAL INSURED (Complete if Additional Insured Term Insurance Rider elected)				
Proposed Additional Insured Name		Height	Weight	
Personal Physician Name		Physician Phone ()		
Physician Address		City	State	Zip
Date last seen by Physician		Reason for Consultation		
Results of Consultation				

1. Has the person proposed for coverage been treated, diagnosed, or given medical advice by a member of the medical profession for:	Proposed Insured	Proposed Additional Insured(s)	Details to each "Yes" answer – Identify question number, person and give complete details
A. Epilepsy, convulsions, paralysis, dementia, Alzheimer's, severe headaches or other disorders of the brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Depression, anxiety or other mental or emotional disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Chest pain, heart attack, heart murmur, high or low blood pressure, palpitation, stroke, or other disorders of the heart or circulatory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Asthma, emphysema, tuberculosis, sleep apnea or other disorders of the lungs, bronchial tubes, throat or respiratory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Ulcer, intestinal bleeding, colitis, hernia, hepatitis, or other disorders of the digestive tract including stomach, intestines, liver, pancreas or spleen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Kidney stone, nephritis, blood or sugar in the urine, sexually transmitted disease or other disorders of the kidney, urinary system, breasts or genital organs, including the prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Diabetes, thyroid or other glandular disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Immune system disorders except those related to Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Arthritis, back trouble, gout, or other disorders of the muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Any disorder of the eyes, ears or skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. Cancer, tumor or lymph node enlargement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Anemia, leukemia, or other blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Any physical deformity or defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Any chronic or recurrent fever, fatigue, or viral illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Is any person proposed for coverage presently taking, or within the past year taken, any medication, including medication for blood pressure, cholesterol or for any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any person proposed for coverage been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any person proposed for coverage gained or lost weight in the past year? (If "Yes", give pounds gained or lost and reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any parent, brother or sister of persons proposed for coverage ever had cancer, stroke, heart disease, diabetes, mental or congenital disorder? (If deceased, give age at death and cause)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Other than disclosed above, has any person proposed for coverage, during the past five years, had or been advised by a member of the medical profession to have:		
A. An examination or physical checkup?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. X-ray, electrocardiogram, blood studies, or any other laboratory tests or studies (Except for HIV/AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. An operation, surgical procedure, or biopsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. DETAILS FOR 6A, 6B, 6C:		

Name of Insured	Test Done	Date	Reason For Test	Results	Name/Address/Phone # of Doctors/Hospitals

*For each "Yes" answer, identify question # and person. Circle specific condition, give date, duration, degree of recovery and name, address and phone number of physicians/hospitals.

COMPLETE FOR EACH CHILD				
Child Name	Doctor's Name	Date Last Seen	Reason	
Address		City	State	Zip
Child Name	Doctor's Name	Date Last Seen	Reason	
Address		City	State	Zip
Child Name	Doctor's Name	Date Last Seen	Reason	
Address		City	State	Zip

I have read the statements above and affirm that they are complete and true to the best of my knowledge and belief.

Signed at (city, state) _____

Proposed Insured Signature _____ Date _____

Proposed Additional Insured Signature _____ Date _____



STATEMENT TO MEDICAL EXAMINER – PART 2

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

[This section must be completed for each proposed insured if no tele-underwriting occurs.]

PROPOSED INSURED			
Proposed Insured Name		Height	Weight
Personal Physician Name		Physician Phone ()	
Physician Address		City	State Zip
Date last seen by Physician	Reason for Consultation		
Results of Consultation			

1. Has the person proposed for coverage been treated, diagnosed, or given medical advice by a member of the medical profession for:	Proposed Insured	Details to each "Yes" answer – Identify question number and give complete details
A. Epilepsy, convulsions, paralysis, dementia, Alzheimer's, severe headaches or other disorders of the brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Depression, anxiety or other mental or emotional disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Chest pain, heart attack, heart murmur, high or low blood pressure, palpitation, stroke, or other disorders of the heart or circulatory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Asthma, emphysema, tuberculosis, sleep apnea or other disorders of the lungs, bronchial tubes, throat or respiratory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Ulcer, intestinal bleeding, colitis, hernia, hepatitis, or other disorders of the digestive tract including stomach, intestines, liver, pancreas or spleen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Kidney stone, nephritis, blood or sugar in the urine, sexually transmitted disease or other disorders of the kidney, urinary system, breasts or genital organs, including the prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Diabetes, thyroid or other glandular disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Immune system disorders except those related to Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Arthritis, back trouble, gout, or other disorders of the muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Any disorder of the eyes, ears or skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. Cancer, tumor or lymph node enlargement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Anemia, leukemia, or other blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Any physical deformity or defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Any chronic or recurrent fever, fatigue, or viral illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the person proposed for coverage presently taking, or within the past year taken, any medication, including medication for blood pressure, cholesterol or for any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the person proposed for coverage been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Has the person proposed for coverage gained or lost weight in the past year? (If "Yes", give pounds gained or lost and reason)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Has any parent, brother or sister of the person proposed for coverage ever had cancer, stroke, heart disease, diabetes, mental or congenital disorder? (If "Yes", please provide relationship and condition)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Family History	Age if Living?	Cause of Death?	Age at Death?
Father			
Mother			
Brothers			
Sisters			
7. Other than disclosed above, has the person proposed for coverage, during the past five years, had or been advised by a member of the medical profession to have:			
A. An examination or physical checkup?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. X-ray, electrocardiogram, blood studies, or any other laboratory tests or studies (Except for HIV/AIDS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. An operation, surgical procedure, or biopsy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. DETAILS FOR 6A, 6B, 6C:			

Test Done	Date	Reason For Test	Name/Address/Phone # of Doctors/Hospitals

*For each "Yes" answer, identify question #. Circle specific condition, give date, duration, degree of recovery and name, address and phone number of physicians/hospitals.

I have read the statements above and affirm that they are complete and true to the best of my knowledge and belief.

Signed at (city, state) _____

Proposed Insured Signature _____ Date _____



TEMPORARY 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.

TEMPORARY INSURANCE

In consideration of receiving your initial premium payment, we provide the following temporary insurance on the life of the Proposed Insured. In no event will insurance coverage exist under both the Temporary Insurance Agreement and the Policy simultaneously.

We will pay the Beneficiary(ies) designated in the Application the amount of life insurance you applied for, or [\$150,000], whichever is less, if:

- 1. All parts of the application have been completed as required; and
2. All representations on the Application are true and complete; and
3. The Proposed Insured dies as the result of any cause other than suicide; and
4. This Agreement has not terminated.

In the event that any other temporary insurance agreements are in existence at the time of the Proposed 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 questions in 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. This Agreement provides no insurance for riders or additional benefits.
4. There is no coverage under this Agreement if an insufficient premium is submitted with this Application or if the check submitted for payment is not honored by the financial institution.

TERMINATION OF TEMPORARY INSURANCE - 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 that the insurance takes effect under the Policy as applied for, or the date you accept the Policy other than as applied for, or the date a notice of rejection of the application is mailed from our office; or
3. 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.

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
3. Been rated or declined for life insurance in the past? [] Yes [] No
4. Does the application exceed \$1,000,000, or the total coverage in force with EquiTrust Life including this application exceed \$1,000,000? [] Yes [] No

If any question 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.

All premium checks must be made payable to EquiTrust Life; do not make checks payable to the agent and do not leave payee blank. The application, the check, and the date listed below should all be the same date.

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

Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

Signature of Agent



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

TEMPORARY INSURANCE AGREEMENT (PLEASE LEAVE WITH THE INSURED IF A CHECK ACCOMPANIES THE APPLICATION)

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.

TEMPORARY INSURANCE

In consideration of receiving your initial premium payment, we provide the following temporary insurance on the life of the Proposed Insured. In no event will insurance coverage exist under both the Temporary Insurance Agreement and the Policy simultaneously.

We will pay the Beneficiary(ies) designated in the Application the amount of life insurance you applied for, or [\$150,000], whichever is less, if:

- 1. All parts of the application have been completed as required; and
2. All representations on the Application are true and complete; and
3. The Proposed Insured dies as the result of any cause other than suicide; and
4. This Agreement has not terminated.

In the event that any other temporary insurance agreements are in existence at the time of the Proposed 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 questions in 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. This Agreement provides no insurance for riders or additional benefits.
4. There is no coverage under this Agreement if an insufficient premium is submitted with this Application or if the check submitted for payment is not honored by the financial institution.

TERMINATION OF TEMPORARY INSURANCE - 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 that the insurance takes effect under the Policy as applied for, or the date you accept the Policy other than as applied for, or the date a notice of rejection of the application is mailed from our office; or
3. 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.

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
3. Been rated or declined for life insurance in the past? [] Yes [] No
4. Does the application exceed \$1,000,000, or the total coverage in force with EquiTrust Life including this application exceed \$1,000,000? [] Yes [] No

If any question 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.

All premium checks must be made payable to EquiTrust Life; do not make checks payable to the agent and do not leave payee blank. The application, the check, and the date listed below should all be the same date.

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

Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

Signature of Agent



Amendment of Application

Contract Number: [XXXXXX]

Owner: [John Doe]

[Contingent Owner: [Ron Doe]

Insured: [Jane Doe]

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

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

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

It is understood and agreed for each person signing the application that all representations made in the form are true and complete to best of their knowledge and belief on this date:

_____ at _____
Date City, State

Owner Signature

Owner's Printed Name

Joint Owner Signature (if applicable)

Joint Owner's Printed Name

Witness Signature

Witness' Printed Name

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

Application Change Endorsement

This Endorsement is a part of the Policy to which it is attached (the "base Policy"). The provisions of this Endorsement will apply in lieu of any base Policy provisions to the contrary. This Endorsement is effective on the Policy Date.

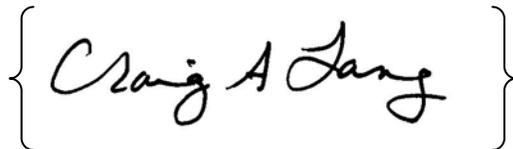
Policy Number: [1234567890]

Owner: [John Doe]

Insured: [Jane Doe]

The Beneficiary Designation on the entire contract as:

[Name], [relationship], share and share alike, except that if any child of the insured be not living to receive any share of the proceeds apportioned to such child, the share of such deceased [relationship] shall be paid in any one sum to the surviving children of such child of the insured, if any, in equal shares, otherwise, to the children of the insured, as may be then living, in equal shares.



President

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: readability certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Please see the application attached under the forms schedule.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable, as this is not an individual health product.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable, as this is not an individual health product.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum		
Comments:		
Attachments: Base Policy Actuarial Memo.pdf		

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

- 1-Year Point-to-Point Cap Account Actuarial Memo.pdf
- 1-Year Average Participation Account Actuarial Memo.pdf
- 1-Year Monthly Cap Account Actuarial Memo.pdf
- Accelerated Death Benefit Rider Actuarial Memorandum.pdf
- Accidental Death Benefit Rider Actuarial Memo.pdf
- Additional Insured Term Rider Actuarial Memo.pdf
- Child Term Rider Actuarial Memo.pdf
- Overloan Protection Rider Actuarial Memo.pdf
- Term Insurance Rider Actuarial Memo.pdf
- Waiver of Monthly Deductions Rider Actuarial Memo.pdf
- Waiver of Premium Rider Actuarial Memo.pdf
- Income Benefit Rider Actuarial Memo.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statements of Variable Information

Comments:

Attachments:

- Statement of Variability - ETL-FPIUL-2000(04-11).pdf
- Statement of Variability_ETL-1YP2PCAP-FP(04-11).pdf
- Statement of Variability_ETL-1YAVGPART-FP(04-11).pdf
- Statement of Variability_ETL-1YRMC-FP(04-11).pdf
- Statement of Variability_ETL-ADBR-FP(04-11).pdf
- Statement of Variability_ETL-ADB-FP(04-11).pdf
- Statement of Variability_ETL-AER-FP(04-11).pdf
- Statement of Variability_ETL-AITR-FP(04-11).pdf
- Statement of Variability_ETL-CTR-FP(04-11).pdf
- Statement of Variability_ETL-OLP-FP(04-11).pdf
- Statement of Variability_ETL-TERM-FP(04-11).pdf
- Statement of Variability_ETL-WMD-FP(04-11).pdf
- Statement of Variability_ETL-WPM-FP(04-11).pdf
- Statement of Variability_ETL-ACE(04-11).pdf
- Statement of Variability_ETL-4102(03-11) - Amendment of Application.pdf
- Statement of Variability_ETL-FPAPP(04-11).pdf
- Statement of Variability_ETL-FPAPP2(04-11).pdf
- Statement of Variability_ETL-FPAPP2X(04-11).pdf

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Statement of Variability_ETL-FPAPP(04-11)-TIA.pdf
 Statement of Variable Material_ETL-IBR(04-11).pdf

Item Status: **Status Date:**

Satisfied - Item: Illustration Certifications

Comments:

Attachments:

ETLIC Minutes - July 21, 2010 Signed.pdf
 Company Officer 07 10_Final to file.pdf
 Illustration Actuary Illustration Certification_FPIUL.pdf
 IPIUL Illustration IA-20110525.pdf

Item Status: **Status Date:**

Satisfied - Item: Accelerated Death Benefit Disclosure

Comments:

Attachment:

Accelerated Benefit Rider (Income Power UL) Disclosure.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification

Comments:

Attachment:

Arkansas Compliance Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Draft Disclosure/Account Election form

Comments:

Attachment:

SERFF Tracking Number: FBLA-127209694 State: Arkansas
Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
Company Tracking Number: ETL-FPIUL-2000(04-11)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ETL-FPIUL-2000(04-11)
Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Income Power IUL Acct Election Form - AR.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Sample Guaranty Notice for
reference

Comments:

Attachment:

Guaranty Notice.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Sample disclosure

Comments:

Attachment:

sample disclosure.pdf

EquiTrust Life Insurance Company

READABILITY CERTIFICATION

I hereby certify that the following forms comply with the Interstate Compact requirements for Flesch Scores. The forms are in at least 10 (ten) point type. Following are the Flesch reading ease test scores:

TITLE	FORM NUMBER	FLESCH SCORE
Flexible Premium Adjustable Life Insurance Policy [With Indexed Feature Option]	ETL-FPIUL-2000(04-11)	69
1-Year Point-to-Point Cap Index Account Endorsement	ETL-1YP2PCAP-FP(04-11)	54
1-Year Average Participation Index Account Endorsement	ETL-1YAVGPART-FP(04-11)	51
1-Year Monthly Index Account Endorsement	ETL-1YRMC-FP(04-11)	55
Income Benefit Rider	ETL-IBR(04-11)	52
Application Change Endorsement	ETL-ACE(04-11)	54
Amendment of Application*	ETL-4102(03-11)	69
Accidental Death Benefit Rider*	ETL-ADB-FP(04-11)	68
Accelerated Death Benefit Rider*	ETL-ADBR-FP(04-11)	66
Aviation Exclusion Rider	ETL-AER-FP(04-11)	60
Additional Insured Term Insurance Rider	ETL-AITR-FP(04-11)	79
Children's Term Life Insurance Rider	ETL-CTR-FP(04-11)	59
Overloan Protection Rider*	ETL-OLP-FP(04-11)	68
Term Insurance Rider	ETL-TERM-FP(04-11)	59
Waiver of Monthly Deductions Rider	ETL-WMD-FP(04-11)	66
Waiver of Premium Rider*	ETL-WPM-FP(04-11)	67
Individual Life Insurance Application – Part 1	ETL-FPAPP(04-11)	58
Individual Life Insurance Application – Part 2	ETL-FPAPP2(04-11)	60
Statement to Medical Examiner – Part 2	ETL-FPAPP2X(04-11)	56
Temporary Insurance Agreement	ETL-FPAPP(04-11)-TIA	50

*These forms were scored in conjunction with base policy number ETL-FPIUL-2000(04-11)

Signature:



Ana Bumgardner
Product Management Vice President

Date: May 25, 2011

Summary of Variable Material
Flexible Premium Adjustable Life Insurance Policy With Indexed Feature Option
Form # ETL-FPIUL-2000(04-11)

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.
Iowa Insurance Division, Phone Number	The applicable state insurance regulatory body will be listed here along with their effective contract information.
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 Option" may be added if the policy will offer an index crediting feature, which would be included with the policy via an endorsement.
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 endorsement. This text appears on the front cover page, page 4, and the back cover page.
Insured	Will vary based on the Insured's name.
Insured Age	Will vary based on the Insured's age. The issue ages for this product are 18-85.
Insured Sex	Will vary based on the sex of the Insured.
Owner	Will vary based on the Owner's name.
Policy Number	Will vary based on the policy number assigned by the system.
Policy Date	Will vary based on the effective date of the contract.
Policy Change Date	Will appear if the Policy Data Pages are being provided due to a change to the Policy and will reflect the effective date of the change.
Maturity Date	Will vary based on the Insured's Age.
Premium Class	Will be based on the underwriting decision.
Table Rating	Will be based on the underwriting decision.
Flat Extra per \$1,000 of Face Amount	Will be based on the underwriting decision.
Face Amount	The face amount is selected by the Owner, within limits.

Minimum Face Amount	Can range from \$10,000 to \$100,000. If there is a change to the minimum face amount, the new amount would apply to new issues only.
Death Benefit Option	Will be either Option A – Level Death Benefit or Option B – Increasing Death Benefit.
Life Insurance Qualification Test	This will vary by the Death Benefit option as chosen in the application. The options are Option A – Level Death Benefit and Option B- Increasing Death Benefit.
Net Amount at Risk Divisor	This is the factor that is guaranteed for the life of the policy. If it is changed, the new rate would apply to new issues only.
Initial Premium	Will vary based on the amount of premium received.
Planned Premium	The Insured chooses this on the application.
Minimum Unscheduled Premium	This may range from \$10 to \$250.
Minimum Monthly Premium	This is based on the policy Face Amount and the Insured.
Minimum Monthly Period	This may range from 12 to 120 months.
Premium Load	This may range from 0% to 12%.
Maximum Policy Expense Charge Factor	This may range 1.00 to 30.00 of Face Amount, and may last from 0-20 years.
Policy Fee	This fee may range from \$1 to \$25.
Maximum Transaction Charge	This fee may range from \$5 to \$500.
Maximum Cost of Insurance Rates	This item is filed as variable in order to periodically update the rate based on the 2001 CSO Ultimate Mortality Tables, sex distinct, smoker distinct, age last birthday (ALB). 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.
Payment Plan Minimum Interest Rate	The payment minimum is 1.50%. The percentage may range from 1% to 3%.

Surrender Charge Schedule	Surrender charges are based on the face amount. This period may range from one to twenty years.
Fixed Loan Interest Rate	This may range from 2% to 8%.
Maximum Variable Loan Interest Rate	This may range from 2% to 12%.
Fixed Account Premium Allocation	This field will reflect the allocation amount as chosen by the applicant at the time of application and may range from 0% to 100%.
Initial Fixed Account 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 10%. 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.
Fixed Account Rate Guarantee Period	This may range from 1 year to 20 years.
Minimum Guaranteed Fixed Account 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.
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.
Riders Section	This may vary in accordance with the riders attached to the policy, their respective effective dates, and the information relevant to the coverage provided.
Policy Data Page 4A	In the event that the riders will not fit onto page 4, we may print rider information on page 4A.
Maximum Monthly Cost of Insurance Rates	This item is filed as variable in order to periodically update the rate based on the state law. Any change will apply only to new policies – it will not affect in-force policies. The Actuarial Memorandum contains detailed information on when and how this rate will be determined.
Cash Value Corridor Factors	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.
Cash Value Accumulation Test Factors	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.

Summary of Variable Material
1-Year Point-to-Point Cap Index Account Endorsement
Form # ETL-1YP2PCAP-FP(04-11)

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the 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 the normal course of business.
Policy Form Number	This field will reflect the form number of the policy to which the endorsement is attached.
Policy Number	This field will reflect the policy number assigned to the base policy.
Allocation Percentage	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 Index Segment 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 Index Segment Period 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 policy date, of the applicable index.
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-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the 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 the normal course of business.
Policy Form Number	This field will reflect the form number of the policy to which the endorsement is attached.
Policy Number	This field will reflect the policy number assigned to the base policy.
Allocation Percentage	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 Index Segment 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 5.00 % to 200.00%. The Participation Rate is guaranteed for one year.
Minimum Participation Rate	The Participation Rate is determined at the beginning of each Index Segment Period year and is guaranteed to never be less than the minimum Participation Rate. The rate may vary 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 policy date, of the applicable index.
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-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the endorsement. This document summarizes the 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 the normal course of business.
Policy Form Number	This field will reflect the form number of the policy to which the endorsement is attached.
Policy Number	This field will reflect the policy number assigned to the base policy.
Allocation Percentage	This field will reflect the allocation chosen at the time of application.
Initial Monthly Cap	The level of the Monthly Cap will recognize the amount available for hedging at the beginning of each Index Segment 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 year.
Minimum Monthly Cap	The Monthly Cap is determined at the beginning of each Index Segment Period and is guaranteed to never be less than the minimum monthly 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 policy date, of the applicable index.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Accelerated Death Benefit Rider
Form # ETL-ADBR-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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 Number	Will vary based on the policy number assigned by the system.
Rider Effective Date	Will vary based on the date the rider/policy is issued.
Lump Sum Discount Factors	These factors are indicated as variable and may range from 50% to 100%. These factors will not change once a contract has been issued. Any change to the factors will be made with respect to all contracts issued as of a specified date.
Administrative Fee	The charge may range from \$0 to \$500.
Terminal Illness Benefit Amount	The Terminal Illness Benefit Amount Percentage may range from 25% to 100%. The maximum dollar amount may range from \$100,000 to \$1,000,000. These items will not change once a contract has been issued. Any change to these items will be made with respect to all contracts issued as of a specified date.
Chronic Illness Benefit Amount	The Chronic Illness Benefit Amount Percentage may range from 5% to 100%. The maximum dollar amount may range from \$100,000 to \$1,000,000. These items will not change once a contract has been issued. Any change to these items will be made with respect to all contracts issued as of a specified date.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Accidental Death Benefit Rider
Form # ETL-ADB-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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.
Insured's Birthday	This item is marked as variable to reflect a change of the Insured's age of attainment upon which the Rider may be terminated. The age will not change once a contract has been issued. Any change to the age will be made with respect to all contracts issued as of a specified date.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Aviation Exclusion Rider
Form # ETL-AER-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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.
Insured	Will vary based on the Insured's name.
Base 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
Additional Insured Term Insurance Rider
Form # ETL-AITR-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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 re-filing should this item change in the course of business.
Covered Person	Will vary based on the Covered Person's name.
Covered Person Age	This item will vary based on the Covered Person's age upon the Policy Date. The Covered Person's age for this Rider may range from 18 years to 85 years.
Covered Person Sex	The Covered Person's sex may be indicated as male, female, or unisex.
Covered Person Premium Class	This will vary based on the Covered Person's underwriting class. Options are: Preferred Plus Nontobacco, Preferred Nontobacco, Preferred Tobacco, Standard Nontobacco, Standard Tobacco, or Substandard.
Table Rating	This item will be indicated if the Covered Person receives a substandard rate classification based on underwriting results. The range is from 25% extra Cost of Insurance rate (Table B) through 400% extra Cost of Insurance rate (Table P).
Flat Extra per \$1,000	Additional dollar amount charged annually per \$1,000 of face amount to be determined by the underwriter.
Rider Benefit Amount	This may range from \$10,000 to ten times the base policy face amount.
Rider Change Date	Will appear if the Rider Data Pages are being provided due to a change to the Rider and will reflect the effective date of that change.
Rider Expiration Date	This is the latest possible date (month-day-year) upon which coverage provided by the Rider will cease.
Insured's Birthday	Maximum birthday of the Insured after which the coverage provided by the Rider terminates. Any change will apply only to new contracts – it will not affect in-force contracts.
Maximum Monthly Cost of Insurance Rates	This table indicates the maximum rates that we may charge for the Rider per \$1,000 of face amount. These rates will vary depending on the Covered Person's premium class.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Child Term Life Insurance Rider
Form #ETL-CTR-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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.
Covered Child age	The Covered Child age may range from 7 days to 25 years. This item will not change once a contract has been issued. Any change to this item will be made with respect to all contracts issued as of a specified date.
Covered Child's birthday	The Covered Child's attained birthday may range from 15 years to 25 years. This item will not change once a contract has been issued. Any change to this item will be made with respect to all contracts issued as of a specified date.
Rider Benefit Amount Decrease	The company's objective in filing this item as variable material is to be able to reflect a change quickly based on the minimum units required to purchase the rider in the future.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Overloan Protection Rider
Form # ETL-OLP-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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 Loan Balance Percentage	The Policy Loan Balance Percentage may range from 90% to 99.5%. This item will not change once a contract has been issued. Any change to this item will be made with respect to all contracts issued as of a specified date.
Rider Charge	The Rider Charge may range from 0% to 5%. The Rider Charge will not change once a contract has been issued. Any change to the Rider Charge will be made with respect to all contracts issued as of a specified date.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Term Insurance Rider
Form # ETL-TERM-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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 re-filing should this item change in the course of business.
Insured's Birthday	Maximum birthday of the Insured after which the coverage provided by the Rider terminates. Any change will apply only to new contracts – it will not affect in-force contracts.
Termination Age	This item may range from 95 – 121.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Waiver of Monthly Deductions Rider
Form # ETL-WMD-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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.
Rider Waiting Period	This item is marked as variable to permit adjustment of the Rider Waiting Period. The Rider Waiting Period may range from 30 days to 180 days.
Standard Premium Class Percentages Table	The company may update the rates based on the current pricing of the benefit. Any change will apply only to new contracts – it will not affect in-force contracts.
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Waiver of Premium Rider
Form # ETL-WPM-FP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the Rider. This document summarizes the 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.
Rider Waiting Period	This item is marked as variable to permit adjustment of the Rider Waiting Period. The Rider Waiting Period may range from 30 days to 180 days.
Officer Signature	We may change the Officer Signature to reflect the company's management.

