



*Relentless Support  
for Financial Professionals*

**Please include with completed contracting paperwork:**

- Copies of current state licenses for ALL states where you wish to be appointed.
- Copy of current Error & Omissions (E&O) Certificate.
- Copy of a Voided Check
- Certificates Anti-Money Laundering training (if not LIMRA).
- Details of any responses to background questions requiring further explanation.  
(For example bankruptcy, tax liens, litigation etc.)

**Please submit contracting package to:**

**PFG MARKETING GROUP, INC.**

**By Fax to: (602) 944-8856**

**By E-mail to: [pfginfo@pfg-inc.com](mailto:pfginfo@pfg-inc.com) (or directly to your Marketer)**

**By mail to: 2440 W. Mission Lane, Suite 11  
Phoenix, AZ 85021**

*(Do NOT send directly to the Insurance Company as PFG needs to provide additional information for carrier processing. Without this, your contracting package will likely be returned to you.)*



# AGENT CONTRACT TRANSMITTAL FORM

This form should be completed for:

- Any new agents being contracted by you, or
- Any changes you are requesting to an existing agent's commission level.
- Agents requesting a transfer to a new Marketing Organization

This form must be included with each new agent contract or to request change of existing level.

**NEW AGENT/PRODUCER**

Full Name of Agent being contracted: \_\_\_\_\_

Business Name (if different than Producer): \_\_\_\_\_

Contract Level (e.g. MGA, GA, A10): \_\_\_\_\_

Reports to: \_\_\_\_\_ Agent # \_\_\_\_\_

**TRANSFER / CHANGE IN CONTRACT LEVEL**

Full Name of Agent: \_\_\_\_\_ Agent # \_\_\_\_\_

Business Name (if different than Producer): \_\_\_\_\_ Agent # \_\_\_\_\_

New Contract Level (e.g. MGA, GA, A10): \_\_\_\_\_

Reports to: \_\_\_\_\_ Agent # \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature (**Required for Transfers**) \_\_\_\_\_  
Date

\_\_\_\_\_  
Marketing Organization Name (Please Print)

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date

**Mail to:**  
**EQUITRUST LIFE INSURANCE COMPANY**  
**ATTN: Agency Administration**  
**P.O. Box 14500**  
**Des Moines, IA 50306-3500**

**Fax to:**  
**515-453-3362**

**FOR INTERNAL HOME OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
*(as it appears on your license)*

2. Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check box to indicate mailing address*

3.  Business Address: \_\_\_\_\_  
*Street City County State Zip*

4.  Residence Address: \_\_\_\_\_  
*Street City County State Zip*

Previous Residence: \_\_\_\_\_  
*(if less than 5 years at present address) Street City County State Zip*

5. Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ Taxpayer Identification Number: \_\_\_\_\_

7. CRD Number (if securities licensed): \_\_\_\_\_ Broker/Dealer Name : \_\_\_\_\_

8. For which **states** do you wish non-resident appointment? \_\_\_\_\_  
*(Attach copy of current license. Fees required for non-resident appointments)*

9. Do you currently have a debit balance with any insurance company?  Yes  No *(if yes give a company name and explanation below)*  
 Balance: \$ \_\_\_\_\_

10. **If you answer "Yes" to any of the questions below, please write details on a separate sheet of paper and attach to this application.**

- a. Have you ever had your insurance license suspended or revoked?.....  Yes  No
- b. Have you ever had a complaint filed against you with an insurance department? .....  Yes  No
- c. Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales, or have you been refused surety bonding?.....  Yes  No
- d. Have you ever been convicted of a felony?.....  Yes  No
- e. Have you ever been convicted of a misdemeanor, including but not limited to crimes involving dishonesty, breach of trust, or a violation of a federal law?.....  Yes  No
- f. Have you ever been party to any litigation?.....  Yes  No
- g. Are there any unsatisfied judgments outstanding against you?.....  Yes  No

11. **Errors and Omissions Coverage – REQUIRED** (Must provide a copy of the declaration page).

## AGENT'S DECLARATION AND AUTHORIZATION

- 1) I hereby certify that all my answers to the above questions are true. I understand that this application will form a part of my Agent's Contract with EquiTrust Life Insurance Company (the Company) and the information is to the best of my knowledge an accurate statement of fact. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for contract termination for cause at the sole discretion of the Company.
- 2) Certification – Under penalty of perjury, I certify that:
  - a) The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me);
  - b) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION AND  
CONSENT TO INVESTIGATIVE REPORT**

I have applied for appointment with EquiTrust Life Insurance Company (the "Company"). To enable the Company to properly verify and evaluate my qualifications, I understand that they need access to certain personal information about me.

I hereby authorize any employer or former employer, any school, any police department or other law enforcement organization, any financial institution, any consumer reporting agency, or any other person or organization having information about me to furnish any insurance company affiliated with EquiTrust Life Insurance Company with any and all information that such person or organization has in its possession, including credit information.

I further acknowledge that investigative credit and criminal reports may be made in which information about my character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with individuals such as neighbors, friends, or associates of mine. I hereby acknowledge and consent to the Company obtaining and utilizing such reports in its decision to contract with me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation, and that I may obtain a summary of consumer rights upon request.

**For Minnesota and Oklahoma Residents Only:** If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have checked the box if I would like to receive a copy of a consumer report if one is obtained by the Companies.

**For California Residents Only:** By signing below, I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. I have checked the box if I would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by Companies at no charge whenever I have a right to receive such a copy under California law.

A photocopy of this authorization is as valid as an original. I specifically waive any written notice from any present or former employer who may provide information based on this authorization. I understand this authorization will become a part of a written appointment application.

I acknowledge and agree that should I become associated with the Company in the position of agent, this Authorization shall remain valid and in effect and will allow Company to obtain such reports as Company deem necessary on an ongoing basis without any additional notice or consent during the term of such association.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of birth (for identification purposes only): \_\_\_\_\_

Social Security Number (for identification purposes only): \_\_\_\_\_

Please list all other names used in the past: \_\_\_\_\_

Address: \_\_\_\_\_

## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

EquiTrust Life Insurance Company (the "Company") intend to obtain information about you from an investigative consumer reporting agency for appointment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for purposes of your application for appointment. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your appointment application and other background information about you, including but not limited to obtaining a criminal record report, verifying driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making appointment decisions. The source of any investigative consumer report (as that term is defined under California law) or consumer report will be **General Information Services, 917 Chapin Road, Post Office Box 353, Chapin SC 29036; 888-333-5696; [www.geninfo.com](http://www.geninfo.com)**.

The Company agree to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

**CONTRACT EFFECTIVE DATE:** \_\_\_\_\_, 20\_\_\_\_\_

**AGENT/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

EquiTrust Life Insurance Company (hereinafter called the “Company,” “we,” “our” or “us”) and the undersigned person, firm or corporation (hereinafter called “agent,” “agency,” “you,” “your” or “yourself”) mutually agree to the terms of the contract as follows:

**1. AUTHORITY TO SOLICIT**

You shall be licensed by the state(s) in which you solicit applications for insurance for the Company. You shall solicit applications in accordance with applicable state laws and regulations, the rules and regulations of the Company, and provisions of this contract.

**2. LIMITATION OF AUTHORITY**

- (a) You are not authorized to waive, alter or change any provision or condition of the Company’s insurance policies or certificates, agent’s or agency contracts, literature or receipts, modify or extend the amount of time for any premium payment due the Company.
- (b) You shall not perform any act other than expressly granted herein except as specifically authorized in writing by the Company.
- (c) You are not authorized and are expressly forbidden to bind the Company by any promise or agreement, or to incur any debt, expense or liability in its name or account. You are not authorized to enter into any legal proceedings in connection with any matter pertaining to our business without prior written authorization of the Company. You shall not enter into any Contract, incur any expense or obligation, or cause or permit the insertion or distribution in any publication or otherwise, any advertising or publicity matter which in any way involves the Company without the prior written authority of the Company.

**3. RELATIONSHIP**

Your relationship with the Company shall be that of an independent contractor and not that of an employee. You shall be free to exercise independent judgment as to the time and manner you may perform the acts you are authorized to perform under this contract.

**4. COLLECTION OF PREMIUM**

All monies received by you or collected for or on behalf of the Company shall be made payable to the Company. You are not authorized to endorse or cash checks, drafts, money orders or financial instruments made payable to the Company.

**5. DELIVERY OF POLICY**

- (a) The policy may be delivered only if
  - (1) the proposed insured at the time of delivery is, to the best of your knowledge and belief, in as good a condition of health and insurability as stated in the application for such policy, and
  - (2) the first premium has been fully paid and
  - (3) twenty days have not elapsed from the date said policy was issued by the Home Office.
- (b) any policy not delivered shall be immediately returned to the Company upon expiration of the twenty-day period.
- (c) for each policy issued in the form as applied for and returned for cancellation by the applicant, or for each policy which is reissued at your request, we may require you to reimburse us for an underwriting charge.