Beneficiary Designation – increase testamentary trust	<p>The Beneficiary Designation on the entire contract as:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of ____ and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee and trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p>
Beneficiary Designation – last survivor estate	<p>That if [] predeceases [], then the beneficiary designation is: [], [], if living, otherwise, the executors, administrators, or assigns of [].</p> <p>That if [] predeceases [], then the beneficiary designation is: [], [] if living, otherwise, the executors, administrators, or assigns of [].</p>
Beneficiary Designation – last survivor testamentary trust	<p>That if [] predeceases [], then the beneficiary designation is:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of [] and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p> <p>That if [] predeceases [], then the beneficiary designation is:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of [] and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p>
Birth Date	, birthdate is
Term Insurance	Amount of insurance for the [name of term insurance rider] is \$

Contingent Co-owner	In the event of the death of _____, owner of this policy, the ownership of this policy will be absolutely conveyed, transferred and set over unto _____, and _____, share and share alike, survivors or survivor, as contingent co-owners.
Death Benefit Option - increasing	Death benefit option is increasing.
Death Benefit Option - Level	Death benefit option is level.
Premium class	The Premium Class is non-tobacco; or The Premium Class is preferred non-tobacco; or The Premium Class is preferred tobacco; or The Premium Class is super preferred non-tobacco; or The Premium Class is tobacco
UGMA language	Ownership as _____, as custodian for _____ under the _____, Uniform Gift (Transfers) to Minors Act.
Plan of Insurance	Plan of insurance is [name of contract].
Insured	That this application is amended to read as follows: _____ is the Insured.]
Additional Insured	That this application is amended to read as follows: _____ is the Additional Insured
Owner	That this application is amended to read as follows: _____ the Owner
Owner/Joint Owner	That this application is amended to read as follows: _____ is the Owner and _____ is the Joint Owner.
Date of Birth	That this application is amended to read as follows: The date of birth of _____ is 00/00/0000.
State of Application signature	That this application is amended to read as follows: The application was signed in the state of _____.
Gender	That this application is amended to read as follows: The gender of _____ is male. ; OR That this application is amended to read as follows: The gender of _____ is female.
Contingent Beneficiary	That the correct Beneficiary arrangement is: _____ is the Primary Beneficiary, and _____ is the Contingent Beneficiary.
Face Amount	That this application is amended to read as follows: The face amount is: _____.
Height and Weight	That this application is amended to read as follows: The height and weight of _____ is _____.
Simultaneous Death	That this application is amended to read as follows: This policy issued excludes the Simultaneous Death Provision.
Policy Dating	That this application is amended to read as follows: This policy issued has a special policy dating to Save Age.
Accidental Death Benefit Rider	That this application is amended to read as follows: This policy issued has an Accidental Death Benefit Rider of _____.
Term Insurance Rider	That this application is amended to read as follows: This policy issued has a Term Rider of _____.
Additional Insured Rider	That this application is amended to read as follows: This policy issued has an Additional Insured Rider of _____.
Waiver of Monthly Deduction Rider	That this application is amended to read as follows: This policy issued includes the Waiver of Monthly Deduction.
Waiver of Planned Premium Rider	That this application is amended to read as follows: This policy issued has a Waiver of Planned Premium of \$_____ with a Planned Premium Duration of ___years, and a Planned Premium Frequency of _____.
Billing Frequency	That this application is amended to read as follows: This policy billing frequency is _____.
Planned Premium	That this application is amended to read as follows: The policy Planned Premium amount is \$_____.
Premium Payor	That this application is amended to read as follows: The policy premium payer is _____.
General or Health Question Correction	That this application is amended to read as follows: That the proper answer to question ___ of section ___ is/are ___.

Child Term Rider	That this application is amended to read as follows: The Proposed Children for child term rider is _____.
Income Benefit Rider	That this application is amended to read as follows: This policy includes the Income Benefit Rider.
Replacement	That this application is amended to read as follows: That the understanding that this policy does not replace any other existing policies.
Application Supplement	This application is amended to read as follows: Based upon the _____ Supplement your rating [rating]
General	Additional text or a variance of the text included here may be used on the endorsement as needed for administrative or underwriting purposes. This material may also vary for use with different life insurance products, riders or endorsements that are approved by the IIPRC.
End Material which may appear in the endorsement text	
Officer Signature	We may change the Officer Signature to reflect the company's management.

Beneficiary Designation – increase testamentary trust	<p>The Beneficiary Designation on the entire contract as:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of ____ and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee and trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p>
Beneficiary Designation – last survivor estate	<p>That if [] predeceases [], then the beneficiary designation is: [], [], if living, otherwise, the executors, administrators, or assigns of [].</p> <p>That if [] predeceases [], then the beneficiary designation is: [], [] if living, otherwise, the executors, administrators, or assigns of [].</p>
Beneficiary Designation – last survivor testamentary trust	<p>That if [] predeceases [], then the beneficiary designation is:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of [] and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p> <p>That if [] predeceases [], then the beneficiary designation is:</p> <p>Any trustee or trustees acting and qualified under the trust as set forth in the last will and testament of [] and any codicils thereto, but if for any reason the EquiTrust Life Insurance Company is not furnished within three hundred sixty five (365) days of the death of the insured, evidence of the qualifications of such trust, or if such trustee or trustees disclaim all right to receive payment, payment shall be made to the executor or administrator of the estate of the insured.</p> <p>It is understood and agreed that the EquiTrust Life Insurance Company is not a party to or bound by the conditions of the trust and that payment of the proceeds to such trustee or trustees, or to the executor or administrator if for any reason such trustee or trustees shall not qualify as herein provided, shall be a complete discharge as to said company to the extent of the proceeds so paid and that it shall be under no obligation to see to the application of funds so paid.</p>
Birth Date	, birthdate is
Term Insurance	Amount of insurance for the [name of term insurance rider] is \$

Contingent Co-owner	In the event of the death of _____, owner of this policy, the ownership of this policy will be absolutely conveyed, transferred and set over unto _____, and _____, share and share alike, survivors or survivor, as contingent co-owners.
Death Benefit Option - increasing	Death benefit option is increasing.
Death Benefit Option - Level	Death benefit option is level.
Premium class	The Premium Class is non-tobacco; or The Premium Class is preferred non-tobacco; or The Premium Class is preferred tobacco; or The Premium Class is super preferred non-tobacco; or The Premium Class is tobacco
UGMA language	Ownership as _____, as custodian for _____ under the _____, Uniform Gift (Transfers) to Minors Act.
Plan of Insurance	Plan of insurance is [name of contract].
Insured	That this application is amended to read as follows: _____ is the Insured.]
Additional Insured	That this application is amended to read as follows: _____ is the Additional Insured
Owner	That this application is amended to read as follows: _____ the Owner
Owner/Joint Owner	That this application is amended to read as follows: _____ is the Owner and _____ is the Joint Owner.
Date of Birth	That this application is amended to read as follows: The date of birth of _____ is 00/00/0000.
State of Application signature	That this application is amended to read as follows: The application was signed in the state of _____.
Gender	That this application is amended to read as follows: The gender of _____ is male. ; OR That this application is amended to read as follows: The gender of _____ is female.
Contingent Beneficiary	That the correct Beneficiary arrangement is: _____ is the Primary Beneficiary, and _____ is the Contingent Beneficiary.
Face Amount	That this application is amended to read as follows: The face amount is: _____.
Height and Weight	That this application is amended to read as follows: The height and weight of _____ is _____.
Simultaneous Death	That this application is amended to read as follows: This policy issued excludes the Simultaneous Death Provision.
Policy Dating	That this application is amended to read as follows: This policy issued has a special policy dating to Save Age.
Accidental Death Benefit Rider	That this application is amended to read as follows: This policy issued has an Accidental Death Benefit Rider of _____.
Term Insurance Rider	That this application is amended to read as follows: This policy issued has a Term Rider of _____.
Additional Insured Rider	That this application is amended to read as follows: This policy issued has an Additional Insured Rider of _____.
Waiver of Monthly Deduction Rider	That this application is amended to read as follows: This policy issued includes the Waiver of Monthly Deduction.
Waiver of Planned Premium Rider	That this application is amended to read as follows: This policy issued has a Waiver of Planned Premium of \$_____ with a Planned Premium Duration of ___ years, and a Planned Premium Frequency of _____.
Billing Frequency	That this application is amended to read as follows: This policy billing frequency is _____.
Planned Premium	That this application is amended to read as follows: The policy Planned Premium amount is \$_____.
Premium Payor	That this application is amended to read as follows: The policy premium payer is _____.
General or Health Question Correction	That this application is amended to read as follows: That the proper answer to question ___ of section ___ is/are ___.

Child Term Rider	That this application is amended to read as follows: The Proposed Children for child term rider is _____.
Income Benefit Rider	That this application is amended to read as follows: This policy includes the Income Benefit Rider.
Replacement	That this application is amended to read as follows: That the understanding that this policy does not replace any other existing policies.
Application Supplement	This application is amended to read as follows: Based upon the _____ Supplement your rating [rating]
Aviation Exclusion Rider	I hereby acknowledge the exclusions, terms and conditions of the Aviation Exclusion Rider, which is attached to and made part of this policy.
General	Additional text or a variance of the text included here may be used on the endorsement as needed for administrative or underwriting purposes. This material may also vary for use with different life insurance products, riders or endorsements that are approved by the IIPRC.
End Material which may appear in the endorsement text	
Officer Signature	We may change the Officer Signature to reflect the company's management.

**Summary of Variable Material
Individual Life Insurance Application
Form # ETL-FPAPP(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets on the form. This document summarizes this 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 re-filing should this item change in the normal course of business.
Company Logo	This item is marked as variable to enable us to update the form without re-filing should this item change in the normal course of business.
Life Insurance Qualification Test	This item is marked as variable to enable the owner to choose one of these tests, if that feature is to be available with the product the application is used with.
Covered Child age for Child Term Rider	The Covered Child age may range from 7 days to 25 years and 15 years to 25 years. This item will not change once a contract has been issued. Any change to this item will be made with respect to all contracts issued as of a specified date.
Trust Certification Form Name	This item is marked as variable so that the company may update the application in accordance with any change in the Trust Certification Form name. This item will reflect the correct and current name of the supplemental form to be completed when a trust is the owner of the policy.
Entity Certification Form Name	This item is marked as variable so that the company may update the application in accordance with any change in the Entity Certification Form name. This item will reflect the correct and current name of the supplemental form to be completed when a corporation is the owner of the policy.
Optional Benefits	This section is marked as variable so that the company may update the application in accordance with any riders that may be available or selected with the policy at issue.
Policy Change	This section is marked as variable so that the company may update the application in accordance with any changes available under the policy for which new application material will be needed.
Sections of the Application for Reinstatement and Change on Policy	These items are marked as variable so that the company may update the application sections should additional sections be required or available, or if a particular section will no longer be used.
Automatic Deposit Authorization Agreement ET-2513 Name	This item is marked as variable so that the company may update the application in accordance with any change in the Automatic Deposit Authorization Agreement name. This item will reflect the correct and current name of the supplemental form to be completed when a policy is to be set up as payable via Electronic Funds Transfer (EFT).

1035 Exchange/Transfer Form ETL-1035/TRN Name	This item is marked as variable so that the company may update the application in accordance with any change in the 1035 Exchange/Transfer Form name. This item will reflect the correct and current name of the supplemental form to be completed when an exchange intended to qualify under Section 1035 of the Internal Revenue Code or a non-qualified transfer is requested.
Agent Instruction	This item is marked as variable to allow for changes in the underwriting process.
Page Numbers	The page numbers are bracketed on each page of the submitted application to allow for revised pagination, if a portion of the application is revised.

**Summary of Variable Material
Individual Life Insurance Application
Form #ETL-FPAPP2(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets on the form. This document summarizes this 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 re-filing should this item change in the normal course of business.
Company Logo	This item is marked as variable to enable us to update the form without re-filing should this item change in the normal course of business.
Agent Instruction	This item is marked as variable to allow for changes in the underwriting process.
Page Numbers	The page numbers are bracketed on each page of the submitted application to allow for revised pagination, if a portion of the application is revised.

**Summary of Variable Material
Individual Life Insurance Application
Form # ETL-FPAPP2X(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets on the form. This document summarizes this 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 re-filing should this item change in the normal course of business.
Company Logo	This item is marked as variable to enable us to update the form without re-filing should this item change in the normal course of business.
Agent Instruction	This item is marked as variable to allow for changes in the underwriting process.
Page Numbers	The page numbers are bracketed on each page of the submitted application to allow for revised pagination, if a portion of the application is revised.

**Summary of Variable Material
Individual Life Insurance Application
Form #ETL-FPAPP(04-11)-TIA**

Explanation of Variable Material: All variable material is shown contained in brackets on the form. This document summarizes this 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 re-filing should this item change in the normal course of business.
Company Logo	This item is marked as variable to enable us to update the form without re-filing should this item change in the normal course of business.
Temporary Insurance Maximum	This item is marked as variable so the company may provide different for a different amount of temporary insurance coverage for the products that the application may be used with.

**Statement of Variable Material
Income Benefit Rider
Form # ETL-IBR(04-11)**

Explanation of Variable Material: All variable material is shown contained in brackets in the policy. This document summarizes the 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 this information without refiling should this item change in the normal course of business.
Policy Number	Will vary based on the policy number assigned by the system.
Insured	Will vary based on the Insured's name.
Rider Effective Date	Will vary based on the date the rider is elected.
Rider Waiting Period	<p>Range: 0 years – 30 years</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Rider Waiting Period could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Minimum Age for Income Payments	<p>Range: 40 – 80</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Minimum Age for Income Payments could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Benefit Base Rollup Rate	<p>Range – 1% - 10%</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Benefit Base Rollup Rate could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Benefit Base Premium Percentage	<p>Range – 90% - 150%</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive</p>

	<p>environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Benefit Base Premium Percentage could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Rollup Period	<p>Range: 5 years – 30 years Age Range: 40 years – 80 years</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Rollup Period could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Maximum Income Benefit Rider Charge Factor	<p>Range: 0.00% - 2.00%</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p> <p>The Income Benefit Rider Charge Factor could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Earliest Termination Date	<p>Range: 0 years – 10 years</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p>
Minimum Cash Surrender Value	<p>Range: \$100 - \$10,000</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new contracts – it will not affect in-force contracts.</p>
Income Payment Percentages and Age Brackets	<p>We may vary both the age brackets and the Income Payment Percentage. The Income Payment Percentage will always be greater than or equal to the Income Payment Percentage for the next lowest age bracket. The Income Payment Percentage will never be less than 2.00% or greater than 16.00%.</p> <p>The objective in filing this item as variable material is to be able to reflect a change for new business if pricing or competitive environments dictate a change. Any change will apply only to new</p>

	<p>contracts – it will not affect in-force contracts.</p> <p>The Income Payment Percentage could vary by the product to which it is attached to reflect different pricing objectives by product.</p>
Company Officer Signature	<p>This item is marked as variable to enable us to update this information without refiling should this item change in the normal course of business.</p>

**MINUTES OF THE BOARD OF DIRECTORS MEETING
EQUITRUST LIFE INSURANCE COMPANY
July 21, 2010**

A meeting of the board of directors of EquiTrust Life Insurance Company was convened by President Craig A. Lang at 10:00 a.m. (CDT) on July 21, 2010 at the FBL office in West Des Moines, Iowa, pursuant to notice as required by the bylaws [Exhibit A].

Director present: Craig A. Lang
Directors via phone: Steven L. Baccus, Jerry L. Chicoine, Craig D. Hill
Director / Officer present: James E. Hohmann, CEO

Officers present: James P. Brannen, CFO & CAO, Treasurer; David A. McNeill, VP-General Counsel and Secretary; Edward G. Parker, IFBF General Counsel; Thomas May, VP-EquiTrust; and Richard J. Kypta, EVP-Farm Bureau Life.

Also present: Paul E. Larson, EquiTrust Audit Committee Chair

The meeting minutes were taken and prepared by Brenda L. Schuring, Sr. Executive Assistant.

By common consent the board waived the reading of the meeting notice and approved the April 20, 2010 meeting minutes.

Mr. Larson reported on the May 18, 2010 EquiTrust Life Audit Committee meeting [Exhibit B]. He noted that the Audit Committee will not meet again until November so he will not have anything to report to the Board at the October meeting.

Mr. Larson disconnected at 10:05 a.m.

Mr. May presented the Vice President-EquiTrust report [Exhibit C].

Mr. Kypta, Executive Vice President-Farm Bureau Life, reported on New Money Annuity and other Interest Rate Actions approved by the EquiTrust Life Interest Rate Setting Committee and reported to the FBL Management Team and Executive Committee [Exhibit D].

MOVED and seconded to receive the report. MOTION CARRIED.

Mr. Brannen, Chief Financial Officer and Chief Administrative Officer, Treasurer, presented the April 1, 2010 to June 30, 2010 Acquisitions and Dispositions for approval [Exhibit E].

MOVED and seconded to approve the Acquisitions and Dispositions. MOTION CARRIED.

Mr. McNeill, Vice President-General Counsel, Secretary, presented a resolution to appoint the General Counsel of Farm Bureau Life Insurance Company and the General Counsel of EquiTrust

Life Insurance Company as the Designee to assume responsibility for matters arising in connection with Rule 38a-1 under the Investment Company Act of 1940 [Exhibit F].

MOVED and seconded to approve as presented. MOTION CARRIED.

Mr. McNeill recommended adoption of Anti-Money Laundering Policies and Procedures [Exhibit G].

MOVED and seconded to approve as presented. MOTION CARRIED.

Mr. McNeill recommended that Steve Newman be appointed as illustration actuary and Jeanne Taylor be appointed as the other responsible officer under the life insurance illustrations regulation for EquiTrust SBU plans, effective October 1, 2010 [Exhibit H].

MOVED and seconded to approve the appointments. MOTION CARRIED.

Mr. McNeill presented a new resolution to replace our existing bank resolutions that will be used when establishing new bank accounts in the future. It was recommended that an account be opened for EquiTrust Life Insurance Company at JP Morgan Chase [Exhibit I].

MOVED and seconded to approve as presented. MOTION CARRIED.

Mr. McNeill presented updates to the Corporate Officers of EquiTrust Life Insurance Company [Exhibit J].

MOVED and seconded to approve the updated list. MOTION CARRIED.

Mr. McNeill presented a resolution to change the registered agent and address in Alabama by filing the "Uniform Consent to Service Process" with the State of Alabama [Exhibit K].

MOVED and seconded to approve. MOTION CARRIED.

President Lang stated the next regular meeting is October 12, 2010 at the FBL office in West Des Moines, Iowa.

President Lang called for an executive session at 10:35 a.m. (CDT) with Messrs. Brannen, McNeill, Parker and Ms. Schuring present.

Mr. McNeill provided a litigation update. Questions were asked and answered.

There being no further business to come before the board of directors, the meeting was adjourned at 10:55 a.m. (CDT).



David A. McNeill, Secretary

Certification of Compliance – Company Officer
September 21, 2010

To: Board of Directors, EquiTrust Life Insurance Company;
Commissioner of Insurance

I, Jeanne Taylor, am an officer of EquiTrust Life Insurance Company. I was appointed by the Board of Directors of EquiTrust Life to be the responsible officer other than the illustration actuary for all policy forms subject to the life insurance illustrations regulation. The appointment was documented in the Board minutes dated July 21, 2010, a copy of which is on file with the department.

I hereby certify that the illustration formats meet the requirements of this Regulation. The scales used in company-provided illustrations for the indicated forms are those scales certified by the illustration actuary.

EquiTrust Life has provided its agents with information about the expense allocation method used in its illustrations. The method, as certified by the illustration actuary, is a generally recognized expense table (GRET) based on fully allocated expenses representing a significant portion of insurance companies and approved by the NAIC.



Jeanne Taylor
Sales Vice President
EquiTrust Life Insurance Company
5400 University Avenue
West Des Moines, IA 50266-5997

Illustration Certification – Illustration Actuary
September 21, 2010

To: Board of Directors, EquiTrust Life Insurance Company;
Commissioner of Insurance

I, Steven C. Newman, am the Illustration Actuary of EquiTrust Life. I am an Associate of the Society of Actuaries and a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of EquiTrust Life to be the illustration actuary for policy forms subject to the life insurance illustrations regulation. The appointment was documented in the Board minutes dated July 21, 2010, a copy of which is on file with the department. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

This certification for the policy forms listed below is effective October 1, 2010 through September 30, 2011. The policy forms subject to the regulation are:

ETL-FPIUL-2000(04-11) Flexible Premium Adjustable Life Insurance Policy

Illustrations, as certified here, are used for each of these forms. All associated riders and supplemental benefits are certified by inclusion with the appropriate base policy. These forms are subject to both the “self-support” and “lapse-support” tests in the regulations. The disciplined current scales for these forms are in conformity with the "Actuarial Standard of Practice No. 24 for Compliance with the NAIC Life Insurance Illustrations Model Regulation Adopted by the Actuarial Standards Board". The illustrated scales used in company-provided illustrations for the indicated forms meet the requirements of the regulation. The expense method used to allocate overhead expenses for these illustrations is a generally recognized expense table (GRET) based on fully allocated expenses representing a significant portion of insurance companies and approved by the NAIC.

Since the most recent certification, no currently payable scale applicable for business issued within the previous (5) years and within the scope of this certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale. The nonguaranteed elements illustrated for new policies are consistent with those illustrated for similar inforce policies. The nonguaranteed elements illustrated for both new and inforce policies are consistent with the nonguaranteed elements actually being paid, charged or credited to the same or similar forms.

I have relied on data supplied by internal financial reporting and investment departments in making this certification.