**6. AUTHORITY OVER AGENTS**

You have authority to recruit and recommend to the Company individuals to be appointed as agents of the Company. No recommendation or application for appointment or contract will be effective until approved by the Company at its Home Office, 7100 Westown Pkwy Suite 200, West Des Moines, Iowa 50266-2521.

**7. COMMISSIONS**

- (a) We will pay to you commissions at the rate and the conditions set forth in the commission schedule.
- (b) The commission schedule may be amended by the Company at its option, which amendments shall be effective upon written notice to you. Any amendment to the commission schedule will apply only to applications written after the effective date of the amendment.
- (c) No commission will be paid on premiums paid in advance until after the due dates of the respective paid premiums so paid in advance and then only if the policy is in force and effect on such due date.

- (d) If any insurance procured by you is subsequently converted to or replaced by some other form of policy, the commissions payable, if any, under such new insurance shall be paid to you only if such conversion or replacement is affected by or through you.
- (e) Commissions shall be payable no less than monthly. If the premium on any policy secured hereunder is not paid within ninety days from the premium due date and such policy is subsequently reinstated, you shall be entitled to further commissions only if the policy is reinstated by or through you.
- (f) Should the Company, at its sole discretion, deem it appropriate at any time to cancel a policy and/or refund any premium on which you were paid commission, then such commission shall be charged back to you.
- (g) Commissions on benefit riders, term riders, replacement policies and conversions shall be payable in accordance with Company practices at the time the coverage is issued, converted or replaced, as the case may be.
- (h) All commissions in this Contract shall be reduced by the amount which the Company, pursuant to the terms of their respective commission schedules, pays directly to agents recommended by you and under your supervision.

## **8. ADVANCES**

At any time, upon demand by the Company, any monies paid as an advance of commissions to you or to your agents or otherwise due from you to the Company as shown on your agent/agency statement shall be payable by you to the Company.

## **9. LIABILITY**

You shall be jointly and severally liable to the Company for all monies, including monies for which agents/agencies are liable on whose production you are entitled to receive and/or have received commission from the Company, including but not limited to (a) monies collected on behalf of the Company and (b) monies payable to the Company as a balance due as shown on agent's/agency's monthly statement. All accounting records maintained by you relating to our business are subject to inspection at any reasonable time by our authorized representatives. The Company reserves the right to charge interest on any amounts due hereunder up to 1½ percent per month.

## **10. INDEBTEDNESS**

The Company, as additional security and to secure the repayment of any indebtedness due the Company under this Contract or any other Contract with the Company, shall have a first and prior lien against any compensation due you under this Contract and against any other sums due or to become due to you from the Company for any reason. You further hereby assign and grant to the Company an interest in all compensation due or to become due and all other sums which you may have on deposit with the Company from time to time. The Company may, at any time, offset any such indebtedness against compensation due you or other monies which you may have on deposit with the Company under this Contract or any other Contract or Agreement with the Company. If the Company does elect to offset, the offset shall not constitute an election by the Company to forego any other remedies to collect the indebtedness. You agree to pay all costs of collection, including attorney fees, incurred by Company or its successors or assigns in collecting any indebtedness from you. The term "Company," as used in this paragraph, shall include all companies affiliated with EquiTrust Life Insurance Company.

## **11. REIMBURSEMENT & INDEMNIFICATION**

You shall reimburse the Company and/or indemnify the Company for any loss including attorneys' fees resulting from actions by you or your agents or agency and for all costs, expenses and attorneys' fees that the Company may incur in recovering from you any property or indebtedness belonging to or due the Company. You agree to indemnify and hold the Company harmless for any claim, loss, expense, cost or liability which it may incur resulting from your breach of the terms of the Contract or violation of any law or regulation or failure to comply with any court order. Should any claims or lawsuits be made by any third party against you, or the Company as a result of alleged wrongdoing by you, then you shall hold the Company harmless from and indemnify it for any claim, loss, expense, cost or liability which it may incur defending the action and for any settlement of or judgment resulting from such action. The Company may, at its discretion, defend or settle any such claim.