Steven C. Newman, ASA, MAAA
Illustration Actuary
EquiTrust Life Insurance Company
5400 University Avenue
West Des Moines, IA 50266-5997

Income Power IUL™

A Flexible Premium Universal Life Insurance Product with Indexed Feature

A Life Insurance Illustration Prepared for

Jane Owner

Insured

Robert Insured

Agent/Representative

Jim Seller

46204 Illustration Road

Des Moines, IA 50309

Prepared on

May 25, 2011

THIS IS AN ILLUSTRATION ONLY. AN ILLUSTRATION IS NOT INTENDED TO PREDICT ACTUAL PERFORMANCE. INTEREST RATES, OR VALUES THAT ARE SET FORTH IN THE ILLUSTRATION ARE NOT GUARANTEED, EXCEPT FOR THOSE ITEMS CLEARLY LABELED AS GUARANTEED.



EquiTrust Life Insurance Company

5400 University Avenue

West Des Moines, IA 50266

800-811-9733

EquiTrust Life Insurance Company
Income Power IUL
Policy Form ETL-FPIUL(04-11)



Policy Owner	Jane Owner
Insured	Robert Insured, Male, Non-Tobacco, Issue Age 45
Initial Face Amount	\$100,000
Death Benefit Option	Option A - Level
Premium Mode	Annual

NARRATIVE SUMMARY

This illustration describes the highlights and benefits of EquiTrust Life's Flexible Premium Universal Life Insurance Product with Indexed Feature. Certain limitations and conditions apply to the coverage described.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown. The guarantees expressed in this illustration are based on the claims-paying ability of EquiTrust Life Insurance Company. Contact your EquiTrust Life agent or EquiTrust Life for more information.

General Policy Description

Nonparticipating	This policy is nonparticipating. Nonparticipating means that the policy owner will not share in the Company's surplus or profits. Dividends are not paid on this policy.
Death Benefit	The death benefit is determined by the death benefit option in effect on the date of the insured's death. The death benefit options are Option A (Level Death Benefit) and Option B (Increasing Death Benefit). The death benefit under Option A equals the greater of the Face Amount, less any loan balance, or the accumulation value multiplied by the applicable death benefit factor, less any loan balance. The death benefit under Option B equals the greater of the face amount plus the accumulation value, less any loan balance, or the accumulation value multiplied by the applicable death benefit factor, less any loan balance.
Death Benefit Factor	The applicable death benefit factor is determined by the life insurance qualification test chosen at issue. The applicable death benefit factor maintains a relationship between the accumulation value and the death benefit, as required by Section 7702 of the Internal Revenue Code.
Life Insurance Qualification Test	To qualify as life insurance under Section 7702, the policy must satisfy either the cash value accumulation test or the guideline premium and cash value corridor tests. In addition to maintaining the relationship between the accumulation value and the death benefit via the applicable death benefit factor (cash value accumulation test factor or cash value corridor factor), the guideline premium test limits the amount of premiums payable for the policy.
Loan Balance	This is the amount of any outstanding policy loans, plus any accrued and unpaid interest. Any loan balance will be deducted from the proceeds at death or surrender.
Accumulation Value	This is the value of the premiums minus monthly deductions, plus interest or index credits. Any partial withdrawal taken will be subtracted from the accumulation value, including any applicable surrender charge.

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A Flexible Premium Universal Life Insurance Product with Indexed Feature
EquiTrust Life Insurance Company
Life Insurance Illustration



Monthly Deduction	This is the amount subtracted from the accumulation value on the monthly deduction day, and includes cost of insurance charge, the policy fee, the policy expense charge, and any applicable flat extra or rider charges.
Monthly Deduction Day	This is the same day in each month as the policy date.
Cost of Insurance (COI) Charge	This is the monthly charge for insurance protection, and is based on the cost of insurance rate multiplied by the net amount at risk. The COI rate is declared periodically by the Company to reflect expected experience, and may increase or decrease, but can never exceed the guaranteed maximum cost of insurance rates in your policy.
Net Amount at Risk	This is the Death Benefit amount less Accumulation Value.
Interest and Index Credits	Interest credits will be based on the allocation of the premium to the fixed account. Index credits to the Accumulation Value will be based on the allocation of the premium to the index crediting accounts. While policy values may be affected by an external index, the policy does not directly participate in any stock, bond, or equity investments.
Fixed Account	All net premiums are paid into the fixed account. Any value in the fixed account in excess of the minimum fixed account value will be transferred on the next monthly deduction day to any account endorsements based on the most recent allocation instructions.
Cash Surrender Value	This is the greater of the Accumulation Value less the surrender charge less any Loan Balance, or the minimum guaranteed cash value less any loan balance.
Policy Loans	After the first policy year, you may borrow up to the available loan value of your policy. The available loan value is the cash surrender value 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. Any Loan Balance will be deducted from the proceeds at death or surrender. Loan interest is the interest on the amount loaned, which is charged from the date of the loan. Loan interest is payable annually in arrears on each policy anniversary. You may pay all or part of the loan and accrued interest at any time. Any payment we receive from you while there is a loan balance that is not specifically designated as a premium payment will be applied first as a loan repayment.
Loan Interest	You may choose between a variable loan interest rate and a fixed loan interest rate to determine the interest charged on a policy loan. The choice will be made at the time the loan is requested. If there is an existing loan at the time an additional loan is requested, the loan interest method will be the same as the outstanding loan. If you want to switch loan interest method, you must first repay the outstanding loan balance before switching to the other method.
Fixed Loan Interest	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. You may repay all or part of the loan and accrued interest at any time. At the time of repayment, a transfer from the loan value account to the fixed account will occur. The reallocation of repaid amounts transferred to the fixed account will be based on the terms and conditions of the fixed account.

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A Flexible Premium Universal Life Insurance Product with Indexed Feature
EquiTrust Life Insurance Company
Life Insurance Illustration



Variable Loan Interest Loan interest is due annually in arrears on each policy anniversary. Interest not paid when due will be added to the loan balance. The variable loan interest rate will be declared no more than once every 12 months, and will not exceed 8%. With a variable loan, the loaned portion of your accumulation value will continue to earn interest based on the terms and conditions of the account endorsements.

Because this is a flexible premium product, you have the flexibility with regard to the timing and amount of premium payments. Listed below are some of the key premium terms:

Premium Outlay This is the premium shown on this illustration.

Minimum Monthly Premium If the sum of premiums paid is greater than or equal to the sum of the minimum monthly premium in the first five (5) policy years, your policy will not enter the Grace Period even if the cash surrender value is not sufficient to cover the monthly deductions.

MEC Premium This is the highest premium you can pay in the first seven (7) policy years after issue or after a material change and not be classified as a Modified Endowment Contract.

Modified Endowment Contract (MEC) A Modified Endowment Contract (MEC) is a contract that qualifies as life insurance within the meaning of IRC section 7702, but fails to meet the 7-pay test prescribed in section 7702A. **A contract that qualifies as life insurance but fails to meet the 7-pay test still benefits from tax-deferred growth of the cash value and income tax-free Death Benefit to the beneficiary, but any distributions from the contract, including loans, partial withdrawals, assignments, and surrenders, will be taxed as income first, to the extent there is a gain in the contract, and may be subject to an additional 10% penalty if taken before age 59½.** You should contact a qualified tax advisor before you take a distribution from this policy to determine how the distribution will impact your personal tax situation.

Guideline Premium This is the highest premium you can pay and still meet the qualification as a life insurance policy. The guideline premium test is based on the greater of the guideline single premium or the cumulative guideline level premiums.

For this illustration:

Minimum Monthly Premium	216.01
MEC Premium	12,065.27
Guideline Single Premium	60,925.40
Guideline Level Premium	5,122.07

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A Flexible Premium Universal Life Insurance Product with Indexed Feature
EquiTrust Life Insurance Company
Life Insurance Illustration



Description of terms on the Numeric Summary and Tabular Detail pages

EOY Age	This is the age of the insured at the end of the policy year.
Cash Surrender Value	This is the cash surrender value.
Policy Year	This is the end of the year listed since the policy was issued
Premium Outlay	This is the planned premium.
GUARANTEED	The GUARANTEED values on the Numeric Summary and Tabular Detail pages are determined by using the calculations for Accumulation Value, cash surrender value, and Death Benefit as stated in the policy form, assuming the COI charge is based on the maximum COI rate, and the interest credited is based on the minimum credited rate.
MIDPOINT	The MIDPOINT values on the Numeric Summary page are determined by using the calculations for Accumulation Value, cash surrender value, and Death Benefit as stated in the policy form, assuming the COI charge is based on the average of the non-guaranteed and guaranteed COI rates, and the interest credited is based on the average of the non-guaranteed and minimum credited rates.
NON-GUARANTEED	The NON-GUARANTEED values on the Numeric Summary and Tabular Detail pages are determined by using the calculations for Accumulation Value, cash surrender value, and Death Benefit as stated in the policy form, assuming the COI charge is based on the non-guaranteed COI rate, and the interest credited is based on the non-guaranteed credited rate. THE NON-GUARANTEED VALUES ARE NOT GUARANTEED. This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

Interest-Adjusted Cost Index

The Interest Adjusted Cost Comparison Index provides one means of comparing the relative cost of two very similar policies sold by the same company or by different companies. Subject to the assumptions implicit in the Interest Adjusted Method, a low index number represents a lower cost than a higher one. The Surrender Cost Index considers how much an insured would pay in premiums and how much he would get back in cash value if he should surrender the policy after 10 years or 20 years, and the Net Payment Index considers how much he would pay if he continues to pay premiums and not take its surrender value. This Index also considers when premiums, and 10 year or 20 year cash values would be paid, by using a 5% interest factor. The Interest Adjusted Index does not consider (1) The value of the services of an agent or company; (2) The relative strength and reputation of the company; or (3) Small differences in the policy provisions.

	Surrender Cost Index		Net Payment Index	
	<u>Guaranteed</u>	<u>Non-Guaranteed</u>	<u>Guaranteed</u>	<u>Non-Guaranteed</u>
10-Year	88.33	74.37	116.07	101.93
20-Year	58.60	43.60	73.57	62.49

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EquiTrust Life Insurance Company
Life Insurance Illustration



Interest and Index Crediting

Allocation of Premium	You choose how to allocate your funds between the three index accounts and the fixed account. The allocation of the premium is listed on page 11 of this illustration. The interest crediting accounts are described below.
Transfers	Transfers are allowed after issue between accounts on policy anniversaries. Transfers between accounts are not illustrated.
Fixed Account	The interest rate is declared at issue and guaranteed for one year. The interest rate may change each year, subject to a 2% minimum guaranteed rate.
1-Year Point-to-Point Cap Index Account	The index credits are based on the percentage change in the Index Number from the previous contract anniversary, subject to an Index Cap. The Index Cap may change each year, subject to a 3% minimum. Index Credits will be added to the account at the end of each contract year. Index Credits will never be less than zero.
1-Year Monthly Cap Index Account	The index credits are based on the percentage change based on the cumulative sum of capped monthly changes in the Index Number over a one-year period. The Index cap is applied monthly; there is no floor on monthly returns. The monthly cap may change every year, subject to a 0.50% minimum. Index Credits will never be less than zero.
1-Year Average Participation Account	The index credits are based on the percentage change based on the monthly average S&P 500® over a one-year period, multiplied by the Participation Rate. The Participation Rate may change each year, subject to a 10% minimum. Index Credits will be added to the account at the end of each contract year. Index Credits will never be less than zero.
Index Number	The index used for the index accounts is the Standard & Poor's 500® Index, excluding any dividends that may be paid by the stocks of the companies that comprise 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 preceding index number will be used.
Index Cap	This is the maximum percentage change that may be applied in determining the index credit for each index account.
Illustrated Rate	This is the rate used in this illustration for the Interest/Index Credits added to the Accumulation Value. The Index Account Nonguaranteed Illustrated Rates are historic average rates based on the past performance of the Index Number and application of the Index Cap for the applicable Index Account, and are not intended to predict future performance. The actual Index Credits for any year will most likely be different from the Illustrated Rate. It is not possible to know in advance what the actual Index Credits will be, but they will never be less than zero.
Participation Rate	The Participation Rate is the percentage of the Index Increase which will be recognized in calculating the Index Credit Factor.

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The following riders are available with this policy:

<u>Rider</u>	<u>Inclusion</u>	<u>Benefit</u>	<u>Rider Form</u>
Accelerated Death Benefit Rider	Automatic	See Below	ETL-ADBR(04-11)
Overloan Protection Rider	Automatic		ETL-OLP(04-11)
Accidental Death Benefit Rider	Optional	Not selected	ETL-ADB-FP(04-11)
Additional Insured Rider	Optional	Not selected	ETL-AIRCTR-FP(04-11)
Child Term Rider	Optional	Not selected	ETL-CTR-FP(04-11)
Waiver of Monthly Deduction Rider	Optional	Not selected	ETL-WMD-FP(04-11)
Waiver of Premium Rider	Optional	Not selected	ETL-WPM-FP(04-11)

Accelerated Death Benefit Rider ETL-ADBR(04-11)

Description	This policy includes an Accelerated Death Benefit rider at no extra premium charge. With this rider the policy owner may elect to receive some or all of the Death Benefit of the policy prior to the death of the insured if the insured is diagnosed as terminally ill or chronically ill. Terminally Ill means an individual who has been certified by a Physician as having an illness or physical condition which can reasonably be expected to result in death in 12 months or less after the date of certification. Chronically Ill means a person who has been certified by a Physician as: 1) being unable to perform, without substantial assistance, at least two of six Activities of Daily Living (ADL) for at least 90 days due to a loss of functional capacity; or 2) requiring substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment.
Taxability of Benefits	The terminal illness benefit is intended to be tax-free to the policy owner. The Chronic Care benefit will be taxable. You should contact a qualified tax advisor before you elect to accelerate the Death Benefit to determine how the acceleration will impact your personal tax situation.
Terminal Illness Benefit	The policy owner may elect once to accelerate up to the lesser of 75% of the Death Benefit at the time of election or \$750,000, if the insured is diagnosed as terminally ill. The benefit will be adjusted by a lump-sum discount factor, a one-time administrative fee and any outstanding Loan Balance. The lump sum discount Factors for this benefit is 95%, and the administrative fee is \$250.
Chronic Care Benefit	The policy owner may elect once to accelerate up to the lesser of 25% of the Death Benefit at the time of election or \$250,000, if the insured is diagnosed as terminally ill. The benefit will be adjusted by a lump-sum discount factor, a one-time administrative fee and any outstanding Loan Balance. The lump sum discount Factors for this benefit is 75%, and the administrative fee is \$250.

Accelerated Death Benefit Payment Examples based on the initial Face Amount, with no Policy Loans

Accelerated Benefit	25% of DB	50% of DB	75% of DB
Terminal Illness	\$59,125	\$118,500	\$177,875
Chronic Care	\$46,625	\$93,500	\$140,375

Income Power IUL

A Flexible Premium Universal Life Insurance Product with Indexed Feature
EquiTrust Life Insurance Company
Life Insurance Illustration



NUMERIC SUMMARY

Robert Insured
Male, Non-Tobacco, Issue Age 45

Initial Face Amount \$100,000
Death Benefit Option A - Level

EOY Age	Policy Year	Premium Outlay	GUARANTEED		MIDPOINT		NON-GUARANTEED	
			Cash Surr Value	Death Benefit	Cash Surr Value	Death Benefit	Cash Surr Value	Death Benefit
50	5	0	16,775	250,000	39,797	109,187	22,654	250,000
55	10	0	43,078	250,000	40,899	100,000	65,681	250,000
65	20	0	84,677	250,000	53,980	100,000	219,105	250,000
70	25	0	97,506	250,000	62,147	100,000	357,551	375,428

To be signed by the applicant:

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be higher or lower. The agent has told me they are not guaranteed.

Applicant's Signature (Required)

Date

To be signed by the agent:

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Agent's Signature (Required)

Date

Income Power IUL

A Flexible Premium Universal Life Insurance Product with Indexed Feature
 EquiTrust Life Insurance Company
 Life Insurance Illustration



TABULAR DETAIL

Robert Insured
 Male, Non-Tobacco, Issue Age 45

Initial Face Amount \$250,000
 Death Benefit Option A - Level
 Premium Mode Annual

EOY Age	Policy Year	Premium Outlay	GUARANTEED			NON-GUARANTEED		
			Accumulation Value	Cash Surr Value	Death Benefit	Accumulation Value	Cash Surr Value	Death Benefit
55	1	\$7,613	4,468	0	250,000	5,041	0	250,000
56	2	7,613	8,978	576	250,000	10,398	1,995	250,000
57	3	7,613	13,545	5,955	250,000	16,108	8,518	250,000
58	4	7,613	18,176	11,361	250,000	22,212	15,397	250,000
59	5	7,613	22,855	16,775	250,000	28,734	22,654	250,000
60	6	7,613	27,555	22,175	250,000	35,696	30,316	250,000
61	7	7,613	32,240	27,528	250,000	43,122	38,409	250,000
62	8	7,613	36,882	32,802	250,000	51,045	46,965	250,000
63	9	7,613	41,463	37,985	250,000	59,512	56,034	250,000
64	10	7,613	45,981	43,078	250,000	68,583	65,681	250,000
65	11	7,613	50,433	48,075	250,000	78,327	75,969	250,000
66	12	7,613	54,825	52,988	250,000	88,818	86,980	250,000
67	13	7,613	59,154	57,812	250,000	100,136	98,794	250,000
68	14	7,613	63,412	62,540	250,000	112,367	111,494	250,000
69	15	7,613	67,570	67,145	250,000	125,596	125,171	250,000
70	16	7,613	71,577	71,577	250,000	141,372	141,372	250,000
71	17	7,613	75,353	75,353	250,000	158,467	158,467	250,000
72	18	7,613	78,819	78,819	250,000	177,012	177,012	250,000
73	19	7,613	81,944	81,944	250,000	197,168	197,168	250,000
74	20	7,613	84,677	84,677	250,000	219,105	219,105	250,000
75	21	7,613	88,406	88,406	250,000	242,978	242,978	255,127
76	22	7,613	91,702	91,702	250,000	268,684	268,684	282,118
77	23	7,613	94,430	94,430	250,000	296,265	296,265	311,078
78	24	7,613	96,424	96,424	250,000	325,844	325,844	342,136
79	25	7,613	97,506	97,506	250,000	357,551	357,551	375,428
80	26	7,613	97,452	97,452	250,000	391,518	391,518	411,094
81	27	7,613	96,003	96,003	250,000	427,903	427,903	449,298
82	28	7,613	92,850	92,850	250,000	466,859	466,859	490,202
83	29	7,613	87,529	87,529	250,000	508,542	508,542	533,969
84	30	7,613	79,364	79,364	250,000	553,107	553,107	580,762
85	31	7,613	67,399	67,399	250,000	600,706	600,706	630,742
86	32	7,613	50,292	50,292	250,000	651,495	651,495	684,069
87	33	7,613	26,140	26,140	250,000	705,621	705,621	740,902
88	34	7,613	0	0	0	763,223	763,223	801,384
89	35	7,613	0	0	0	824,438	824,438	865,660

Income Power IUL

A Flexible Premium Universal Life Insurance Product with Indexed Feature
 EquiTrust Life Insurance Company
 Life Insurance Illustration



TABULAR DETAIL

Robert Insured
 Male, Non-Tobacco, Issue Age 45

Initial Face Amount \$250,000
 Death Benefit Option A - Level
 Premium Mode Annual

EOY Age	Policy Year	Premium Outlay	GUARANTEED			NON-GUARANTEED		
			Accumulation Value	Cash Surr Value	Death Benefit	Accumulation Value	Cash Surr Value	Death Benefit
90	36	7,613	0	0	0	889,383	889,383	933,852
91	37	7,613	0	0	0	959,391	959,391	997,766
92	38	7,613	0	0	0	1,035,177	1,035,177	1,066,232
93	39	7,613	0	0	0	1,117,628	1,117,628	1,139,980
94	40	7,613	0	0	0	1,207,823	1,207,823	1,219,902
95	41	7,613	0	0	0	1,304,515	1,304,515	1,317,560
96	42	7,613	0	0	0	1,408,171	1,408,171	1,422,252
97	43	7,613	0	0	0	1,519,266	1,519,266	1,534,459
98	44	7,613	0	0	0	1,638,287	1,638,287	1,654,670
99	45	7,613	0	0	0	1,765,760	1,765,760	1,783,417
100	46	0	0	0	0	1,894,591	1,894,591	1,913,537
101	47	0	0	0	0	2,032,538	2,032,538	2,052,864
102	48	0	0	0	0	2,180,257	2,180,257	2,202,060
103	49	0	0	0	0	2,338,467	2,338,467	2,361,852
104	50	0	0	0	0	2,507,934	2,507,934	2,533,014
105	51	0	0	0	0	2,689,473	2,689,473	2,716,367
106	52	0	0	0	0	2,883,948	2,883,948	2,912,787
107	53	0	0	0	0	3,092,314	3,092,314	3,123,237
108	54	0	0	0	0	3,315,628	3,315,628	3,348,784
109	55	0	0	0	0	3,554,982	3,554,982	3,590,532
110	56	0	0	0	0	3,811,571	3,811,571	3,849,687
111	57	0	0	0	0	4,086,688	4,086,688	4,127,555
112	58	0	0	0	0	4,381,669	4,381,669	4,425,486
113	59	0	0	0	0	4,697,949	4,697,949	4,744,929
114	60	0	0	0	0	5,037,067	5,037,067	5,087,437
115	61	0	0	0	0	5,400,670	5,400,670	5,454,677
116	62	0	0	0	0	5,790,528	5,790,528	5,848,433
117	63	0	0	0	0	6,208,536	6,208,536	6,270,621
118	64	0	0	0	0	6,656,726	6,656,726	6,723,293
119	65	0	0	0	0	7,137,278	7,137,278	7,208,650
120	66	0	0	0	0	7,652,528	7,652,528	7,729,053
121	67	0	0	0	0	8,230,194	8,230,194	8,312,496

Income Power IUL

A Flexible Premium Universal Life Insurance Product with Indexed Feature
 EquiTrust Life Insurance Company
 Life Insurance Illustration



SUPPLEMENTAL ILLUSTRATION

Robert Insured
 Male, Non-Tobacco, Issue Age 45

Initial Face Amount \$250,000
 Death Benefit Option A - Level
 Premium Mode Annual

EOY Age	Policy Year	NON-GUARANTEED			
		Accumulation Value	Cash Surrender Value	Death Benefit	Average Illustrated Rate
46	1	43,429	39,086	127,550	5.95%
47	2	44,244	40,262	125,743	5.95%
48	3	45,087	41,480	123,990	5.95%
49	4	45,956	42,739	122,381	5.95%
50	5	46,845	44,035	120,814	5.95%
51	6	47,753	45,366	119,336	5.95%
52	7	48,683	46,735	117,958	5.95%
53	8	49,639	48,149	116,651	5.95%
54	9	50,625	49,613	115,426	5.95%
55	10	51,640	51,123	114,279	5.95%
60	15	64,418	64,418	123,747	5.95%
65	20	80,220	80,220	135,571	5.95%
70	25	98,888	98,888	148,826	5.95%
75	30	119,519	119,519	162,665	5.95%
80	35	142,461	142,461	178,788	5.95%
85	40	167,186	167,186	197,446	5.95%
90	45	192,112	192,112	216,510	5.95%
95	50	226,129	226,129	237,436	5.95%

Single Premium Allocation, Illustrated Rates, and Index Caps used in this Illustration

Account	Type	Initial Allocation	Guaranteed		Nonguaranteed	
			Illustrated Rate	Index Cap	Illustrated Rate	Index Cap
1-Year Interest Account	Declared	0%	2%	n/a	4.20%	n/a
1-Year Point-to-Point Cap	Index	100%	0%	3.0%	5.95%	8.5%
1-Year Monthly Cap	Index	0%	0%	0.5%	8.10%	4.0%
1-Year Participation	Index	0%	0%	4.0%	7.10%	No cap

The average illustrated rate is a blended average of the illustrated rates of the interest and index accounts in which the accumulation value is allocated. This illustration assumes the currently illustrated nonguaranteed rate for each interest and index account will continue unchanged for all the years illustrated. This is not likely to occur, and actual results may be more or less favorable than those shown.

This page may not be displayed unless it is accompanied by the basic illustration to which this supplemental illustration is attached. Please be certain all ten (11) pages are included in this illustration.

The values on this page are based on nonguaranteed elements and are not guaranteed. Only the values in the columns labeled "GUARANTEED" on the numeric summary and tabular detail pages are guaranteed.



ACCELERATED DEATH BENEFIT RIDER DISCLOSURE STATEMENT

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

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

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

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

The receipt of Accelerated Death Benefit payments may affect your eligibility for Medicaid or other government benefits or entitlements and may have income tax consequences.

Rider Benefits

- **Terminal Illness Benefit** is available as a lump sum of up to the lesser of \$750,000 or 75% of the Policy Benefit, and is triggered if the Insured is diagnosed as Terminally III.
- **Chronic Care Benefit** is available as a lump sum of up to the lesser of \$250,000 or 25% of the Policy Benefit, and is triggered if the Insured is diagnosed as Chronically III.

Effect of Benefit Payments on Policy Values

When an Accelerated Death Benefit is paid under this Rider:

- The Death Benefit of the Policy will be reduced by the Accelerated Death Benefit;
- The face amount of any term insurance rider on the Insured attached to the Policy will be reduced by the Accelerated Death Benefit;
- The Face Amount and Accumulation Value will be reduced in proportion to the Accelerated Death Benefit; and
- If there is a Policy loan, a payment will be made on the Loan Balance from the proceeds. The amount of this payment will be in the same proportion to the Loan Balance as the amount of the Accelerated Death Benefit is to the Death Benefit.

Charges and Fees

- There is no premium charge for this Rider.
- If benefits are elected under this Rider, a one-time \$250 administrative fee will be deducted from the Accelerated Death Benefit prior to determining any benefit payments.

Example 1: Terminal Illness without policy loan

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

Example 2: Terminal Illness with policy loan

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

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Page 1 of 2 – Incomplete without all pages

Payment of Benefits

- The payment of the Accelerated Death Benefit is due immediately upon receipt of due written proof of eligibility.
- You may elect to receive benefits only once.
- The benefit will be multiplied by the applicable Lump Sum Discount Factor.
- Benefits are payable under the provision for which the Insured qualifies and the Owner elects. You may only elect one benefit even if the Insured qualifies under more than one.

Definitions

Policy Benefit means the amount of death benefits we would pay to the Beneficiaries upon the death of the Insured if this Rider were not a part of the Policy. It includes:

- The Death Benefit of the Policy; and
- The face amount of any term insurance rider on the Insured attached to the Policy.

It does not include the amount of any accidental death benefit rider that may be attached to the Policy or any death benefit from any rider that covers another person or another family member.

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

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

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

Proposed Insured Signature

Date

Owner's Signature (if other than Proposed Insured)

Date

Agent's Signature

Date

Arkansas Compliance Certification

Company: EquiTrust Life Insurance Company

Forms: ETL-FPIUL-2000(04-11), Flexible Premium Adjustable Life Insurance Policy with Indexed Feature Option, et al.

On behalf of EquiTrust Life Insurance Company (Company) I certify the following requirements have been reviewed and the forms and Company practices are in compliance with the following:

1. Regulation 19 Unfair Sex Discrimination the Sale of Insurance

I hereby certify that to the best of my knowledge and belief the above submission complies with Regulation 10s10B, as well as all applicable requirements of this Department.

2. External Indexed Guidelines

I certify that the company will address external-indexed contracts separately in the annual (Section 8) actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.

The company will establish and maintain a detailed file defining the system for hedging. Results of regular analysis of the effectiveness of the system should be made a part of the file.

This policy will not be solicited by any person who is not trained and qualified.

3. Bulletin No. 11-83

These guidelines have been reviewed and the above-referenced form complies with these guidelines.



Signature

June 30, 2011
Date

Ana Bumgardner, F.S.A, M.A.A.A.
Name

Product Management VP
Title

Your Income Power IUL policy offers a selection between different interest and index accounts. Each account earns interest differently. Please select how you would like to allocate your premiums between these accounts on this form. **Please refer to your policy for complete details.**

While your Policy values may be affected by an external index, your Policy does not directly participate in any stock, bond, or equity investments. Your Income Power IUL Policy is not a variable insurance product.

Interest and Index Account Descriptions

Fixed Account – The Fixed Account will earn a declared interest rate. This rate will be guaranteed for one year and may change on subsequent policy anniversaries, but will be no less than 2%.

1-Year Point-to-Point Cap Index Account – Index Credits are based on the percentage change in the Index Number from the start of the Index Segment Period to the end of the Index Segment Period, after recognition of the Index Cap. The Index Cap will be declared at the beginning of each Index Segment Period, subject to a minimum of 3.00%.

1-Year Monthly Average Participation Index Account – Index Credits are based on the percentage change in the Index Number from the start of the Index Segment Period to the **monthly** average of the Index Numbers for the Index Segment Period, multiplied by the Participation Rate. The Participation Rate will be declared at the beginning of each Index Segment Period, subject to a minimum of 20%.

1-Year Monthly Cap Index Account – Index Credits are based on the cumulative sum of capped **monthly** changes in the Index Number over a one-year period. Each of the monthly gains in the Index is subject to a Monthly Cap, but there is no floor on monthly declines in the Index. The Monthly Cap will be declared at the beginning of each Index Segment Period, subject to a minimum of 0.50%.

Index Account Definitions

- 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.
- The **Index Number** on any specified date is the closing value of the Index on the previous trading day.
- **Index Credits** will be added to the Index Accounts at the end of each Index Segment Period. The Index Credits in any Index Segment Period will never be less than zero.
- An **Index Segment** is created when an amount is allocated to an Index Account. Index Segments only start on Monthly Deduction Days.
- The **Index Segment Period** is one year for each Index Account.

Transfers Between Accounts

Amounts may be transferred between the Fixed Account and the Index Accounts. Transfers are only allowed from Index Accounts at the end of an Index Segment Period. Transfers from the Fixed Account are allowed on any Monthly Deduction Day.

Premium Allocation Instructions

Your Premium will be allocated between accounts based on your instructions below. Allocations must equal 100% and be in whole percentages. A certain portion of your Premium will be allocated automatically to the Fixed Account to cover Monthly Deductions.

Fixed Account		_____ %
1-Year Point-to-Point Cap Index Account		_____ %
1-Year Average Participation Index Account		_____ %
1-Year Monthly Cap Index Account		_____ %
		100%

Index Account Examples

These examples illustrate how Index Credits would be calculated for various levels of Index performance. These are hypothetical examples and should not be considered representative of current or future performance. In these examples, the 1-Year Point-to-Point Cap Index Account has an Index Cap of 15.0%, the 1-Year Monthly Average Participation Rate Index Account has a Participation Rate of 120%, and the 1-Year Monthly Cap Index Account has a Monthly Cap of 5.0%. All rates used in this example are hypothetical and subject to change.

Example 1: In this example, the Index Segment Period starts on 10/1/2009 and ends on 10/1/2010.

Date	Index Number	Monthly Index Change	Capped Monthly Index Change	
10/1/2009	1057.08			1-Year Point-to-Point Cap Index Account
				Index Increase = $1141.20 / 1057.08 - 1 = 8.0\%$
				Index Credit Percentage = 8.0% (cap does not apply)
11/1/2009	1036.19	-2.0%	-2.0%	
12/1/2009	1095.63	5.7%	5.0%	
1/1/2010	1126.42	2.8%	2.8%	
2/1/2010	1073.87	-4.7%	-4.7%	1-Year Monthly Average Participation Index Account
3/1/2010	1104.49	2.9%	2.9%	Index Average = $13208.40 / 12 = 1100.70$
4/1/2010	1173.27	6.2%	5.0%	Index Increase = $1100.70 / 1057.08 - 1 = 4.1\%$
5/1/2010	1186.69	1.1%	1.1%	Index Credit Percentage = $120\% \times 4.1\% = 5.0\%$
6/1/2010	1089.41	-8.2%	-8.2%	
7/1/2010	1030.71	-5.4%	-5.4%	
8/1/2010	1101.60	6.9%	5.0%	1-Year Monthly Cap Index Account
9/1/2010	1048.92	-4.8%	-4.8%	Sum of Capped Monthly Index Changes = 1.8%
10/1/2010	<u>1141.20</u>	8.8%	5.0%	Index Credit Percentage = 1.8%
Sum	13208.40		1.8%	

Example 2: In this example, the Index Segment Period starts on 3/1/2009 and ends on 3/1/2010.

Date	Index Number	Monthly Index Change	Capped Monthly Index Change	
3/1/2009	735.09			1-Year Point-to-Point Cap Index Account
				Index Increase = $1104.49 / 735.09 - 1 = 50.3\%$
				Index Credit Percentage = 15.0% (capped)
4/1/2009	815.94	11.0%	5.0%	
5/1/2009	855.16	4.8%	4.8%	
6/1/2009	906.83	6.0%	5.0%	
7/1/2009	918.90	1.3%	1.3%	1-Year Monthly Average Participation Index Account
8/1/2009	979.62	6.6%	5.0%	Index Average = $12019.28 / 12 = 1001.61$
9/1/2009	1028.93	5.0%	5.0%	Index Increase = $1001.61 / 735.09 - 1 = 36.3\%$
10/1/2009	1062.98	3.3%	3.3%	Index Credit Percentage = $120\% \times 36.3\% = 43.5\%$
11/1/2009	1042.63	-1.9%	-1.9%	
12/1/2009	1091.49	4.7%	4.7%	
1/1/2010	1127.78	3.3%	3.3%	1-Year Monthly Cap Index Account
2/1/2010	1084.53	-3.8%	-3.8%	Sum of Capped Monthly Index Changes = 33.5%
3/1/2010	<u>1104.49</u>	1.8%	1.8%	Index Credit Percentage = 33.5%
Sum	12019.28		33.5%	

Example 3: In this example, the Index Segment Period starts on 10/1/2008 and ends on 10/1/2009.

Date	Index Number	Monthly Index Change	Capped Monthly Index Change	
10/1/2008	1164.74			1-Year Point-to-Point Cap Index Account
				Index Increase = $1057.08 / 1164.74 - 1 = -9.2\%$
4/1/2009	954.09	-18.1%	-18.1%	Index Credit Percentage = 0% (cap does not apply)
5/1/2009	896.24	-6.1%	-6.1%	
6/1/2009	890.64	-0.6%	-0.6%	
7/1/2009	825.88	-7.3%	-7.3%	1-Year Monthly Average Participation Index Account
8/1/2009	735.09	-11.0%	-11.0%	Index Average = $10873.50 / 12 = 906.13$
9/1/2009	787.53	7.1%	5.0%	Index Increase = $906.13 / 1164.74 - 1 = -22.2\%$
10/1/2009	872.81	10.8%	5.0%	Index Credit Percentage = $120\% \times 0\% = 0\%$
11/1/2009	919.14	5.3%	5.0%	
12/1/2009	919.32	0.0%	0.0%	
1/1/2010	986.75	7.3%	5.0%	1-Year Monthly Cap Index Account
2/1/2010	1028.93	4.3%	4.3%	Sum of Capped Monthly Index Changes = -16.0%
3/1/2010	<u>1057.08</u>	2.7%	<u>2.7%</u>	Index Credit Percentage = 0%
Sum	10873.50		-16.0%	

In this example, all of the Index Credit Percentages are 0% because Index Credits will be no less than zero in any Index Segment Period.

Applicant Statement:

By signing below, I acknowledge that I have read, or have been read, this document. I understand this is not a registered security and that while the values of the policy may be affected by an external index, the policy does not directly participate in any stock or equity investments.

Proposed Insured Signature

Date

Owner's Signature (if other than Proposed Insured)

Date

Agent's Signature

Date

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**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.

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

SERFF Tracking Number: FBLA-127209694 State: Arkansas
 Filing Company: EquiTrust Life Insurance Company State Tracking Number: 49070
 Company Tracking Number: ETL-FPIUL-2000(04-11)
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: ETL-FPIUL-2000(04-11)
 Project Name/Number: ETL-FPIUL-2000(04-11)/ETL-FPIUL-2000(04-11)

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/21/2011	Form	Flexible Premium Adjustable Life Insurance Policy	08/05/2011	Arkansas ETL-FPIUL-2000(04-11)_FINAL.pdf (Superseded)
06/17/2011	Form	Flexible Premium Adjustable Life Insurance Policy	07/21/2011	ETL-FPIUL-2000(04-11)_FINAL.pdf (Superseded)
06/10/2011	Form	Flexible Premium Adjustable Life Insurance Policy	06/17/2011	ETL-FPIUL-2000(04-11)_FINAL.pdf (Superseded)
06/10/2011	Form	Waiver of Monthly Deductions Rider	07/21/2011	ETL-WMD-FP(04-11) - Waiver of Monthly Deductions Rider.pdf (Superseded)
06/10/2011	Form	Life Insurance Application	08/05/2011	ETL-FPAPP2XAR(04-11)_to file.pdf (Superseded)

EquiTrust Life Insurance Company®
[WEST DES MOINES, IOWA]



[Executive Office

5400 University Avenue

West Des Moines, Iowa 50266-5997

1-866-598-3692]

[Iowa Insurance Division
515-281-5705]

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

EquiTrust Life Insurance Company (the "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 by returning it to the Company. 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

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- Death Benefit payable at the Insured's death
- Flexible premium payments
- Adjustable Death Benefit
- Cash Surrender Value payable upon surrender
- Dividends are not paid (Nonparticipating)

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

POLICY DATA PAGE

INSURED	[John Doe]
INSURED AGE	[45]
INSURED SEX	[Male]
OWNER	[Jane Doe]
POLICY NUMBER	[12345]
POLICY DATE	[04-17-2011]
[POLICY CHANGE DATE	09-09-2013]
MATURITY DATE	[04-17-2087]
PREMIUM CLASS	[Standard Nontobacco]
TABLE RATING	[0%]
FLAT EXTRA per \$1,000 of FACE AMOUNT	[\$0.00] per year for [0] years
FACE AMOUNT	[\$100,000.00]
MINIMUM FACE AMOUNT	[\$50,000.00]
DEATH BENEFIT OPTION	[Option A – Level Death Benefit]
LIFE INSURANCE QUALIFICATION TEST	[Guideline Premium Test]
NET AMOUNT AT RISK DIVISOR	[1.0016516]
INITIAL PREMIUM	[\$1,809.00]
PLANNED PREMIUM	[\$1,809.00] payable [Annually]
MINIMUM UNSCHEDULED PREMIUM	[\$50.00]
MINIMUM MONTHLY PREMIUM	[\$91.51]
MINIMUM MONTHLY PERIOD	[60 months]
PREMIUM LOAD	[6%] of Premium
MAXIMUM POLICY EXPENSE CHARGE FACTOR	[\$0.8367] per \$1,000 of Face Amount for [20] years
POLICY FEE	[\$8.00] per month
MAXIMUM TRANSACTION CHARGE	[\$200.00]
MAXIMUM COST OF INSURANCE RATES	[2001 CSO ALB Ultimate Mortality Table]
PAYMENT PLAN MINIMUM INTEREST RATE	[1.5%]
SURRENDER CHARGE SCHEDULE	

	Policy Year	Surrender Charge						
{	1	\$2,386	6	1,458	11	639	16	0
	2	2,277	7	1,277	12	498		
	3	2,056	8	1,105	13	364		
	4	1,847	9	942	14	237		
	5	1,647	10	786	15	115		

The Surrender Charge Schedule above is for the Face Amount on the Policy Date.

In the event of a Face Amount Increase, the Surrender Charges, Minimum Monthly Premium, and Policy Expense Charges will increase. You will be provided an endorsement to the Policy Data Page showing the new Surrender Charge Schedule, Minimum Monthly Premium, and Policy Expense Charge which will be effective as of the Policy Change Date.

In the event of a decrease in the Face Amount, the Surrender Charges, the Minimum Monthly Premium and Policy Expense Charge will not decrease.

POLICY DATA PAGE (cont)

FIXED LOAN INTEREST RATE	[6.0%]
MAXIMUM VARIABLE LOAN INTEREST RATE	[8.0%]
MAXIMUM PREFERRED LOAN INTEREST RATE	[2.0%]
PREFERRED LOAN DATE	[04-17-2021]
FIXED ACCOUNT PREMIUM ALLOCATION	[25%]
INITIAL FIXED ACCOUNT INTEREST RATE	[4.2%]
FIXED ACCOUNT RATE GUARANTEE PERIOD	[1 Year]
MINIMUM GUARANTEED FIXED ACCOUNT INTEREST RATE	[2.0%]
MINIMUM GUARANTEED POLICY RATE	[2.0%]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

Form Number	Description	Effective Date
ETL-FPIUL-2000(04-11)	Flexible Premium Adjustable Life	[04-17-2011]
ETL-1YP2PCAP-FP(04-11)	1-Yr Point-to-Point Index Account	[04-17-2011]
ETL-1YAVGPART-FP(04-11)	1-Yr Average Participation Index Account	[04-17-2011]
ETL-1YRMC-FP(04-11)	1-Yr Monthly Cap Index Account	[04-17-2011]
ETL-ADBR-FP(04-11)	Accelerated Death Benefit Rider Rider Benefit Amount: 50% of Death Benefit, up to \$250,000 Rider Charge: [No charge]	[04-17-2011]
ETL-ADB-FP(04-11)	Accidental Death Benefit Rider Rider Benefit Amount: [\$100,000] Rider Charge: [\$35.00] per month	[04-17-2011]
ETL-CTR-FP(04-11)	Child Term Rider Rider Benefit Amount: [\$5,000] Rider Charge: [\$24.00] per month	[04-17-2011]

POLICY DATA PAGE (cont)

Form Number **Description** **Effective Date**

ETL-WMD-FP(04-11) **Waiver of Monthly Deduction Rider** [04-17-2011]

Rider Charge: [\$48.00] per month

ETL-WPM-FP(04-11) **Waiver of Premium Rider** [04-17-2011]

Rider Planned Premium: [\$5,000.00] payable [Annually]

Planned Premium Duration: [10] years

Rider Charge: [\$48.00] per month

POLICY DATA PAGE (cont)

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

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
18	0.07670	53	0.38513	88	14.74027
19	0.07837	54	0.43288	89	16.30607
20	0.07921	55	0.48654	90	17.89757
21	0.07921	56	0.54190	91	19.49638
22	0.07921	57	0.59563	92	21.20724
23	0.08004	58	0.64940	93	23.05252
24	0.08088	59	0.71246	94	25.04434
25	0.08338	60	0.78903	95	27.06773
26	0.08672	61	0.88254	96	29.09469
27	0.08838	62	0.99136	97	31.31290
28	0.08672	63	1.11047	98	33.74873
29	0.08588	64	1.23485	99	36.43252
30	0.08505	65	1.36453	100	39.08352
31	0.08421	66	1.49611	101	41.51094
32	0.08505	67	1.63389	102	44.17630
33	0.08755	68	1.77958	103	47.11034
34	0.08922	69	1.94350	104	50.33183
35	0.09339	70	2.13517	105	53.86989
36	0.09756	71	2.36857	106	57.80265
37	0.10340	72	2.64233	107	62.19404
38	0.11091	73	2.93178	108	67.12722
39	0.11759	74	3.24405	109	72.70105
40	0.12677	75	3.58552	110	79.04542
41	0.13762	76	3.97236	111	83.33333
42	0.15098	77	4.42467	112	83.33333
43	0.16685	78	4.95336	113	83.33333
44	0.18439	79	5.55015	114	83.33333
45	0.20360	80	6.22109	115	83.33333
46	0.22282	81	6.95716	116	83.33333
47	0.23870	82	7.74449	117	83.33333
48	0.25124	83	8.61347	118	83.33333
49	0.26713	84	9.59129	119	83.33333
50	0.28804	85	10.69345	120	83.33333
51	0.31481	86	11.92416		
52	0.34745	87	13.27646		

DEATH BENEFIT FACTOR PAGE

CASH VALUE CORRIDOR FACTORS

Attained Age	Factor	Attained Age	Factor
0-40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94+	1.01
67	1.18		

DEATH BENEFIT FACTOR PAGE (cont)

CASH VALUE ACCUMULATION TEST FACTORS

Attained Age	Factor	Attained Age	Factor
18	869.9%	60	214.9%
19	842.2%	61	208.8%
20	815.2%	62	202.9%
21	789.0%	63	197.3%
22	763.5%	64	192.1%
23	738.5%	65	187.0%
24	714.3%	66	182.3%
25	690.8%	67	177.7%
26	668.0%	68	173.3%
27	646.0%	69	169.0%
28	624.6%	70	164.9%
29	603.7%	71	161.0%
30	583.4%	72	157.3%
31	563.6%	73	153.8%
32	544.3%	74	150.5%
33	525.7%	75	147.3%
34	507.6%	76	144.3%
35	490.1%	77	141.4%
36	473.3%	78	138.7%
37	457.0%	79	136.1%
38	441.2%	80	133.7%
39	426.1%	81	131.4%
40	411.5%	82	129.3%
41	397.5%	83	127.4%
42	384.0%	84	125.5%
43	371.0%	85	123.8%
44	358.6%	86	122.2%
45	346.7%	87	120.7%
46	335.3%	88	119.4%
47	324.3%	89	118.1%
48	313.8%	90	117.0%
49	303.5%	91	115.9%
50	293.7%	92	114.8%
51	284.2%	93	113.8%
52	275.0%	94	112.7%
53	266.3%	95	111.6%
54	257.9%	96	110.3%
55	249.9%	97	108.8%
56	242.3%	98	106.8%
57	235.0%	99	104.0%
58	228.0%	100+	101.0%
59	221.3%		

1. GENERAL DEFINITIONS

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

Age means the Age of the Insured on his or her last birthday on the Policy Date of this Policy.

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

Attained Age means Age plus the number of complete Policy Years elapsed since the Policy Date.

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.

Guideline Premium Limitation means the greater of the Guideline Single Premium or the sum of the Guideline Level Premiums to date.

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 the Policy, the Initial Premium has been paid, the Cash Surrender Value is sufficient to cover the next Monthly Deduction, 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.

Maturity Date means the date coverage under this Policy terminates and the Policy's Cash Surrender Value, if any, becomes payable to you, provided this Policy is In Force and the Insured is alive. The Maturity Date is shown on the Policy Data Page.

Maximum Transaction Charge means the maximum amount that may be charged for any increase or decrease in the Face Amount, change in the Death benefit option, or partial withdrawal. This charge will not exceed the amount shown on the Policy Data Pages and is charged at every point when such policy change occurs. If more than one policy change is made at the same time, only one transaction charge will be assessed. This charge is for expenses associated with processing such changes. Any transaction charge is assessed against your accumulation value when a policy change is made.

Minimum Fixed Account Value means the Monthly Deduction due on the first day of each Policy Year multiplied by 12.

Minimum Monthly Period means the period in months which begins on the Policy Date and applies to the Minimum Monthly Premium provision. The Minimum Monthly Period is shown on the Policy Data Page.

Monthly Deduction means amounts subtracted from the Accumulation Value on the Monthly Deduction Day, and include the Cost of Insurance, the Policy Fee, the Policy Expense Charge, Flat Extra charge, and any rider charges.

Monthly Deduction Day means the same day in each month as the Policy Date.

Net Premium means the premium paid minus the Premium Load as shown on the Policy Data Page.

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 insurance coverage becomes effective and is shown on the Policy Data Page. 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.

2. DEATH BENEFIT

2.1 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.