## **12. ASSIGNMENT**

No assignment of any commissions or any other amounts or any portion due or to become due to you shall be valid unless authorized in advance in writing by the Company. Any assignments so authorized shall be subject to any and all indebtedness of you to the Company.

## **13. ACCOUNTING**

The Company will furnish you no less than monthly statements showing commissions credited and other account entries within such account period.

## **14. FORFEITURE**

If, at any time you endeavor to induce agents of the Company to discontinue their contract, or the Company's policyowners to relinquish their policies, you shall forfeit any and all commission(s) that you might otherwise have acquired under any and all contract(s), with the Company. A forfeiture under this paragraph shall not constitute an election by the Company to forego any claim it may have against you.

## **15. DISCONTINUANCE OF POLICY FORMS OR TERRITORY**

Without liability to you, the Company may, at its sole discretion

- (a) discontinue writing business in any territory;
- (b) discontinue and/or withdraw any policy form in any or all territories without prejudice to our right to continue use of said form in any other territory;
- (c) resume the issuance or use of any form in any territory or territories.

## **16. TERMINATION OF CONTRACT**

- (a) This contract shall be automatically terminated in the event of
  - (1) Your failure to be licensed to sell; or
  - (2) your death; alternately, if you are a partnership or a corporation, upon any event legally or contractually causing a dissolution of the partnership or a termination of the corporation. We may continue to rely on this Contract as existing before such dissolution until we receive formal written notice of dissolution; or
- (b) This Contract will automatically terminate, at any time, without prior notice, if you shall
  - (1) withhold or misappropriate any money or other property belonging to us;
  - (2) subject us to liability due to your misfeasance or malfeasance;
  - (3) commit an act of embezzlement;
  - (4) fail to comply with the laws, rules or regulations of any federal, state, or other governmental agency or body having jurisdiction under this Contract;
  - (5) fail to conform to the rules and regulations of the Company;
  - (6) commit any fraud;
  - (7) fail to pay any indebtedness to the Company on demand;
  - (8) actively replace the Company's policies with another Company.

Should you be terminated under this subsection (b), you shall be liable to us for such acts including liability for damages for which we may have been subjected by virtue of such act or acts allowing such termination and you will forfeit all your rights to any further payments and/or commissions under this Contract.

- (c) The Contract may also be terminated by either party with or without cause by giving fifteen days written notice to the other party. The right to termination under this subsection (c) is not restricted by the provisions for termination in (a) or (b) above.
- (d) Upon any termination of this Contract, you shall immediately deliver to us all of the previously furnished materials, supplies, advertising and any other printed matter which mentions the Company.
- (e) Except as set forth in paragraphs 14 and 16(b), first-year commissions shall be fully vested as they accrue, and renewal commissions will be vested at 80 percent of the renewal commission percentage shown in the commission schedule or amendment. Should the renewal commissions due you be less than \$500 for any calendar year, the Company may discontinue payment to you at its discretion.
- (f) In the event of termination of the Agreement for any reason, the lien and set-off provisions hereof shall continue in full force and effect beyond the termination hereof. If, subsequent to termination, any monies shall become due from you to the Company, and you fail to repay such monies upon due demand, all compensation due hereunder or under any other contract you may have with the Company shall be forfeited. A forfeiture under this provision shall not in any way prejudice the Company's right to pursue any remedies available to it to collect any monies owed by you to the Company over and above any set-off amount.

## **17. NOTICES**

Any notice or demand required or permitted to be given under this Contract shall be in writing and shall be deemed effective (unless this Contract provides for a different period of time) upon the personal delivery thereof if delivered or, after having been deposited in the United States mail, postage prepaid, and addressed in the case of Company to its then principal place of business, and in your case to your last known address on the Company's records. Either party may change the address to which such notices are to be addressed by giving the other party notice in the manner herein set forth.

## **18. SEVERABILITY**

Any provision to this Contract which shall prove to be invalid, void or illegal shall in no way affect, impair or invalidate any other provision contained herein, and such other provisions shall remain in full force and effect.

## **19. NON-WAIVER**

The forbearance or neglect of the Company to insist upon strict compliance by you with any of the provisions of the Contract, whether continuing or not, or to declare a termination against you, shall not be construed as a waiver of any of the Company's rights or privileges hereunder. No waiver of any right or privilege of the Company arising from any default or failure of performance by you shall affect the Company's rights or privileges in the event of a further default or failure of performance.