2.2 Life Insurance Qualification

In order to qualify as life insurance under Section 7702 of the Internal Revenue Code, this Policy must satisfy one of the two Life Insurance Qualification Tests. The Life Insurance Qualification Tests are:

2.2.1 Guideline Premium Test - A Policy meets the Guideline Premium Test if:

- 1) the sum of the premiums paid under the Policy does not at any time exceed the Guideline Premium Limitation as of such time; and
- 2) the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Corridor Factor.

2.2.2 Cash Value Accumulation Test - A Policy meets the Cash Value Accumulation Test if the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Accumulation Test Factor.

The Life Insurance Qualification Test for your Policy is shown on the Policy Data Page. The Life Insurance Qualification Test may not be changed after the Policy Date.

2.3 Death Benefit Factor

The applicable Death Benefit Factor is determined by the Life Insurance Qualification Test as shown on the Policy Data Page. If the Life Insurance Qualification Test is the Guideline Premium Test, the Death Benefit Factor is the Cash Value Corridor Factor. If the Life Insurance Qualification Test is the Cash Value Accumulation Test, the Death Benefit Factor is the Cash Value Accumulation Test Factor.

The Death Benefit Factor is based on the Attained Age of the Insured, and is shown on the Death Benefit Factor Page.

2.4 Death Benefit

The Death Benefit payable upon the death of the Insured is determined by the Death Benefit Option in effect on the date of the Insured's death. The Death Benefit Options are:

- Option A – Level Death Benefit
- Option B – Increasing Death Benefit

The Death Benefit under Option A equals the greater of the Face Amount less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

The Death Benefit under Option B equals the greater of the Face Amount plus the Accumulation Value less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

2.5 Death Benefit Payment

We will pay the Death Benefit 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.

2.6 Death Benefit Option Change

After the first Policy Year, you may submit a request In Writing to change the Death Benefit Option. The Death Benefit Option may not be changed more than once in any 12-month period. You may not change the Death Benefit Option if it results in a Face Amount below the Minimum Face Amount shown on the Policy Data Page. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change, the new Death Benefit Option and the new Face Amount.

If you change from Option A to Option B, the new Face Amount will be the Face Amount prior to the change minus the Accumulation Value prior to the change. If you change from Option B to Option A, the new Face Amount will be the Face Amount prior to the change plus the Accumulation Value prior to the change.

We reserve the right to limit or refuse any requested Death Benefit Option change that would cause this Policy to no longer qualify as life insurance under the applicable test in the Life Insurance Qualification provision.

We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a death benefit option change.

2.7 Face Amount Changes

After the first Policy Year, you may submit a request In Writing to change the Face Amount. The Face Amount may not be changed more than once in any 12-month period. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change and the new Face Amount. We reserve the right to limit or refuse any change that would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a face amount increase or decrease.

2.7.1 Face Amount Increases – Prior to the Insured's Attained Age 85, you may increase the Face Amount of this Policy subject to the following conditions:

- you send us an Application In Writing for the increased amount;
- you provide us with evidence of the Insured's insurability satisfactory to us; and
- unless the Accumulation Value is sufficient to cover the next Monthly Deduction, you pay enough Net Premium to cover the next Monthly Deduction after the increase becomes effective. We will notify you of the amount of premium, if any, necessary to fulfill this condition.

An additional Policy Expense Charge will be added to the Monthly Deduction in an amount equal to the Face Amount Increase multiplied by the Policy Expense Charge Factor applicable for the Attained Age of the Insured at the time of the Face Amount Increase. An additional Surrender Charge schedule will be added to the existing Surrender Charge schedule and will be based on the Face Amount Increase applicable for the Attained Age of the Insured at the time of the Face Amount Increase. The Policy Expense Charge and Surrender Charge schedule associated with the Face Amount Increase will be shown on the endorsement to the Policy Data Page.

The Minimum Monthly Premium will increase if the Policy is within the Minimum Monthly Premium Period. The Minimum Monthly Premium Provision does not apply to any Face Amount Increases after the Minimum Monthly Period.

2.7.2 Face Amount Decreases – A Face Amount decrease will be effective on the first Monthly Deduction Day following the date we approve your request. The Face Amount in effect after any decrease must not be less than the Minimum Face Amount as shown on the Policy Data Page. If there have been prior increases in the Face Amount, a decrease will be taken first from the most recent increase, then each successive increase in the reverse order in which they were added, and then from initial Face Amount. The Surrender Charges, Minimum Monthly Premium, and Policy Expense Charge will not reduce with a decrease in your Face Amount.

2.8 Simultaneous Death of Beneficiary and Insured

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

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

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

3.1 Ownership

If there is more than one Owner, this Policy will be owned jointly with right of survivorship unless the ownership designation specifies otherwise. If there is more than one Owner, we will use the first Owner listed on our records for purposes of Policy Owner communications.

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. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations. 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; and
- 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 go into effect once signed by the Owner, subject to any payments we make or actions we take before we record the assignment. We are not responsible for the validity or effect of any assignment or the tax consequences of any assignment.

4. PREMIUM

4.1 Initial Premium

The Initial Premium shown on the Policy Data page is the premium that must be paid before your Policy will be In Force.

The Initial Premium is payable either at our Executive Office or to our authorized representative.

4.2 Planned Premium

The Planned Premium is the amount you have chosen to pay, and is shown on the Policy Data Page. You may change the Planned Premium amount or frequency by submitting a request In Writing. We may limit your request or require evidence of continued insurability if the new Planned Premium causes an increase in the Net Amount at Risk as a result of the change.

Paying the Planned Premium does not guarantee the Policy will remain In Force, and additional premiums may be required to continue your coverage.

If you stop paying premiums, we will continue to deduct the Monthly Deductions from your Accumulation Value. If the Cash Surrender Value is not sufficient to cover the Monthly Deduction, your Policy will enter the Grace Period and will Lapse if additional premiums are not paid by the end of the Grace Period.

4.3 Unscheduled Premiums

After the Initial Premium, you may pay premiums in any amount and at any time the Policy is In Force. You can choose the payment amount, but the premium payment may be no less than the Minimum Unscheduled Premium payment shown on the Policy Data Page. In addition, we may limit your premium payment or require evidence of continued insurability if it causes an increase in the Net Amount at Risk as a result of the payment. We reserve the right to limit or refund any premium payment that would cause the Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. Any refund will be within the time required by law.

4.4 Grace Period

If on any Monthly Deduction Day the Cash Surrender Value is not sufficient to cover the Monthly Deduction, a Grace Period of 61 days will be allowed for the payment of sufficient premium to keep your Policy In Force. The Grace Period begins on the Monthly Deduction Day on which the insufficiency occurred and ends 61 days thereafter. We will send you and any assignee of record, at the last known address, at least 31 days prior to the end of the Grace Period, a written notice indicating the due date and the payment required to keep your Policy In Force.

The Net Premium required to keep your Policy In Force after the Grace Period is equal to three times the Monthly Deduction due at the beginning of the Grace Period. You have the entire Grace Period within which to remit the required payment. Any payments sent by U.S. mail must be postmarked within the Grace Period. If you do not send us at least the required premium payment, all coverage under this Policy, including additional benefits or riders, will Lapse without value.

If the Insured dies during the Grace Period, the Death Benefit will be equal to the Death Benefit at the beginning of the Grace Period reduced by any unpaid Monthly Deductions.

4.5 Minimum Monthly Premium

If the sum of premiums paid to date, less any withdrawals and Policy Loans, is greater than or equal to (1) multiplied by (2) where:

- (1) is the Minimum Monthly Premium shown on the Policy Data Page; and
- (2) is the number of Monthly Deduction Days to date since the Policy Date; then

Your Policy will not enter the Grace Period even if the Cash Surrender Value is not sufficient to cover the Monthly Deductions. If the sum of premiums paid to date does not meet the requirement of this provision and the Policy enters the Grace Period, this provision will be reinstated during the Minimum Monthly Period if the Net Premium paid during the Grace Period is at least enough to meet the premium requirement of this provision.

On the first Monthly Deduction Day after the Minimum Monthly Period, the Policy will enter the Grace Period if the Cash Surrender Value is not sufficient to cover the Monthly Deduction. If you only pay the Minimum Monthly Premium during the Minimum Monthly Period, you may be required to pay additional premiums to keep the Policy In Force past the Minimum Monthly Period.

4.6 Reinstatement

If your Policy has Lapsed, you may reinstate it at any time within three years of the termination date, subject to the following conditions:

- the Policy must not have been surrendered;
- you submit In Writing an Application for reinstatement signed by the Owner and the Insured;
- you submit evidence satisfactory to us that the Insured is still insurable at the same risk classification in which the Policy was issued;
- the Owner must repay or reinstate any unpaid Policy Loans and loan interest existing at termination; and
- payment of a Net Premium that is at least enough to cover the Monthly Deductions and any loan interest due and unpaid for the lapsed period, and to keep the Policy In Force for three months following the effective date of reinstatement.

Upon reinstatement of your Policy:

- the Accumulation Value on the reinstatement date will be the Accumulation Value at the beginning of the Grace Period, plus the premium required for reinstatement, minus the Monthly Deductions and any loan interest due and unpaid for the lapsed period;
- the Surrender Charge and Policy Expense Charge schedules that were in place at the end of the Grace Period will be effective on the reinstatement date;
- the Accumulation Value on the reinstatement date will be allocated to the Fixed Account. Reallocation of the Accumulation Value in the Fixed Account after reinstatement will be based on the terms and conditions of the Fixed Account provision and any attached account Endorsement(s); and
- the effective date of reinstatement will be the next Monthly Deduction Day following the date you meet all of the reinstatement conditions. If you have met all the conditions for reinstatement and the Insured's death occurs before the Monthly Deduction Day on which we reinstate your Policy, we will pay the Death Benefit as of that Monthly Deduction Day.

5. POLICY VALUES

5.1 Accumulation Value

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

5.2 Fixed Account

All Net Premiums will be paid into the Fixed Account when received. Any value in the Fixed Account in excess of the Minimum Fixed Account Value will be transferred on the next Monthly Deduction Day to the account Endorsement(s) based on the most recent account allocation instructions. The value in the Fixed Account on the Policy Date equals the Net Premiums received on or before the Policy Date minus the Monthly Deduction.

The value in the Fixed Account on any other Monthly Deduction Day equals:

- 1) the value in the Fixed Account on the prior Monthly Deduction Day; plus
- 2) Net Premiums received since the prior Monthly Deduction Day; minus
- 3) the Monthly Deduction; plus
- 4) transfers in from any account Endorsements; minus
- 5) transfers out of the Fixed Account; minus
- 6) any Partial Withdrawal and transaction charge taken from the Fixed Account; plus
- 7) any loan repayments; plus
- 8) interest credited to the Fixed Account.

The Initial Fixed Account Interest Rate will be in effect for the Fixed Account Rate Guarantee Period shown on the Policy Data Page. We may at any time declare additional interest on these funds. The current Interest Rate declared will not be less than the Minimum Guaranteed Fixed Account Interest Rate shown on the Policy Data Page.

5.3 Loan Value Account

When a loan is requested under the Fixed Loan Interest Rate method, we will transfer an amount equal to the loan to the Loan Value Account. The transfer to the Loan Value Account will be taken from the Fixed Account and any account Endorsement(s) in proportion to the Accumulation Value in each account. The Loan Value Account will be credited interest at an annual effective interest rate no less than the Minimum Guaranteed Fixed Account Interest Rate, as shown on the Policy Data Page. Interest is credited daily to this account.

5.4 Monthly Deduction

The Monthly Deduction is deducted first from the Fixed Account. If the Monthly Deduction is greater than the value in the Fixed Account, the remaining Monthly Deduction will be deducted from the Accumulation Value of any attached account Endorsements in proportion to the Accumulation Value in each account.

5.5 Cost of Insurance

The Cost of Insurance will be deducted on the Policy Date and each Monthly Deduction Day thereafter. The monthly Cost of Insurance under this Policy will be equal to (1) multiplied by (2), divided by (3), where:

- (1) is the Net Amount at Risk on the Monthly Deduction Day;
- (2) is the monthly Cost of Insurance rate; and
- (3) is equal to 1,000.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the Policy Data Page. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Face Amount, divided by 1,000, and then divided by 12.

5.6 Net Amount at Risk

The Net Amount at Risk is equal to the Death Benefit divided by the Net Amount at Risk Divisor, less the Accumulation Value.

5.7 Policy Fee

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

5.8 Policy Expense Charge

We will deduct a Policy Expense Charge on the Policy Date and each Monthly Deduction Day 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 will be no greater than the Maximum Policy Expense Charge Factor shown on the Policy Data Page.

5.9 Basis of Values

The guaranteed values are based on the Minimum Guaranteed Policy Rate and the Maximum Cost of Insurance Rates shown on the Policy Data Page. We have filed a detailed statement of the method we use to determine values with the state in which the Application was signed. All values are equal to or more than those required by the laws of that state.

6. SURRENDER AND WITHDRAWAL OF POLICY VALUES

6.1 Surrender of Policy

You may Surrender this Policy to us at any time while it is In Force for the Cash Surrender Value. This Policy will terminate without notice if it is surrendered. We reserve the right to defer payment of any Cash Surrender Value for up to six months after we receive the surrender request.

6.2 Cash Surrender Value

The Cash Surrender Value is the Accumulation Value less the Surrender Charge, if any, and less any Loan Balance.

You may surrender the Policy for the Cash Surrender Value at any time, and if surrendered within 30 days following a Policy Anniversary the value available shall not be less than the Cash Surrender Value on such Policy Anniversary less any Policy Loans or Partial Withdraws taken after the Policy Anniversary. Any Cash Surrender Value available under the Policy at any time other than on a Policy Anniversary shall be calculated with allowance for lapse of time from the last preceding Policy Anniversary.

A Surrender Charge may apply if you surrender this Policy during the Surrender Charge Period. The Surrender Charge Schedule is shown on the Policy Data Page.

6.3 Partial Withdrawal

You may take a Partial Withdrawal from the Accumulation Value while the Insured is alive and this Policy is In Force. We may charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page. Any transaction charge will be deducted from the Partial Withdrawal proceeds. The amount withdrawn at any time must be at least \$500. The maximum Partial Withdrawal allowed is an amount such that the Cash Surrender Value after deduction of the Partial Withdrawal is greater than or equal to three times the next Monthly Deduction. We reserve the right to limit or refuse any Partial Withdrawal if it would result in the Face Amount being less than the Minimum Face Amount shown on the Policy Data Page, or if it would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision.

The Accumulation Value will be reduced by the amount of the Partial Withdrawal. The Face Amount will be reduced by the amount of the Partial Withdrawal for Death Benefit Option A, and will remain unchanged for Death Benefit Option B. If the Face Amount is reduced, a Surrender Charge will be deducted from the Partial Withdrawal proceeds. The Surrender Charge on a Partial Withdrawal is the reduction in the Face Amount multiplied by the applicable Surrender Charge as shown on the Policy Data Page.

We reserve the right to defer payment of any Partial Withdrawal for up to six months after we receive the Partial Withdrawal request.

7. POLICY LOANS

7.1 Right to Borrow and Loan Value

After the first Policy Year, you may borrow up to the available loan value of your Policy. The Cash Surrender Value will be the security for the loan. The available 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, less three times the next Monthly Deduction due as of the date of the loan. Any Loan Balance on this Policy will be deducted from the proceeds at death or surrender.

Any payment we receive from you while there is a Loan Balance that is not specifically designated as a premium payment will be applied first as a loan repayment.

We reserve the right to defer payment of any Policy Loan for up to six months after we receive the loan request.

7.2 Loan Interest Method

You may choose between a Variable Loan Interest Rate and a Fixed Loan Interest Rate to determine the loan interest charged on a Policy Loan. The choice will be made at the time a loan is requested. If there is an existing loan at the time an additional loan is requested, the Loan Interest Method will be the same as the outstanding loan. If you want to switch the Loan Interest Method, you must first repay the outstanding Loan Balance before switching to the other method.

7.3 Fixed Loan Interest Rate

Loan interest is charged from the date of the loan at the Fixed Loan Interest Rate shown on the Policy Data Page. 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.

After the Preferred Loan Date shown on the Policy Data Page, the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page will apply to any portion of the policy loan up to the amount equal to the greater of:

- (1) 10% of the Cash Surrender Value; or
- (2) The Cash Surrender Value less the sum of all premiums paid plus the sum of all withdrawals.

Loan interest for the preferred loan will not exceed the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page.

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. At the time of repayment, a transfer from the Loan Value Account to the Fixed Account for the amount of the loan repayment will occur. The reallocation of any repaid amounts transferred to the Fixed Account will be based on the terms and conditions of the Fixed Account provision.

7.4 Variable Loan Interest Rate

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. 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 Minimum Guaranteed Policy Rate shown on the Policy Data Page plus 1% per annum;

but it will never exceed the Maximum Variable Loan Interest Rate shown on the Policy Data Page.

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 delivered.

We will determine the Loan Interest Rate no more than once every 12 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.

With a Variable Loan Interest Rate, the loaned portion of your Accumulation Value will continue to earn interest based on the terms and conditions of any attached account Endorsement(s).

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. All loan repayments will be allocated to the Fixed Account. The reallocation of any repaid amounts will be based on the terms and conditions of the Fixed Account provision.

8. GENERAL TERMS

8.1 Entire Contract

This Policy is a legal contract. We issue this Policy in consideration of the Initial 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.

We will not contest the payment of any approved Face Amount Increases after such increases have been In Force during your lifetime for two (2) years from the effective date of the increases, and only with respect to statements made on the Application for the increased amount(s).

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 delivered. The report shall contain the following information:

- the beginning and end dates of the current report period;
- the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts credited or debited to the Accumulation Value during the current report period;
- the current Death Benefit at the end of the current report period on each life covered by the Policy;
- the Cash Surrender Value, if any, at the end of the current report period;
- the amount of outstanding loans, if any, at the end of the current report period; and
- a notice if the Policy's Cash Surrender Value will not maintain insurance In Force until the end of the next reporting period unless further premium payments are made.

You may annually request, without charge, an illustrative report to be delivered to you by submitting a written request to us.

8.8 Misstatement of Age or Sex

We have the right to correct benefits for misstated Age or sex. The method for adjusting values and benefits will be as follows:

- (1) we will recalculate all Policy values since the inception of the Policy to the extent that the recalculation, in and of itself, will not result in termination of the Policy prior to the date of death;
- (2) the Death Benefit after recalculation shall not be less than the Cash Surrender Value that would have been paid had the Policy been surrendered on the date of death based upon the misstated Age or Sex; and
- (3) when making an adjustment at the time of surrender or death, the Death Benefit in all preceding years is the actual Death Benefit which would have been paid under the corrected Age or Sex of the Insured had death occurred in any preceding year. We will not use guaranteed assumptions in the calculations, but shall use the actual assumptions applied to the Policy during the recalculated period.

If the Policy would terminate as a result of the recalculation, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the most recent mortality charge by adjusting the Net Amount at Risk by the ratio of the incorrect Cost of Insurance Rate to the correct Cost of Insurance Rate. We will not make any retrospective recalculations to the Accumulation Value. We may adjust future Monthly Deductions to reflect the corrected Age.

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. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial Withdrawals.

Any increase in Death Benefit resulting from a requested increase in Face Amount will not be paid if the Insured dies by suicide, while sane or insane, within two (2) years of the date of such increase. Instead, we will return to the Owner an amount equal to the Cost of Insurance for such increase in Face Amount.

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 day of reinstatement. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial 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 grace period ends without payment of the required premium payment; or
- all of the value of this Policy is applied to a payment option; or
- the Maturity Date listed on the Policy Data Page.

9. PAYMENT OF PROCEEDS

9.1 Choice of Options

The Owner may choose to have the proceeds of this Policy paid under a payment option. After the death of the Insured, the Beneficiary may choose a payment option if the Owner has not done so before the Insured's death. The Death Benefit shall always be available in a lump sum payment. 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 as shown on the Policy Data Page. We may pay a higher interest rate at our discretion. The mortality table used for Option B is the Annuity 2000 Mortality Table.

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

9.2 Requirements

For the Owner to choose or change a payment option:

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

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

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

9.3 Payment Options

The payment option choices are:

Plan A. Fixed Period

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

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

Plan B. Life Income

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

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

Factors for Ages not shown will be supplied upon request.

9.4 Other Options

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

9.5 Effective Date of Payment Option

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

9.6 Death of Payee

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

9.7 Claims of Creditors

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

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Flexible premium payments**
- **Adjustable Death Benefit**
- **Cash Surrender Value payable upon surrender**
- **Dividends are not paid (Nonparticipating)**

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

EquiTrust Life Insurance Company®
[WEST DES MOINES, IOWA]



[Executive Office

5400 University Avenue

West Des Moines, Iowa 50266-5997

1-866-598-3692]

[Iowa Insurance Division
515-281-5705]

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

EquiTrust Life Insurance Company (the "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 by returning it to the Company. 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

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- Death Benefit payable at the Insured's death
- Flexible premium payments
- Adjustable Death Benefit
- Cash Surrender Value payable upon surrender
- Dividends are not paid (Nonparticipating)

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

POLICY DATA PAGE

INSURED	[John Doe]
INSURED AGE	[45]
INSURED SEX	[Male]
OWNER	[Jane Doe]
POLICY NUMBER	[12345]
POLICY DATE	[04-17-2011]
[POLICY CHANGE DATE	09-09-2013]
MATURITY DATE	[04-17-2087]
PREMIUM CLASS	[Standard Nontobacco]
TABLE RATING	[0%]
FLAT EXTRA per \$1,000 of FACE AMOUNT	[\$0.00] per year for [0] years
FACE AMOUNT	[\$100,000.00]
MINIMUM FACE AMOUNT	[\$50,000.00]
DEATH BENEFIT OPTION	[Option A – Level Death Benefit]
LIFE INSURANCE QUALIFICATION TEST	[Guideline Premium Test]
NET AMOUNT AT RISK DIVISOR	[1.0016516]
INITIAL PREMIUM	[\$1,809.00]
PLANNED PREMIUM	[\$1,809.00] payable [Annually]
MINIMUM UNSCHEDULED PREMIUM	[\$50.00]
MINIMUM MONTHLY PREMIUM	[\$91.51]
MINIMUM MONTHLY PERIOD	[60 months]
PREMIUM LOAD	[6%] of Premium
MAXIMUM POLICY EXPENSE CHARGE FACTOR	[\$0.8367] per \$1,000 of Face Amount for [20] years
POLICY FEE	[\$8.00] per month
MAXIMUM TRANSACTION CHARGE	[\$200.00]
MAXIMUM COST OF INSURANCE RATES	[2001 CSO ALB Ultimate Mortality Table]
PAYMENT PLAN MINIMUM INTEREST RATE	[1.5%]
SURRENDER CHARGE SCHEDULE	

	Policy Year	Surrender Charge						
{	1	\$2,386	6	1,458	11	639	16	0
	2	2,277	7	1,277	12	498		
	3	2,056	8	1,105	13	364		
	4	1,847	9	942	14	237		
	5	1,647	10	786	15	115		

The Surrender Charge Schedule above is for the Face Amount on the Policy Date.

In the event of a Face Amount Increase, the Surrender Charges, Minimum Monthly Premium, and Policy Expense Charges will increase. You will be provided an endorsement to the Policy Data Page showing the new Surrender Charge Schedule, Minimum Monthly Premium, and Policy Expense Charge which will be effective as of the Policy Change Date.

In the event of a decrease in the Face Amount, the Surrender Charges, the Minimum Monthly Premium and Policy Expense Charge will not decrease.

POLICY DATA PAGE (cont)

FIXED LOAN INTEREST RATE	[6.0%]
MAXIMUM VARIABLE LOAN INTEREST RATE	[8.0%]
MAXIMUM PREFERRED LOAN INTEREST RATE	[2.0%]
PREFERRED LOAN DATE	[04-17-2021]
FIXED ACCOUNT PREMIUM ALLOCATION	[25%]
INITIAL FIXED ACCOUNT INTEREST RATE	[4.2%]
FIXED ACCOUNT RATE GUARANTEE PERIOD	[1 Year]
MINIMUM GUARANTEED FIXED ACCOUNT INTEREST RATE	[2.0%]
MINIMUM GUARANTEED POLICY RATE	[2.0%]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

Form Number	Description	Effective Date
ETL-FPIUL-2000(04-11)	Flexible Premium Adjustable Life	[04-17-2011]
ETL-1YP2PCAP-FP(04-11)	1-Yr Point-to-Point Index Account	[04-17-2011]
ETL-1YAVGPART-FP(04-11)	1-Yr Average Participation Index Account	[04-17-2011]
ETL-1YRMC-FP(04-11)	1-Yr Monthly Cap Index Account	[04-17-2011]
ETL-ADBR-FP(04-11)	Accelerated Death Benefit Rider Rider Benefit Amount: 50% of Death Benefit, up to \$250,000 Rider Charge: [No charge]	[04-17-2011]
ETL-ADB-FP(04-11)	Accidental Death Benefit Rider Rider Benefit Amount: [\$100,000] Rider Charge: [\$35.00] per month	[04-17-2011]
ETL-CTR-FP(04-11)	Child Term Rider Rider Benefit Amount: [\$5,000] Rider Charge: [\$24.00] per month	[04-17-2011]

POLICY DATA PAGE (cont)

<u>Form Number</u>	<u>Description</u>	<u>Effective Date</u>
--------------------	--------------------	-----------------------

ETL-WMD-FP(04-11)	Waiver of Monthly Deduction Rider	[04-17-2011]
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Rider Charge: [\$48.00] per month

ETL-WPM-FP(04-11)	Waiver of Premium Rider	[04-17-2011]
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Rider Planned Premium: [\$5,000.00] payable [Annually]

Planned Premium Duration: [10] years

Rider Charge: [\$48.00] per month

POLICY DATA PAGE (cont)

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

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
18	0.07670	53	0.38513	88	14.74027
19	0.07837	54	0.43288	89	16.30607
20	0.07921	55	0.48654	90	17.89757
21	0.07921	56	0.54190	91	19.49638
22	0.07921	57	0.59563	92	21.20724
23	0.08004	58	0.64940	93	23.05252
24	0.08088	59	0.71246	94	25.04434
25	0.08338	60	0.78903	95	27.06773
26	0.08672	61	0.88254	96	29.09469
27	0.08838	62	0.99136	97	31.31290
28	0.08672	63	1.11047	98	33.74873
29	0.08588	64	1.23485	99	36.43252
30	0.08505	65	1.36453	100	39.08352
31	0.08421	66	1.49611	101	41.51094
32	0.08505	67	1.63389	102	44.17630
33	0.08755	68	1.77958	103	47.11034
34	0.08922	69	1.94350	104	50.33183
35	0.09339	70	2.13517	105	53.86989
36	0.09756	71	2.36857	106	57.80265
37	0.10340	72	2.64233	107	62.19404
38	0.11091	73	2.93178	108	67.12722
39	0.11759	74	3.24405	109	72.70105
40	0.12677	75	3.58552	110	79.04542
41	0.13762	76	3.97236	111	83.33333
42	0.15098	77	4.42467	112	83.33333
43	0.16685	78	4.95336	113	83.33333
44	0.18439	79	5.55015	114	83.33333
45	0.20360	80	6.22109	115	83.33333
46	0.22282	81	6.95716	116	83.33333
47	0.23870	82	7.74449	117	83.33333
48	0.25124	83	8.61347	118	83.33333
49	0.26713	84	9.59129	119	83.33333
50	0.28804	85	10.69345	120	83.33333
51	0.31481	86	11.92416		
52	0.34745	87	13.27646		

DEATH BENEFIT FACTOR PAGE

CASH VALUE CORRIDOR FACTORS

Attained Age	Factor	Attained Age	Factor
0-40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94+	1.01
67	1.18		

DEATH BENEFIT FACTOR PAGE (cont)

CASH VALUE ACCUMULATION TEST FACTORS

Attained Age	Factor	Attained Age	Factor
18	869.9%	60	214.9%
19	842.2%	61	208.8%
20	815.2%	62	202.9%
21	789.0%	63	197.3%
22	763.5%	64	192.1%
23	738.5%	65	187.0%
24	714.3%	66	182.3%
25	690.8%	67	177.7%
26	668.0%	68	173.3%
27	646.0%	69	169.0%
28	624.6%	70	164.9%
29	603.7%	71	161.0%
30	583.4%	72	157.3%
31	563.6%	73	153.8%
32	544.3%	74	150.5%
33	525.7%	75	147.3%
34	507.6%	76	144.3%
35	490.1%	77	141.4%
36	473.3%	78	138.7%
37	457.0%	79	136.1%
38	441.2%	80	133.7%
39	426.1%	81	131.4%
40	411.5%	82	129.3%
41	397.5%	83	127.4%
42	384.0%	84	125.5%
43	371.0%	85	123.8%
44	358.6%	86	122.2%
45	346.7%	87	120.7%
46	335.3%	88	119.4%
47	324.3%	89	118.1%
48	313.8%	90	117.0%
49	303.5%	91	115.9%
50	293.7%	92	114.8%
51	284.2%	93	113.8%
52	275.0%	94	112.7%
53	266.3%	95	111.6%
54	257.9%	96	110.3%
55	249.9%	97	108.8%
56	242.3%	98	106.8%
57	235.0%	99	104.0%
58	228.0%	100+	101.0%
59	221.3%		

1. GENERAL DEFINITIONS

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

Age means the Age of the Insured on his or her last birthday on the Policy Date of this Policy.

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

Attained Age means Age plus the number of complete Policy Years elapsed since the Policy Date.

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.

Guideline Premium Limitation means the greater of the Guideline Single Premium or the sum of the Guideline Level Premiums to date.

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 the Policy, the Initial Premium has been paid, the Cash Surrender Value is sufficient to cover the next Monthly Deduction, 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.

Maturity Date means the date coverage under this Policy terminates and the Policy's Cash Surrender Value, if any, becomes payable to you, provided this Policy is In Force and the Insured is alive. The Maturity Date is shown on the Policy Data Page.

Maximum Transaction Charge means the maximum amount that may be charged for any increase or decrease in the Face Amount, change in the Death benefit option, or partial withdrawal. This charge will not exceed the amount shown on the Policy Data Pages and is charged at every point when such policy change occurs. If more than one policy change is made at the same time, only one transaction charge will be assessed. This charge is for expenses associated with processing such changes. Any transaction charge is assessed against your accumulation value when a policy change is made.

Minimum Fixed Account Value means the Monthly Deduction due on the first day of each Policy Year multiplied by 12.

Minimum Monthly Period means the period in months which begins on the Policy Date and applies to the Minimum Monthly Premium provision. The Minimum Monthly Period is shown on the Policy Data Page.

Monthly Deduction means amounts subtracted from the Accumulation Value on the Monthly Deduction Day, and include the Cost of Insurance, the Policy Fee, the Policy Expense Charge, Flat Extra charge, and any rider charges.

Monthly Deduction Day means the same day in each month as the Policy Date.

Net Premium means the premium paid minus the Premium Load as shown on the Policy Data Page.

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 insurance coverage becomes effective and is shown on the Policy Data Page. 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.

2. DEATH BENEFIT

2.1 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.

2.2 Life Insurance Qualification

In order to qualify as life insurance under Section 7702 of the Internal Revenue Code, this Policy must satisfy one of the two Life Insurance Qualification Tests. The Life Insurance Qualification Tests are:

2.2.1 Guideline Premium Test - A Policy meets the Guideline Premium Test if:

- 1) the sum of the premiums paid under the Policy does not at any time exceed the Guideline Premium Limitation as of such time; and
- 2) the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Corridor Factor.

2.2.2 Cash Value Accumulation Test - A Policy meets the Cash Value Accumulation Test if the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Accumulation Test Factor.

The Life Insurance Qualification Test for your Policy is shown on the Policy Data Page. The Life Insurance Qualification Test may not be changed after the Policy Date.

2.3 Death Benefit Factor

The applicable Death Benefit Factor is determined by the Life Insurance Qualification Test as shown on the Policy Data Page. If the Life Insurance Qualification Test is the Guideline Premium Test, the Death Benefit Factor is the Cash Value Corridor Factor. If the Life Insurance Qualification Test is the Cash Value Accumulation Test, the Death Benefit Factor is the Cash Value Accumulation Test Factor.

The Death Benefit Factor is based on the Attained Age of the Insured, and is shown on the Death Benefit Factor Page.

2.4 Death Benefit

The Death Benefit payable upon the death of the Insured is determined by the Death Benefit Option in effect on the date of the Insured's death. The Death Benefit Options are:

- Option A – Level Death Benefit
- Option B – Increasing Death Benefit

The Death Benefit under Option A equals the greater of the Face Amount less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

The Death Benefit under Option B equals the greater of the Face Amount plus the Accumulation Value less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

2.5 Death Benefit Payment

We will pay the Death Benefit 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.

2.6 Death Benefit Option Change

After the first Policy Year, you may submit a request In Writing to change the Death Benefit Option. The Death Benefit Option may not be changed more than once in any 12-month period. You may not change the Death Benefit Option if it results in a Face Amount below the Minimum Face Amount shown on the Policy Data Page. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change, the new Death Benefit Option and the new Face Amount.

If you change from Option A to Option B, the new Face Amount will be the Face Amount prior to the change minus the Accumulation Value prior to the change. If you change from Option B to Option A, the new Face Amount will be the Face Amount prior to the change plus the Accumulation Value prior to the change.

We reserve the right to limit or refuse any requested Death Benefit Option change that would cause this Policy to no longer qualify as life insurance under the applicable test in the Life Insurance Qualification provision.

We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a death benefit option change.

2.7 Face Amount Changes

After the first Policy Year, you may submit a request In Writing to change the Face Amount. The Face Amount may not be changed more than once in any 12-month period. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change and the new Face Amount. We reserve the right to limit or refuse any change that would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a face amount increase or decrease.

2.7.1 Face Amount Increases – Prior to the Insured's Attained Age 85, you may increase the Face Amount of this Policy subject to the following conditions:

- you send us an Application In Writing for the increased amount;
- you provide us with evidence of the Insured's insurability satisfactory to us; and
- unless the Accumulation Value is sufficient to cover the next Monthly Deduction, you pay enough Net Premium to cover the next Monthly Deduction after the increase becomes effective. We will notify you of the amount of premium, if any, necessary to fulfill this condition.

An additional Policy Expense Charge will be added to the Monthly Deduction in an amount equal to the Face Amount Increase multiplied by the Policy Expense Charge Factor applicable for the Attained Age of the Insured at the time of the Face Amount Increase. An additional Surrender Charge schedule will be added to the existing Surrender Charge schedule and will be based on the Face Amount Increase applicable for the Attained Age of the Insured at the time of the Face Amount Increase. The Policy Expense Charge and Surrender Charge schedule associated with the Face Amount Increase will be shown on the endorsement to the Policy Data Page.

The Minimum Monthly Premium will increase if the Policy is within the Minimum Monthly Premium Period. The Minimum Monthly Premium Provision does not apply to any Face Amount Increases after the Minimum Monthly Period.

2.7.2 Face Amount Decreases – A Face Amount decrease will be effective on the first Monthly Deduction Day following the date we approve your request. The Face Amount in effect after any decrease must not be less than the Minimum Face Amount as shown on the Policy Data Page. If there have been prior increases in the Face Amount, a decrease will be taken first from the most recent increase, then each successive increase in the reverse order in which they were added, and then from initial Face Amount. The Surrender Charges, Minimum Monthly Premium, and Policy Expense Charge will not reduce with a decrease in your Face Amount.

2.8 Simultaneous Death of Beneficiary and Insured

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

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

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

3.1 Ownership

If there is more than one Owner, this Policy will be owned jointly with right of survivorship unless the ownership designation specifies otherwise. If there is more than one Owner, we will use the first Owner listed on our records for purposes of Policy Owner communications.

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. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations. 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; and
- 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 go into effect once signed by the Owner, subject to any payments we make or actions we take before we record the assignment. We are not responsible for the validity or effect of any assignment or the tax consequences of any assignment.

4. PREMIUM

4.1 Initial Premium

The Initial Premium shown on the Policy Data page is the premium that must be paid before your Policy will be In Force.

The Initial Premium is payable either at our Executive Office or to our authorized representative.

4.2 Planned Premium

The Planned Premium is the amount you have chosen to pay, and is shown on the Policy Data Page. You may change the Planned Premium amount or frequency by submitting a request In Writing. We may limit your request or require evidence of continued insurability if the new Planned Premium causes an increase in the Net Amount at Risk as a result of the change.

Paying the Planned Premium does not guarantee the Policy will remain In Force, and additional premiums may be required to continue your coverage.

If you stop paying premiums, we will continue to deduct the Monthly Deductions from your Accumulation Value. If the Cash Surrender Value is not sufficient to cover the Monthly Deduction, your Policy will enter the Grace Period and will Lapse if additional premiums are not paid by the end of the Grace Period.

4.3 Unscheduled Premiums

After the Initial Premium, you may pay premiums in any amount and at any time the Policy is In Force. You can choose the payment amount, but the premium payment may be no less than the Minimum Unscheduled Premium payment shown on the Policy Data Page. In addition, we may limit your premium payment or require evidence of continued insurability if it causes an increase in the Net Amount at Risk as a result of the payment. We reserve the right to limit or refund any premium payment that would cause the Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. Any refund will be within the time required by law.

4.4 Grace Period

If on any Monthly Deduction Day the Cash Surrender Value is not sufficient to cover the Monthly Deduction, a Grace Period of 61 days will be allowed for the payment of sufficient premium to keep your Policy In Force. The Grace Period begins on the Monthly Deduction Day on which the insufficiency occurred and ends 61 days thereafter. We will send you and any assignee of record, at the last known address, at least 31 days prior to the end of the Grace Period, a written notice indicating the due date and the payment required to keep your Policy In Force.

The Net Premium required to keep your Policy In Force after the Grace Period is equal to three times the Monthly Deduction due at the beginning of the Grace Period. You have the entire Grace Period within which to remit the required payment. Any payments sent by U.S. mail must be postmarked within the Grace Period. If you do not send us at least the required premium payment, all coverage under this Policy, including additional benefits or riders, will Lapse without value.

If the Insured dies during the Grace Period, the Death Benefit will be equal to the Death Benefit at the beginning of the Grace Period reduced by any unpaid Monthly Deductions.

4.5 Minimum Monthly Premium

If the sum of premiums paid to date, less any withdrawals and Policy Loans, is greater than or equal to (1) multiplied by (2) where:

- (1) is the Minimum Monthly Premium shown on the Policy Data Page; and
- (2) is the number of Monthly Deduction Days to date since the Policy Date; then

Your Policy will not enter the Grace Period even if the Cash Surrender Value is not sufficient to cover the Monthly Deductions. If the sum of premiums paid to date does not meet the requirement of this provision and the Policy enters the Grace Period, this provision will be reinstated during the Minimum Monthly Period if the Net Premium paid during the Grace Period is at least enough to meet the premium requirement of this provision.

On the first Monthly Deduction Day after the Minimum Monthly Period, the Policy will enter the Grace Period if the Cash Surrender Value is not sufficient to cover the Monthly Deduction. If you only pay the Minimum Monthly Premium during the Minimum Monthly Period, you may be required to pay additional premiums to keep the Policy In Force past the Minimum Monthly Period.

4.6 Reinstatement

If your Policy has Lapsed, you may reinstate it at any time within three years of the termination date, subject to the following conditions:

- the Policy must not have been surrendered;
- you submit In Writing an Application for reinstatement signed by the Owner and the Insured;
- you submit evidence satisfactory to us that the Insured is still insurable at the same risk classification in which the Policy was issued;
- the Owner must repay or reinstate any unpaid Policy Loans and loan interest existing at termination; and
- payment of a Net Premium that is at least enough to cover the Monthly Deductions and any loan interest due and unpaid for the lapsed period, and to keep the Policy In Force for three months following the effective date of reinstatement.

Upon reinstatement of your Policy:

- the Accumulation Value on the reinstatement date will be the Accumulation Value at the beginning of the Grace Period, plus the premium required for reinstatement, minus the Monthly Deductions and any loan interest due and unpaid for the lapsed period;
- the Surrender Charge and Policy Expense Charge schedules that were in place at the end of the Grace Period will be effective on the reinstatement date;
- the Accumulation Value on the reinstatement date will be allocated to the Fixed Account. Reallocation of the Accumulation Value in the Fixed Account after reinstatement will be based on the terms and conditions of the Fixed Account provision and any attached account Endorsement(s); and
- the effective date of reinstatement will be the next Monthly Deduction Day following the date you meet all of the reinstatement conditions. If you have met all the conditions for reinstatement and the Insured's death occurs before the Monthly Deduction Day on which we reinstate your Policy, we will pay the Death Benefit as of that Monthly Deduction Day.

5. POLICY VALUES

5.1 Accumulation Value

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

5.2 Fixed Account

All Net Premiums will be paid into the Fixed Account when received. Any value in the Fixed Account in excess of the Minimum Fixed Account Value will be transferred on the next Monthly Deduction Day to the account Endorsement(s) based on the most recent account allocation instructions. The value in the Fixed Account on the Policy Date equals the Net Premiums received on or before the Policy Date minus the Monthly Deduction.

The value in the Fixed Account on any other Monthly Deduction Day equals:

- 1) the value in the Fixed Account on the prior Monthly Deduction Day; plus
- 2) Net Premiums received since the prior Monthly Deduction Day; minus
- 3) the Monthly Deduction; plus
- 4) transfers in from any account Endorsements; minus
- 5) transfers out of the Fixed Account; minus
- 6) any Partial Withdrawal and transaction charge taken from the Fixed Account; plus
- 7) any loan repayments; plus
- 8) interest credited to the Fixed Account.

The Initial Fixed Account Interest Rate will be in effect for the Fixed Account Rate Guarantee Period shown on the Policy Data Page. We may at any time declare additional interest on these funds. The current Interest Rate declared will not be less than the Minimum Guaranteed Fixed Account Interest Rate shown on the Policy Data Page.

5.3 Loan Value Account

When a loan is requested under the Fixed Loan Interest Rate method, we will transfer an amount equal to the loan to the Loan Value Account. The transfer to the Loan Value Account will be taken from the Fixed Account and any account Endorsement(s) in proportion to the Accumulation Value in each account. The Loan Value Account will be credited interest at an annual effective interest rate no less than the Minimum Guaranteed Fixed Account Interest Rate, as shown on the Policy Data Page. Interest is credited daily to this account.

5.4 Monthly Deduction

The Monthly Deduction is deducted first from the Fixed Account. If the Monthly Deduction is greater than the value in the Fixed Account, the remaining Monthly Deduction will be deducted from the Accumulation Value of any attached account Endorsements in proportion to the Accumulation Value in each account.

5.5 Cost of Insurance

The Cost of Insurance will be deducted on the Policy Date and each Monthly Deduction Day thereafter. The monthly Cost of Insurance under this Policy will be equal to (1) multiplied by (2), divided by (3), where:

- (1) is the Net Amount at Risk on the Monthly Deduction Day;
- (2) is the monthly Cost of Insurance rate; and
- (3) is equal to 1,000.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the Policy Data Page. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Face Amount, divided by 1,000, and then divided by 12.

5.6 Net Amount at Risk

The Net Amount at Risk is equal to the Death Benefit divided by the Net Amount at Risk Divisor, less the Accumulation Value.

5.7 Policy Fee

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

5.8 Policy Expense Charge

We will deduct a Policy Expense Charge on the Policy Date and each Monthly Deduction Day 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 will be no greater than the Maximum Policy Expense Charge Factor shown on the Policy Data Page.

5.9 Basis of Values

The guaranteed values are based on the Minimum Guaranteed Policy Rate and the Maximum Cost of Insurance Rates shown on the Policy Data Page. We have filed a detailed statement of the method we use to determine values with the state in which the Application was signed. All values are equal to or more than those required by the laws of that state.

6. SURRENDER AND WITHDRAWAL OF POLICY VALUES

6.1 Surrender of Policy

You may Surrender this Policy to us at any time while it is In Force for the Cash Surrender Value. This Policy will terminate without notice if it is surrendered. We reserve the right to defer payment of any Cash Surrender Value for up to six months after we receive the surrender request.

6.2 Cash Surrender Value

The Cash Surrender Value is the Accumulation Value less the Surrender Charge, if any, and less any Loan Balance.

You may surrender the Policy for the Cash Surrender Value at any time, and if surrendered within 30 days following a Policy Anniversary the value available shall not be less than the Cash Surrender Value on such Policy Anniversary less any Policy Loans or Partial Withdraws taken after the Policy Anniversary. Any Cash Surrender Value available under the Policy at any time other than on a Policy Anniversary shall be calculated with allowance for lapse of time from the last preceding Policy Anniversary.

A Surrender Charge may apply if you surrender this Policy during the Surrender Charge Period. The Surrender Charge Schedule is shown on the Policy Data Page.

6.3 Partial Withdrawal

You may take a Partial Withdrawal from the Accumulation Value while the Insured is alive and this Policy is In Force. We may charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page. Any transaction charge will be deducted from the Partial Withdrawal proceeds. The amount withdrawn at any time must be at least \$500. The maximum Partial Withdrawal allowed is an amount such that the Cash Surrender Value after deduction of the Partial Withdrawal is greater than or equal to three times the next Monthly Deduction. We reserve the right to limit or refuse any Partial Withdrawal if it would result in the Face Amount being less than the Minimum Face Amount shown on the Policy Data Page, or if it would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision.

The Accumulation Value will be reduced by the amount of the Partial Withdrawal. The Face Amount will be reduced by the amount of the Partial Withdrawal for Death Benefit Option A, and will remain unchanged for Death Benefit Option B. If the Face Amount is reduced, a Surrender Charge will be deducted from the Partial Withdrawal proceeds. The Surrender Charge on a Partial Withdrawal is the reduction in the Face Amount multiplied by the applicable Surrender Charge as shown on the Policy Data Page.

We reserve the right to defer payment of any Partial Withdrawal for up to six months after we receive the Partial Withdrawal request.

7. POLICY LOANS

7.1 Right to Borrow and Loan Value

After the first Policy Year, you may borrow up to the available loan value of your Policy. The Cash Surrender Value will be the security for the loan. The available 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, less three times the next Monthly Deduction due as of the date of the loan. Any Loan Balance on this Policy will be deducted from the proceeds at death or surrender.

Any payment we receive from you while there is a Loan Balance that is not specifically designated as a premium payment will be applied first as a loan repayment.

We reserve the right to defer payment of any Policy Loan for up to six months after we receive the loan request.

7.2 Loan Interest Method

You may choose between a Variable Loan Interest Rate and a Fixed Loan Interest Rate to determine the loan interest charged on a Policy Loan. The choice will be made at the time a loan is requested. If there is an existing loan at the time an additional loan is requested, the Loan Interest Method will be the same as the outstanding loan. If you want to switch the Loan Interest Method, you must first repay the outstanding Loan Balance before switching to the other method.

7.3 Fixed Loan Interest Rate

Loan interest is charged from the date of the loan at the Fixed Loan Interest Rate shown on the Policy Data Page. 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.

After the Preferred Loan Date shown on the Policy Data Page, the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page will apply to any portion of the policy loan up to the amount equal to the greater of:

- (1) 10% of the Cash Surrender Value; or
- (2) The Cash Surrender Value less the sum of all premiums paid plus the sum of all withdrawals.

Loan interest for the preferred loan will not exceed the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page.

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. At the time of repayment, a transfer from the Loan Value Account to the Fixed Account for the amount of the loan repayment will occur. The reallocation of any repaid amounts transferred to the Fixed Account will be based on the terms and conditions of the Fixed Account provision.

7.4 Variable Loan Interest Rate

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. 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 Minimum Guaranteed Policy Rate shown on the Policy Data Page plus 1% per annum;

but it will never exceed the Maximum Variable Loan Interest Rate shown on the Policy Data Page.

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 delivered.

We will determine the Loan Interest Rate no more than once every 12 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.

With a Variable Loan Interest Rate, the loaned portion of your Accumulation Value will continue to earn interest based on the terms and conditions of any attached account Endorsement(s).

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. All loan repayments will be allocated to the Fixed Account. The reallocation of any repaid amounts will be based on the terms and conditions of the Fixed Account provision.

8. GENERAL TERMS

8.1 Entire Contract

This Policy is a legal contract. We issue this Policy in consideration of the Initial 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.

We will not contest the payment of any approved Face Amount Increases after such increases have been In Force during your lifetime for two (2) years from the effective date of the increases, and only with respect to statements made on the Application for the increased amount(s).

We will not contest payment of the death proceeds, with respect to statements made in any Application for reinstatement, after the Policy has been In Force during your lifetime for two (2) years following the effective date of reinstatement.

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 delivered. The report shall contain the following information:

- the beginning and end dates of the current report period;
- the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts credited or debited to the Accumulation Value during the current report period;
- the current Death Benefit at the end of the current report period on each life covered by the Policy;
- the Cash Surrender Value, if any, at the end of the current report period;
- the amount of outstanding loans, if any, at the end of the current report period; and
- a notice if the Policy's Cash Surrender Value will not maintain insurance In Force until the end of the next reporting period unless further premium payments are made.

You may annually request, without charge, an illustrative report to be delivered to you by submitting a written request to us.

8.8 Misstatement of Age or Sex

We have the right to correct benefits for misstated Age or sex. The method for adjusting values and benefits will be as follows:

- (1) we will recalculate all Policy values since the inception of the Policy to the extent that the recalculation, in and of itself, will not result in termination of the Policy prior to the date of death;
- (2) the Death Benefit after recalculation shall not be less than the Cash Surrender Value that would have been paid had the Policy been surrendered on the date of death based upon the misstated Age or Sex; and
- (3) when making an adjustment at the time of surrender or death, the Death Benefit in all preceding years is the actual Death Benefit which would have been paid under the corrected Age or Sex of the Insured had death occurred in any preceding year. We will not use guaranteed assumptions in the calculations, but shall use the actual assumptions applied to the Policy during the recalculated period.

If the Policy would terminate as a result of the recalculation, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the most recent mortality charge by adjusting the Net Amount at Risk by the ratio of the incorrect Cost of Insurance Rate to the correct Cost of Insurance Rate. We will not make any retrospective recalculations to the Accumulation Value. We may adjust future Monthly Deductions to reflect the corrected Age.

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. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial Withdrawals.

Any increase in Death Benefit resulting from a requested increase in Face Amount will not be paid if the Insured dies by suicide, while sane or insane, within two (2) years of the date of such increase. Instead, we will return to the Owner an amount equal to the Cost of Insurance for such increase in Face Amount.

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 day of reinstatement. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial 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 grace period ends without payment of the required premium payment; or
- all of the value of this Policy is applied to a payment option; or
- the Maturity Date listed on the Policy Data Page.

9. PAYMENT OF PROCEEDS

9.1 Choice of Options

The Owner may choose to have the proceeds of this Policy paid under a payment option. After the death of the Insured, the Beneficiary may choose a payment option if the Owner has not done so before the Insured's death. The Death Benefit shall always be available in a lump sum payment. 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 as shown on the Policy Data Page. We may pay a higher interest rate at our discretion. The mortality table used for Option B is the Annuity 2000 Mortality Table.

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

9.2 Requirements

For the Owner to choose or change a payment option:

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

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

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

9.3 Payment Options

The payment option choices are:

Plan A. Fixed Period

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

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

Plan B. Life Income

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

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

Factors for Ages not shown will be supplied upon request.

9.4 Other Options

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

9.5 Effective Date of Payment Option

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

9.6 Death of Payee

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

9.7 Claims of Creditors

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

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Flexible premium payments**
- **Adjustable Death Benefit**
- **Cash Surrender Value payable upon surrender**
- **Dividends are not paid (Nonparticipating)**

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

EquiTrust Life Insurance Company®
[WEST DES MOINES, IOWA]

[Executive Office

5400 University Avenue

West Des Moines, Iowa 50266-5997

1-866-598-3692]

[Iowa Insurance Division
515-281-5705]



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

EquiTrust Life Insurance Company (the "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 by returning it to the Company. 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

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- Death Benefit payable at the Insured's death
- Flexible premium payments
- Adjustable Death Benefit
- Cash Surrender Value payable upon surrender
- Dividends are not paid (Nonparticipating)

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

POLICY DATA PAGE

INSURED	[John Doe]
INSURED AGE	[45]
INSURED SEX	[Male]
OWNER	[Jane Doe]
POLICY NUMBER	[12345]
POLICY DATE	[04-17-2011]
[POLICY CHANGE DATE	09-09-2013]
MATURITY DATE	[04-17-2087]
PREMIUM CLASS	[Standard Nontobacco]
TABLE RATING	[0%]
FLAT EXTRA per \$1,000 of FACE AMOUNT	[\$0.00] per year for [0] years
FACE AMOUNT	[\$100,000.00]
MINIMUM FACE AMOUNT	[\$50,000.00]
DEATH BENEFIT OPTION	[Option A – Level Death Benefit]
LIFE INSURANCE QUALIFICATION TEST	[Guideline Premium Test]
NET AMOUNT AT RISK DIVISOR	[1.0016516]
INITIAL PREMIUM	[\$1,809.00]
PLANNED PREMIUM	[\$1,809.00] payable [Annually]
MINIMUM UNSCHEDULED PREMIUM	[\$50.00]
MINIMUM MONTHLY PREMIUM	[\$91.51]
MINIMUM MONTHLY PERIOD	[60 months]
PREMIUM LOAD	[6%] of Premium
MAXIMUM POLICY EXPENSE CHARGE FACTOR	[\$0.8367] per \$1,000 of Face Amount for [20] years
POLICY FEE	[\$8.00] per month
MAXIMUM TRANSACTION CHARGE	[\$200.00]
MAXIMUM COST OF INSURANCE RATES	[2001 CSO ALB Ultimate Mortality Table]
PAYMENT PLAN MINIMUM INTEREST RATE	[1.5%]
SURRENDER CHARGE SCHEDULE	

	Policy Year	Surrender Charge						
{	1	\$2,386	6	1,458	11	639	16	0
	2	2,277	7	1,277	12	498		
	3	2,056	8	1,105	13	364		
	4	1,847	9	942	14	237		
	5	1,647	10	786	15	115		

The Surrender Charge Schedule above is for the Face Amount on the Policy Date.

In the event of a Face Amount Increase, the Surrender Charges, Minimum Monthly Premium, and Policy Expense Charges will increase. You will be provided an endorsement to the Policy Data Page showing the new Surrender Charge Schedule, Minimum Monthly Premium, and Policy Expense Charge which will be effective as of the Policy Change Date.

In the event of a decrease in the Face Amount, the Surrender Charges, the Minimum Monthly Premium and Policy Expense Charge will not decrease.

POLICY DATA PAGE (cont)

FIXED LOAN INTEREST RATE	[6.0%]
MAXIMUM VARIABLE LOAN INTEREST RATE	[8.0%]
MAXIMUM PREFERRED LOAN INTEREST RATE	[2.0%]
PREFERRED LOAN DATE	[04-17-2021]
FIXED ACCOUNT PREMIUM ALLOCATION	[25%]
INITIAL FIXED ACCOUNT INTEREST RATE	[4.2%]
FIXED ACCOUNT RATE GUARANTEE PERIOD	[1 Year]
MINIMUM GUARANTEED FIXED ACCOUNT INTEREST RATE	[2.0%]
MINIMUM GUARANTEED POLICY RATE	[2.0%]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

Form Number	Description	Effective Date
ETL-FPIUL-2000(04-11)	Flexible Premium Adjustable Life	[04-17-2011]
ETL-1YP2PCAP-FP(04-11)	1-Yr Point-to-Point Index Account	[04-17-2011]
ETL-1YAVGPART-FP(04-11)	1-Yr Average Participation Index Account	[04-17-2011]
ETL-1YRMC-FP(04-11)	1-Yr Monthly Cap Index Account	[04-17-2011]
ETL-ADBR-FP(04-11)	Accelerated Death Benefit Rider Rider Benefit Amount: 50% of Death Benefit, up to \$250,000 Rider Charge: [No charge]	[04-17-2011]
ETL-ADB-FP(04-11)	Accidental Death Benefit Rider Rider Benefit Amount: [\$100,000] Rider Charge: [\$35.00] per month	[04-17-2011]
ETL-CTR-FP(04-11)	Child Term Rider Rider Benefit Amount: [\$5,000] Rider Charge: [\$24.00] per month	[04-17-2011]

POLICY DATA PAGE (cont)

<u>Form Number</u>	<u>Description</u>	<u>Effective Date</u>
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ETL-WMD-FP(04-11)	Waiver of Monthly Deduction Rider	[04-17-2011]
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Rider Charge: [\$48.00] per month

ETL-WPM-FP(04-11)	Waiver of Premium Rider	[04-17-2011]
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Rider Planned Premium: [\$5,000.00] payable [Annually]

Planned Premium Duration: [10] years

Rider Charge: [\$48.00] per month

POLICY DATA PAGE (cont)

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

Attained Age	Rate	Attained Age	Rate	Attained Age	Rate
18	0.07670	53	0.38513	88	14.74027
19	0.07837	54	0.43288	89	16.30607
20	0.07921	55	0.48654	90	17.89757
21	0.07921	56	0.54190	91	19.49638
22	0.07921	57	0.59563	92	21.20724
23	0.08004	58	0.64940	93	23.05252
24	0.08088	59	0.71246	94	25.04434
25	0.08338	60	0.78903	95	27.06773
26	0.08672	61	0.88254	96	29.09469
27	0.08838	62	0.99136	97	31.31290
28	0.08672	63	1.11047	98	33.74873
29	0.08588	64	1.23485	99	36.43252
30	0.08505	65	1.36453	100	39.08352
31	0.08421	66	1.49611	101	41.51094
32	0.08505	67	1.63389	102	44.17630
33	0.08755	68	1.77958	103	47.11034
34	0.08922	69	1.94350	104	50.33183
35	0.09339	70	2.13517	105	53.86989
36	0.09756	71	2.36857	106	57.80265
37	0.10340	72	2.64233	107	62.19404
38	0.11091	73	2.93178	108	67.12722
39	0.11759	74	3.24405	109	72.70105
40	0.12677	75	3.58552	110	79.04542
41	0.13762	76	3.97236	111	83.33333
42	0.15098	77	4.42467	112	83.33333
43	0.16685	78	4.95336	113	83.33333
44	0.18439	79	5.55015	114	83.33333
45	0.20360	80	6.22109	115	83.33333
46	0.22282	81	6.95716	116	83.33333
47	0.23870	82	7.74449	117	83.33333
48	0.25124	83	8.61347	118	83.33333
49	0.26713	84	9.59129	119	83.33333
50	0.28804	85	10.69345	120	83.33333
51	0.31481	86	11.92416		
52	0.34745	87	13.27646		

DEATH BENEFIT FACTOR PAGE

CASH VALUE CORRIDOR FACTORS

Attained Age	Factor	Attained Age	Factor
0-40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94+	1.01
67	1.18		

DEATH BENEFIT FACTOR PAGE (cont)

CASH VALUE ACCUMULATION TEST FACTORS

Attained Age	Factor	Attained Age	Factor
18	869.9%	60	214.9%
19	842.2%	61	208.8%
20	815.2%	62	202.9%
21	789.0%	63	197.3%
22	763.5%	64	192.1%
23	738.5%	65	187.0%
24	714.3%	66	182.3%
25	690.8%	67	177.7%
26	668.0%	68	173.3%
27	646.0%	69	169.0%
28	624.6%	70	164.9%
29	603.7%	71	161.0%
30	583.4%	72	157.3%
31	563.6%	73	153.8%
32	544.3%	74	150.5%
33	525.7%	75	147.3%
34	507.6%	76	144.3%
35	490.1%	77	141.4%
36	473.3%	78	138.7%
37	457.0%	79	136.1%
38	441.2%	80	133.7%
39	426.1%	81	131.4%
40	411.5%	82	129.3%
41	397.5%	83	127.4%
42	384.0%	84	125.5%
43	371.0%	85	123.8%
44	358.6%	86	122.2%
45	346.7%	87	120.7%
46	335.3%	88	119.4%
47	324.3%	89	118.1%
48	313.8%	90	117.0%
49	303.5%	91	115.9%
50	293.7%	92	114.8%
51	284.2%	93	113.8%
52	275.0%	94	112.7%
53	266.3%	95	111.6%
54	257.9%	96	110.3%
55	249.9%	97	108.8%
56	242.3%	98	106.8%
57	235.0%	99	104.0%
58	228.0%	100+	101.0%
59	221.3%		

1. GENERAL DEFINITIONS

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

Age means the Age of the Insured on his or her last birthday on the Policy Date of this Policy.

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

Attained Age means Age plus the number of complete Policy Years elapsed since the Policy Date.

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.

Guideline Premium Limitation means the greater of the Guideline Single Premium or the sum of the Guideline Level Premiums to date.

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 the Policy, the Initial Premium has been paid, the Cash Surrender Value is sufficient to cover the next Monthly Deduction, 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.

Maturity Date means the date coverage under this Policy terminates and the Policy's Cash Surrender Value, if any, becomes payable to you, provided this Policy is In Force and the Insured is alive. The Maturity Date is shown on the Policy Data Page.

Maximum Transaction Charge means the maximum amount that may be charged for any increase or decrease in the Face Amount, change in the Death benefit option, or partial withdrawal. This charge will not exceed the amount shown on the Policy Data Pages and is charged at every point when such policy change occurs. If more than one policy change is made at the same time, only one transaction charge will be assessed. This charge is for expenses associated with processing such changes. Any transaction charge is assessed against your accumulation value when a policy change is made.

Minimum Fixed Account Value means the Monthly Deduction due on the first day of each Policy Year multiplied by 12.

Minimum Monthly Period means the period in months which begins on the Policy Date and applies to the Minimum Monthly Premium provision. The Minimum Monthly Period is shown on the Policy Data Page.

Monthly Deduction means amounts subtracted from the Accumulation Value on the Monthly Deduction Day, and include the Cost of Insurance, the Policy Fee, the Policy Expense Charge, Flat Extra charge, and any rider charges.

Monthly Deduction Day means the same day in each month as the Policy Date.

Net Premium means the premium paid minus the Premium Load as shown on the Policy Data Page.

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 insurance coverage becomes effective and is shown on the Policy Data Page. 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.

2. DEATH BENEFIT

2.1 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.

2.2 Life Insurance Qualification

In order to qualify as life insurance under Section 7702 of the Internal Revenue Code, this Policy must satisfy one of the two Life Insurance Qualification Tests. The Life Insurance Qualification Tests are:

2.2.1 Guideline Premium Test - A Policy meets the Guideline Premium Test if:

- 1) the sum of the premiums paid under the Policy does not at any time exceed the Guideline Premium Limitation as of such time; and
- 2) the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Corridor Factor.

2.2.2 Cash Value Accumulation Test - A Policy meets the Cash Value Accumulation Test if the Death Benefit under the Policy at any time is not less than the Accumulation Value multiplied by the Cash Value Accumulation Test Factor.

The Life Insurance Qualification Test for your Policy is shown on the Policy Data Page. The Life Insurance Qualification Test may not be changed after the Policy Date.

2.3 Death Benefit Factor

The applicable Death Benefit Factor is determined by the Life Insurance Qualification Test as shown on the Policy Data Page. If the Life Insurance Qualification Test is the Guideline Premium Test, the Death Benefit Factor is the Cash Value Corridor Factor. If the Life Insurance Qualification Test is the Cash Value Accumulation Test, the Death Benefit Factor is the Cash Value Accumulation Test Factor.

The Death Benefit Factor is based on the Attained Age of the Insured, and is shown on the Death Benefit Factor Page.

2.4 Death Benefit

The Death Benefit payable upon the death of the Insured is determined by the Death Benefit Option in effect on the date of the Insured's death. The Death Benefit Options are:

- Option A – Level Death Benefit
- Option B – Increasing Death Benefit

The Death Benefit under Option A equals the greater of the Face Amount less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

The Death Benefit under Option B equals the greater of the Face Amount plus the Accumulation Value less any Loan Balance, or the Accumulation Value multiplied by the applicable Death Benefit Factor, less any Loan Balance.

2.5 Death Benefit Payment

We will pay the Death Benefit 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.

2.6 Death Benefit Option Change

After the first Policy Year, you may submit a request In Writing to change the Death Benefit Option. The Death Benefit Option may not be changed more than once in any 12-month period. You may not change the Death Benefit Option if it results in a Face Amount below the Minimum Face Amount shown on the Policy Data Page. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change, the new Death Benefit Option and the new Face Amount.

If you change from Option A to Option B, the new Face Amount will be the Face Amount prior to the change minus the Accumulation Value prior to the change. If you change from Option B to Option A, the new Face Amount will be the Face Amount prior to the change plus the Accumulation Value prior to the change.

We reserve the right to limit or refuse any requested Death Benefit Option change that would cause this Policy to no longer qualify as life insurance under the applicable test in the Life Insurance Qualification provision.

We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a death benefit option change.

2.7 Face Amount Changes

After the first Policy Year, you may submit a request In Writing to change the Face Amount. The Face Amount may not be changed more than once in any 12-month period. If we approve the change, we will send an endorsement to the Policy Data Page showing the effective date of the change and the new Face Amount. We reserve the right to limit or refuse any change that would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. We will charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page for a face amount increase or decrease.

2.7.1 Face Amount Increases – Prior to the Insured's Attained Age 85, you may increase the Face Amount of this Policy subject to the following conditions:

- you send us an Application In Writing for the increased amount;
- you provide us with evidence of the Insured's insurability satisfactory to us; and
- unless the Accumulation Value is sufficient to cover the next Monthly Deduction, you pay enough Net Premium to cover the next Monthly Deduction after the increase becomes effective. We will notify you of the amount of premium, if any, necessary to fulfill this condition.

An additional Policy Expense Charge will be added to the Monthly Deduction in an amount equal to the Face Amount Increase multiplied by the Policy Expense Charge Factor applicable for the Attained Age of the Insured at the time of the Face Amount Increase. An additional Surrender Charge schedule will be added to the existing Surrender Charge schedule and will be based on the Face Amount Increase applicable for the Attained Age of the Insured at the time of the Face Amount Increase. The Policy Expense Charge and Surrender Charge schedule associated with the Face Amount Increase will be shown on the endorsement to the Policy Data Page.

The Minimum Monthly Premium will increase if the Policy is within the Minimum Monthly Premium Period. The Minimum Monthly Premium Provision does not apply to any Face Amount Increases after the Minimum Monthly Period.

2.7.2 Face Amount Decreases – A Face Amount decrease will be effective on the first Monthly Deduction Day following the date we approve your request. The Face Amount in effect after any decrease must not be less than the Minimum Face Amount as shown on the Policy Data Page. If there have been prior increases in the Face Amount, a decrease will be taken first from the most recent increase, then each successive increase in the reverse order in which they were added, and then from initial Face Amount. The Surrender Charges, Minimum Monthly Premium, and Policy Expense Charge will not reduce with a decrease in your Face Amount.

2.8 Simultaneous Death of Beneficiary and Insured

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

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

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

3.1 Ownership

If there is more than one Owner, this Policy will be owned jointly with right of survivorship unless the ownership designation specifies otherwise. If there is more than one Owner, we will use the first Owner listed on our records for purposes of Policy Owner communications.

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. We reserve the right to restrict changes in ownership in order to satisfy applicable laws or regulations. 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; and
- 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 go into effect once signed by the Owner, subject to any payments we make or actions we take before we record the assignment. We are not responsible for the validity or effect of any assignment or the tax consequences of any assignment.

4. PREMIUM

4.1 Initial Premium

The Initial Premium shown on the Policy Data page is the premium that must be paid before your Policy will be In Force.

The Initial Premium is payable either at our Executive Office or to our authorized representative.

4.2 Planned Premium

The Planned Premium is the amount you have chosen to pay, and is shown on the Policy Data Page. You may change the Planned Premium amount or frequency by submitting a request In Writing. We may limit your request or require evidence of continued insurability if the new Planned Premium causes an increase in the Net Amount at Risk as a result of the change.

Paying the Planned Premium does not guarantee the Policy will remain In Force, and additional premiums may be required to continue your coverage.

If you stop paying premiums, we will continue to deduct the Monthly Deductions from your Accumulation Value. If the Cash Surrender Value is not sufficient to cover the Monthly Deduction, your Policy will enter the Grace Period and will Lapse if additional premiums are not paid by the end of the Grace Period.

4.3 Unscheduled Premiums

After the Initial Premium, you may pay premiums in any amount and at any time the Policy is In Force. You can choose the payment amount, but the premium payment may be no less than the Minimum Unscheduled Premium payment shown on the Policy Data Page. In addition, we may limit your premium payment or require evidence of continued insurability if it causes an increase in the Net Amount at Risk as a result of the payment. We reserve the right to limit or refund any premium payment that would cause the Policy to no longer qualify as life insurance under the Life Insurance Qualification provision. Any refund will be within the time required by law.

4.4 Grace Period

If on any Monthly Deduction Day the Cash Surrender Value is not sufficient to cover the Monthly Deduction, a Grace Period of 61 days will be allowed for the payment of sufficient premium to keep your Policy In Force. The Grace Period begins on the Monthly Deduction Day on which the insufficiency occurred and ends 61 days thereafter. We will send you and any assignee of record, at the last known address, at least 31 days prior to the end of the Grace Period, a written notice indicating the due date and the payment required to keep your Policy In Force.

The Net Premium required to keep your Policy In Force after the Grace Period is equal to three times the Monthly Deduction due at the beginning of the Grace Period. You have the entire Grace Period within which to remit the required payment. Any payments sent by U.S. mail must be postmarked within the Grace Period. If you do not send us at least the required premium payment, all coverage under this Policy, including additional benefits or riders, will Lapse without value.

If the Insured dies during the Grace Period, the Death Benefit will be equal to the Death Benefit at the beginning of the Grace Period reduced by any unpaid Monthly Deductions.

4.5 Minimum Monthly Premium

If the sum of premiums paid to date, less any withdrawals and Policy Loans, is greater than or equal to (1) multiplied by (2) where:

- (1) is the Minimum Monthly Premium shown on the Policy Data Page; and
- (2) is the number of Monthly Deduction Days to date since the Policy Date; then

Your Policy will not enter the Grace Period even if the Cash Surrender Value is not sufficient to cover the Monthly Deductions. If the sum of premiums paid to date does not meet the requirement of this provision and the Policy enters the Grace Period, this provision will be reinstated during the Minimum Monthly Period if the Net Premium paid during the Grace Period is at least enough to meet the premium requirement of this provision.

On the first Monthly Deduction Day after the Minimum Monthly Period, the Policy will enter the Grace Period if the Cash Surrender Value is not sufficient to cover the Monthly Deduction. If you only pay the Minimum Monthly Premium during the Minimum Monthly Period, you may be required to pay additional premiums to keep the Policy In Force past the Minimum Monthly Period.

4.6 Reinstatement

If your Policy has Lapsed, you may reinstate it at any time within three years of the termination date, subject to the following conditions:

- the Policy must not have been surrendered;
- you submit In Writing an Application for reinstatement signed by the Owner and the Insured;
- you submit evidence satisfactory to us that the Insured is still insurable at the same risk classification in which the Policy was issued;
- the Owner must repay or reinstate any unpaid Policy Loans and loan interest existing at termination; and
- payment of a Net Premium that is at least enough to cover the Monthly Deductions and any loan interest due and unpaid for the lapsed period, and to keep the Policy In Force for three months following the effective date of reinstatement.

Upon reinstatement of your Policy:

- the Accumulation Value on the reinstatement date will be the Accumulation Value at the beginning of the Grace Period, plus the premium required for reinstatement, minus the Monthly Deductions and any loan interest due and unpaid for the lapsed period;
- the Surrender Charge and Policy Expense Charge schedules that were in place at the end of the Grace Period will be effective on the reinstatement date;
- the Accumulation Value on the reinstatement date will be allocated to the Fixed Account. Reallocation of the Accumulation Value in the Fixed Account after reinstatement will be based on the terms and conditions of the Fixed Account provision and any attached account Endorsement(s); and
- the effective date of reinstatement will be the next Monthly Deduction Day following the date you meet all of the reinstatement conditions. If you have met all the conditions for reinstatement and the Insured's death occurs before the Monthly Deduction Day on which we reinstate your Policy, we will pay the Death Benefit as of that Monthly Deduction Day.

5. POLICY VALUES

5.1 Accumulation Value

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

5.2 Fixed Account

All Net Premiums will be paid into the Fixed Account when received. Any value in the Fixed Account in excess of the Minimum Fixed Account Value will be transferred on the next Monthly Deduction Day to the account Endorsement(s) based on the most recent account allocation instructions. The value in the Fixed Account on the Policy Date equals the Net Premiums received on or before the Policy Date minus the Monthly Deduction.

The value in the Fixed Account on any other Monthly Deduction Day equals:

- 1) the value in the Fixed Account on the prior Monthly Deduction Day; plus
- 2) Net Premiums received since the prior Monthly Deduction Day; minus
- 3) the Monthly Deduction; plus
- 4) transfers in from any account Endorsements; minus
- 5) transfers out of the Fixed Account; minus
- 6) any Partial Withdrawal and transaction charge taken from the Fixed Account; plus
- 7) any loan repayments; plus
- 8) interest credited to the Fixed Account.

The Initial Fixed Account Interest Rate will be in effect for the Fixed Account Rate Guarantee Period shown on the Policy Data Page. We may at any time declare additional interest on these funds. The current Interest Rate declared will not be less than the Minimum Guaranteed Fixed Account Interest Rate shown on the Policy Data Page.

5.3 Loan Value Account

When a loan is requested under the Fixed Loan Interest Rate method, we will transfer an amount equal to the loan to the Loan Value Account. The transfer to the Loan Value Account will be taken from the Fixed Account and any account Endorsement(s) in proportion to the Accumulation Value in each account. The Loan Value Account will be credited interest at an annual effective interest rate no less than the Minimum Guaranteed Fixed Account Interest Rate, as shown on the Policy Data Page. Interest is credited daily to this account.

5.4 Monthly Deduction

The Monthly Deduction is deducted first from the Fixed Account. If the Monthly Deduction is greater than the value in the Fixed Account, the remaining Monthly Deduction will be deducted from the Accumulation Value of any attached account Endorsements in proportion to the Accumulation Value in each account.

5.5 Cost of Insurance

The Cost of Insurance will be deducted on the Policy Date and each Monthly Deduction Day thereafter. The monthly Cost of Insurance under this Policy will be equal to (1) multiplied by (2), divided by (3), where:

- (1) is the Net Amount at Risk on the Monthly Deduction Day;
- (2) is the monthly Cost of Insurance rate; and
- (3) is equal to 1,000.

Cost of Insurance rates vary by sex, Attained Age, and Premium Class. The Maximum Monthly Cost of Insurance Rates are shown on the Policy Data Page. We may charge current rates less than the maximum rates shown.

If there is a Table Rating, the Cost of Insurance rate will be increased by the Table Rating shown on the Policy Data Page multiplied by the Cost of Insurance rate. If there is a Flat Extra, an additional monthly charge will be included in the Monthly Deduction equal to the Flat Extra amount shown on the Policy Data Page multiplied by the Face Amount, divided by 1,000, and then divided by 12.

5.6 Net Amount at Risk

The Net Amount at Risk is equal to the Death Benefit divided by the Net Amount at Risk Divisor, less the Accumulation Value.

5.7 Policy Fee

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

5.8 Policy Expense Charge

We will deduct a Policy Expense Charge on the Policy Date and each Monthly Deduction Day 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 will be no greater than the Maximum Policy Expense Charge Factor shown on the Policy Data Page.

5.9 Basis of Values

The guaranteed values are based on the Minimum Guaranteed Policy Rate and the Maximum Cost of Insurance Rates shown on the Policy Data Page. We have filed a detailed statement of the method we use to determine values with the state in which the Application was signed. All values are equal to or more than those required by the laws of that state.

6. SURRENDER AND WITHDRAWAL OF POLICY VALUES

6.1 Surrender of Policy

You may Surrender this Policy to us at any time while it is In Force for the Cash Surrender Value. This Policy will terminate without notice if it is surrendered. We reserve the right to defer payment of any Cash Surrender Value for up to six months after we receive the surrender request.

6.2 Cash Surrender Value

The Cash Surrender Value is the Accumulation Value less the Surrender Charge, if any, and less any Loan Balance.

You may surrender the Policy for the Cash Surrender Value at any time, and if surrendered within 30 days following a Policy Anniversary the value available shall not be less than the Cash Surrender Value on such Policy Anniversary less any Policy Loans or Partial Withdraws taken after the Policy Anniversary. Any Cash Surrender Value available under the Policy at any time other than on a Policy Anniversary shall be calculated with allowance for lapse of time from the last preceding Policy Anniversary.

A Surrender Charge may apply if you surrender this Policy during the Surrender Charge Period. The Surrender Charge Schedule is shown on the Policy Data Page.

6.3 Partial Withdrawal

You may take a Partial Withdrawal from the Accumulation Value while the Insured is alive and this Policy is In Force. We may charge a transaction charge not to exceed the Maximum Transaction Charge amount shown on the Policy Data Page. Any transaction charge will be deducted from the Partial Withdrawal proceeds. The amount withdrawn at any time must be at least \$500. The maximum Partial Withdrawal allowed is an amount such that the Cash Surrender Value after deduction of the Partial Withdrawal is greater than or equal to three times the next Monthly Deduction. We reserve the right to limit or refuse any Partial Withdrawal if it would result in the Face Amount being less than the Minimum Face Amount shown on the Policy Data Page, or if it would cause this Policy to no longer qualify as life insurance under the Life Insurance Qualification provision.

The Accumulation Value will be reduced by the amount of the Partial Withdrawal. The Face Amount will be reduced by the amount of the Partial Withdrawal for Death Benefit Option A, and will remain unchanged for Death Benefit Option B. If the Face Amount is reduced, a Surrender Charge will be deducted from the Partial Withdrawal proceeds. The Surrender Charge on a Partial Withdrawal is the reduction in the Face Amount multiplied by the applicable Surrender Charge as shown on the Policy Data Page.

We reserve the right to defer payment of any Partial Withdrawal for up to six months after we receive the Partial Withdrawal request.

7. POLICY LOANS

7.1 Right to Borrow and Loan Value

After the first Policy Year, you may borrow up to the available loan value of your Policy. The Cash Surrender Value will be the security for the loan. The available 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, less three times the next Monthly Deduction due as of the date of the loan. Any Loan Balance on this Policy will be deducted from the proceeds at death or surrender.

Any payment we receive from you while there is a Loan Balance that is not specifically designated as a premium payment will be applied first as a loan repayment.

We reserve the right to defer payment of any Policy Loan for up to six months after we receive the loan request.

7.2 Loan Interest Method

You may choose between a Variable Loan Interest Rate and a Fixed Loan Interest Rate to determine the loan interest charged on a Policy Loan. The choice will be made at the time a loan is requested. If there is an existing loan at the time an additional loan is requested, the Loan Interest Method will be the same as the outstanding loan. If you want to switch the Loan Interest Method, you must first repay the outstanding Loan Balance before switching to the other method.

7.3 Fixed Loan Interest Rate

Loan interest is charged from the date of the loan at the Fixed Loan Interest Rate shown on the Policy Data Page. 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.

After the Preferred Loan Date shown on the Policy Data Page, the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page will apply to any portion of the policy loan up to the amount equal to the greater of:

- (1) 10% of the Cash Surrender Value; or
- (2) The Cash Surrender Value less the sum of all premiums paid plus the sum of all withdrawals.

Loan interest for the preferred loan will not exceed the Maximum Preferred Loan Interest Rate as shown on the Policy Data Page.

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. At the time of repayment, a transfer from the Loan Value Account to the Fixed Account for the amount of the loan repayment will occur. The reallocation of any repaid amounts transferred to the Fixed Account will be based on the terms and conditions of the Fixed Account provision.

7.4 Variable Loan Interest Rate

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. 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 Minimum Guaranteed Policy Rate shown on the Policy Data Page plus 1% per annum;

but it will never exceed the Maximum Variable Loan Interest Rate shown on the Policy Data Page.

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 delivered.

We will determine the Loan Interest Rate no more than once every 12 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.

With a Variable Loan Interest Rate, the loaned portion of your Accumulation Value will continue to earn interest based on the terms and conditions of any attached account Endorsement(s).

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. All loan repayments will be allocated to the Fixed Account. The reallocation of any repaid amounts will be based on the terms and conditions of the Fixed Account provision.

8. GENERAL TERMS

8.1 Entire Contract

This Policy is a legal contract. We issue this Policy in consideration of the Initial 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.

We will not contest the payment of any approved Face Amount Increases after such increases have been In Force during your lifetime for two (2) years from the effective date of the increases, and only with respect to statements made on the Application for the increased amount(s).

We will not contest payment of the death proceeds, with respect to statements made in any Application for reinstatement, after the Policy has been In Force during your lifetime for two (2) years following the effective date of reinstatement.

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 delivered. The report shall contain the following information:

- the beginning and end dates of the current report period;
- the Accumulation Value, if any, at the beginning of the current report period and at the end of the current report period;
- the amounts credited or debited to the Accumulation Value during the current report period;
- the current Death Benefit at the end of the current report period on each life covered by the Policy;
- the Cash Surrender Value, if any, at the end of the current report period;
- the amount of outstanding loans, if any, at the end of the current report period; and
- a notice if the Policy's Cash Surrender Value will not maintain insurance In Force until the end of the next reporting period unless further premium payments are made.

You may annually request, without charge, an illustrative report to be delivered to you by submitting a written request to us.

8.8 Misstatement of Age or Sex

We have the right to correct benefits for misstated Age or sex. The method for adjusting values and benefits will be as follows:

- (1) we will recalculate all Policy values since the inception of the Policy to the extent that the recalculation, in and of itself, will not result in termination of the Policy prior to the date of death;
- (2) the Death Benefit after recalculation shall not be less than the Cash Surrender Value that would have been paid had the Policy been surrendered on the date of death based upon the misstated Age or Sex; and
- (3) when making an adjustment at the time of surrender or death, the Death Benefit in all preceding years is the actual Death Benefit which would have been paid under the corrected Age or Sex of the Insured had death occurred in any preceding year. We will not use guaranteed assumptions in the calculations, but shall use the actual assumptions applied to the Policy during the recalculated period.

If the Policy would terminate as a result of the recalculation, the adjusted Death Benefit will be that amount which would have been purchased at the correct Age in consideration of the most recent mortality charge by adjusting the Net Amount at Risk by the ratio of the incorrect Cost of Insurance Rate to the correct Cost of Insurance Rate. We will not make any retrospective recalculations to the Accumulation Value. We may adjust future Monthly Deductions to reflect the corrected Age.

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. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial Withdrawals.

Any increase in Death Benefit resulting from a requested increase in Face Amount will not be paid if the Insured dies by suicide, while sane or insane, within two (2) years of the date of such increase. Instead, we will return to the Owner an amount equal to the Cost of Insurance for such increase in Face Amount.

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 day of reinstatement. Our liability is limited to the premium paid plus any unearned Policy Loan interest at the date of death, less any Policy Loan, any Policy Loan interest due and any Partial 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 grace period ends without payment of the required premium payment; or
- all of the value of this Policy is applied to a payment option; or
- the Maturity Date listed on the Policy Data Page.

9. PAYMENT OF PROCEEDS

9.1 Choice of Options

The Owner may choose to have the proceeds of this Policy paid under a payment option. After the death of the Insured, the Beneficiary may choose a payment option if the Owner has not done so before the Insured's death. The Death Benefit shall always be available in a lump sum payment. 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 as shown on the Policy Data Page. We may pay a higher interest rate at our discretion. The mortality table used for Option B is the Annuity 2000 Mortality Table.

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

9.2 Requirements

For the Owner to choose or change a payment option:

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

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

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

9.3 Payment Options

The payment option choices are:

Plan A. Fixed Period

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

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

Plan B. Life Income

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

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

Factors for Ages not shown will be supplied upon request.

9.4 Other Options

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

9.5 Effective Date of Payment Option

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

9.6 Death of Payee

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

9.7 Claims of Creditors

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

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FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY [WITH INDEXED FEATURE OPTION]

Policy features include:

- **Death Benefit payable at the Insured's death**
- **Flexible premium payments**
- **Adjustable Death Benefit**
- **Cash Surrender Value payable upon surrender**
- **Dividends are not paid (Nonparticipating)**

[While Policy values may be affected by an external index, the Policy does not directly participate in any stock, bond, or equity investments.]

This Policy may terminate even if Planned Premiums are paid due to the fact that current Cost of Insurance and Interest Rates are not guaranteed, Policy Loans and Partial Withdrawals may be taken, there may be changes in the choice of Death Benefit Options and there may be requested changes to the specified Face Amount.

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

Waiver of Monthly Deductions Rider

This Rider provides a waiver of the Monthly Deductions under the Policy in the event of Total Disability, as defined in this Rider.

This Rider is a part of the Policy to which it is attached (the "base Policy"). Terms not defined in this Rider have the same definitions given to them in the base Policy. This Rider may only be added on the Policy Date.

Section 1 – Definitions

Rider Effective Date means the Effective Date shown for this Rider on the Policy Data Page.

Total Disability means the continuous Total Disability caused by sickness or accidental bodily injury. The Total Disability must prevent the Insured from engaging in the substantial and material duties of an occupation as follows:

- **During the first 24 months of Total Disability**, the Insured is unable to perform the substantial and material duties of his or her job due to sickness or accidental bodily injury; and
- **After the first 24 months of Total Disability**, the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of his or her job, or any other job for which the Insured becomes reasonably suited by education, training, or experience.

The Total Disability must

- start after the Rider Effective Date of this Rider and while the Rider is In Force; and
- start before the Policy Anniversary on which the Insured is Attained Age 65.

Waiting Period means the number of days at the beginning of Total Disability before benefit payments begin. The Waiting Period begins on the date the Insured becomes totally disabled.

Section 2 – Rider Provisions

Rider Benefit

We will waive the payment of Monthly Deductions under the Policy during the continuous Total Disability of the Insured:

- if the Policy and the Rider are In Force on the date the Insured becomes totally disabled;
- upon receipt by us of due proof of the Insured's Total Disability;
- after a [90]-day Waiting Period; and
- subject to the terms and conditions of the Policy and this Rider.

Amounts to be Waived

The Monthly Deductions after the Waiting Period will be waived during the Insured's continuous Total Disability. After the Waiting Period is satisfied, Monthly Deductions that were due and paid during the Waiting Period will be refunded. Monthly Deductions are waived until Total Disability ends.

Monthly Deductions waived by us will not be taken from Policy proceeds.

If the Total Disability begins during the Grace Period, sufficient funds will be required to be added to the Accumulation Value to ensure that any overdue Monthly Deductions can be taken to avoid Lapse before we approve the claim for Rider Benefits.

An application to increase the Face Amount of the Policy will be deemed to be an application to increase the benefits provided under this Rider.

Rider Charge

The Rider Charge will be deducted on each Monthly Deduction Day until this Rider terminates. The Rider Charge is based on the Attained Age of the Insured at the beginning of each Policy Year. The following table shows the Rider Charge as a percentage of the Cost of Insurance charges and charges for all additional benefit riders attached to this Policy. For substandard classes, the Rider Charge will be increased by the Table Rating of the Insured, as shown on the Policy Data Page.

TABLE OF PERCENTAGES FOR STANDARD PREMIUM CLASS

Attained Age	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco	Attained Age	Male Non-Tobacco	Male Tobacco	Female Non-Tobacco	Female Tobacco
18	4.6%	6.1%	9.3%	12.6%	42	6.5%	8.9%	11.3%	15.4%
19	4.6%	6.1%	9.3%	12.6%	43	6.9%	9.3%	11.5%	15.6%
20	4.6%	6.1%	9.3%	12.6%	44	7.2%	9.7%	11.8%	16.1%
21	4.6%	6.1%	9.3%	12.6%	45	7.5%	10.1%	12.2%	16.6%
22	4.6%	6.1%	9.3%	12.6%	46	7.8%	10.5%	12.6%	17.0%
23	4.6%	6.1%	9.3%	12.6%	47	8.1%	10.9%	12.9%	17.6%
24	4.6%	6.1%	9.3%	12.6%	48	8.4%	11.3%	13.3%	18.1%
25	4.6%	6.1%	9.3%	12.6%	49	8.7%	11.8%	13.7%	18.6%
26	4.8%	6.5%	9.3%	12.6%	50	9.1%	12.2%	14.1%	19.2%
27	4.8%	6.5%	9.3%	12.8%	51	9.4%	12.7%	14.6%	19.8%
28	4.8%	6.5%	9.5%	13.0%	52	9.8%	13.2%	15.0%	20.4%
29	4.8%	6.5%	9.5%	13.0%	53	10.2%	13.8%	15.5%	21.0%
30	4.8%	6.5%	9.8%	13.2%	54	10.6%	14.3%	15.9%	21.6%
31	5.0%	6.7%	9.8%	13.2%	55	11.0%	14.9%	16.4%	22.2%
32	5.0%	6.7%	9.8%	13.2%	56	11.5%	15.5%	16.9%	22.9%
33	5.2%	6.9%	10.2%	13.7%	57	11.9%	16.1%	17.4%	23.6%
34	5.2%	7.2%	10.2%	13.7%	58	12.4%	16.7%	17.9%	24.3%
35	5.4%	7.4%	10.2%	13.7%	59	12.9%	17.4%	18.5%	25.0%
36	5.4%	7.4%	10.2%	13.9%	60	13.4%	18.1%	19.0%	25.8%
37	5.6%	7.6%	10.2%	13.9%	61	14.0%	18.8%	19.6%	26.6%
38	5.6%	7.6%	10.4%	14.1%	62	14.5%	19.6%	20.2%	27.4%
39	6.1%	8.0%	10.6%	14.3%	63	15.1%	20.4%	20.8%	28.2%
40	6.1%	8.0%	10.8%	14.5%	64	15.7%	21.2%	21.4%	29.0%
41	6.1%	8.5%	11.1%	14.7%					

Claim Procedures

Before any Monthly Deduction is waived under this Rider, written notice of claim and proof of Total Disability must be received by us:

- while the Insured is living; and
- while the Insured's Total Disability continues.

Waiver of any Monthly Deduction will be subject to the following rules:

- We may require a medical examination by a physician of our choice, at our expense; and
- If you fail to give us notice and proof of the Total Disability on time, your rights to benefits will not be impaired if you prove you complied as soon as reasonably possible.

Proof of Continuing Disability

During the first 24 months after the claim for waiver of Monthly Deductions is approved, we may require proof of continued Total Disability not more frequently than once every 30 days. After 24 months, we may require proof no more often than once every 12 months. We may require a medical examination by a physician of our choice, at our expense, as part of such proof.

Rider Exclusions

No Monthly Deduction will be waived under this Rider if the Insured's Total Disability results from:

- suicide or any attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- war or any act of war;
- active participation in a riot, insurrection, or terrorist activity;
- committing or attempting to commit a felony;
- voluntary intake or use by any means of
 - (i) any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (ii) poison, gas, or fumes, unless a direct result of an occupational accident;
- intoxication as defined by the jurisdiction where the disability occurred;
- participation in an illegal occupation or activity; and/or
- any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

Section 3 – General Provisions

Incontestable Clause

We will not contest payment of the Rider Benefit for any reason other than fraud after this Rider has been In Force for two years from the Rider Effective Date.

Nonforfeiture

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

Policy Provisions Apply

The cash value and policy loan provisions of the Policy, if any, will not apply to this Rider. All other provisions not in conflict with this Rider will apply to this Rider. In the event of a conflict between the provisions of the Policy and this Rider, the provisions of this Rider will prevail.

Reinstatement

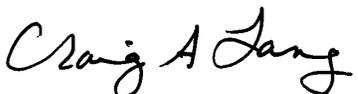
This Rider may be reinstated along with the base Policy subject to the requirements of the Policy and the following:

- You must provide evidence of insurability satisfactory to us; and
- All unpaid Rider Charges must be paid.

Termination

This Rider will terminate when any one of the following occurs:

- Upon written request from the Owner to terminate this Rider; or
- Upon termination of the base Policy; or
- The Policy Anniversary following the Insured's 65th birthday (but this will not affect a claim which began before such date); or
- The insufficiency of the Accumulation Value to allow Monthly Deductions, in accordance with the provisions of the Policy or Rider.

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President



STATEMENT TO MEDICAL EXAMINER – PART 2

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

[This section must be completed for each proposed insured if no tele-underwriting occurs.]

PROPOSED INSURED			
Proposed Insured Name		Height	Weight
Personal Physician Name		Physician Phone ()	
Physician Address		City	State Zip
Date last seen by Physician	Reason for Consultation		
Results of Consultation			

1. Has the person proposed for coverage been treated, diagnosed, or given medical advice by a member of the medical profession for:	Proposed Insured	Details to each "Yes" answer – Identify question number and give complete details
A. Epilepsy, convulsions, paralysis, dementia, Alzheimer's, severe headaches or other disorders of the brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Depression, anxiety or other mental or emotional disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Chest pain, heart attack, heart murmur, high or low blood pressure, palpitation, stroke, or other disorders of the heart or circulatory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Asthma, emphysema, tuberculosis, sleep apnea or other disorders of the lungs, bronchial tubes, throat or respiratory system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Ulcer, intestinal bleeding, colitis, hernia, hepatitis, or other disorders of the digestive tract including stomach, intestines, liver, pancreas or spleen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Kidney stone, nephritis, blood or sugar in the urine, sexually transmitted disease or other disorders of the kidney, urinary system, breasts or genital organs, including the prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Diabetes, thyroid or other glandular disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Immune system disorders except those related to Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Arthritis, back trouble, gout, or other disorders of the muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Any disorder of the eyes, ears or skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
K. Cancer, tumor or lymph node enlargement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Anemia, leukemia, or other blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Any physical deformity or defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
N. Any chronic or recurrent fever, fatigue, or viral illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the person proposed for coverage presently taking, or within the past year taken, any medication, including medication for blood pressure, cholesterol or for any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the person proposed for coverage been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Has the person proposed for coverage gained or lost weight in the past year? (If "Yes", give pounds gained or lost and reason)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Family History	Age if Living?	Cause of Death?	Age at Death?
Father			
Mother			
Brothers			
Sisters			
6. Other than disclosed above, has the person proposed for coverage, during the past five years, had or been advised by a member of the medical profession to have:			
A. An examination or physical checkup?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. X-ray, electrocardiogram, blood studies, or any other laboratory tests or studies (Except for HIV/AIDS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. An operation, surgical procedure, or biopsy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. DETAILS FOR 6A, 6B, 6C:			

Test Done	Date	Reason For Test	Name/Address/Phone # of Doctors/Hospitals

*For each "Yes" answer, identify question #. Circle specific condition, give date, duration, degree of recovery and name, address and phone number of physicians/hospitals.

I have read the statements above and affirm that they are complete and true to the best of my knowledge and belief.

Signed at (city, state) _____

Proposed Insured Signature _____ Date _____