## **20. ENTIRE AGREEMENT**

This Contract cannot be changed by any verbal promise or statement by whom so ever made, and no written modification or change will bind the Company unless it is signed by the President, a Vice President, Secretary or Assistant Secretary of the Company, and expresses an intention to modify or change this contract.

**21. CONFIDENTIAL INFORMATION**

In performing the obligations arising under this Agreement, each party may have access to and receive certain confidential or proprietary information of the other party (hereinafter "Confidential Information"). Each party shall take all reasonable steps necessary to protect the confidential and proprietary nature of all Confidential Information of the other party by affording thereto the same types of protection which the party in possession of Confidential Information of the other party affords its own confidential and proprietary information. Each party has adopted reasonable business practices to limit access and unauthorized disclosure of Confidential Information. The parties will only disclose Confidential Information with those having a sufficient reason to know such information and shall limit employee, vendor, agent, agency and other third party access in accordance with the terms of this Agreement. Except as provided in this Agreement or as reasonably required to perform the services referenced herein, neither party shall, directly or indirectly, disclose or make available to any third party, or use for any purpose, any Confidential Information belonging to the other party, except as may be required by law. Notwithstanding the foregoing, Confidential Information shall not include: (i) any information which is or becomes generally available to the public or the insurance industry, other than as a result of a breach of this Agreement by the party obtaining the Confidential Information; (ii) any information which is lawfully obtained by the party from a third party, provided that the third party is not, to the knowledge of the party obtaining the information, bound by a nondisclosure agreement with respect thereto; or (iii) any information which subsequently develops from independent sources.

**22. ARBITRATION**

If any dispute or disagreement shall arise in connection with any interpretation of this agreement, its performance or non-performance, or the figures and calculations used, the parties shall make every effort to meet and settle their disputes in good faith informally. If the parties cannot agree on a written settlement within sixty days after it arises, or within a longer period agreed upon by the parties, then the matter in controversy shall be settled by arbitration, in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The place of any arbitration shall be West Des Moines, Iowa.

**23. APPLICABLE LAW**

To the full extent controllable by our stipulation, this Contract shall be construed in accordance with Company rules and policy now or hereafter established and shall be interpreted and enforced under Iowa law.

**EQUITRUST LIFE INSURANCE COMPANY**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**AGENT OR AGENCY NAME-** \_\_\_\_\_  
*Please Print*

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to:  
EQUITRUST LIFE INSURANCE COMPANY  
ATTN: Agency Administration  
7100 Westown Pkwy Suite 200  
Des Moines, Iowa 50266-2521**



# AGENT LICENSE AGREEMENT

## AN AGREEMENT BETWEEN EQUITRUST LIFE INSURANCE COMPANY

AND \_\_\_\_\_ (Licensee)

I request an Insurance License or Appointment for the State(s) of \_\_\_\_\_.

I \_\_\_\_\_ request that the company make application with the Department of Insurance in said state(s) for the issuance of a life insurance agent's license authorizing me to solicit applications on behalf of EquiTrust Life Insurance Company.

I hereby agree that your consent to the issuance for such license is subject to, and I agree hereby to be bound by, each and all of the following conditions:

1. That I shall be an agent assigned to and under the jurisdiction of the agent listed below.
2. That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with my agent, who has agreed to compensate me for such services; and
3. That I have no contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as employee, partner, joint venturer or associate of the Company; and
4. That I shall comply with the rules, regulations and rate books of the Company, the laws of my state or states in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and
5. That I shall not alter, modify, waive or change any of the terms, rates or conditions of an advertisements, receipts, policies or contracts of the Company, in any respect; and
6. That I shall promptly remit to my agent or the Company any and all monies or securities received by me on behalf of the Company, full or partial payment of first-year or renewal premiums, or any other item whatsoever; and
7. That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and
8. That the Company may, without liability to me whatsoever, upon request of my agent or upon its own initiative, cancel my license at any time.
9. I acknowledge receipt of the Company's privacy policy regarding use of policyholder information and I agree to comply with the terms of such policy, as applicable.

**FOR HOME OFFICE USE ONLY**  
 Date of effective agreement (month/day/year) \_\_\_\_\_, 20\_\_\_\_.

This applicant is recommended for appointment as an agent assigned to my jurisdiction, subject to the terms of my agent's contract with the Company and this agreement.

Signature of Agent (Licensee) \_\_\_\_\_

Sponsoring Agent/Agency \_\_\_\_\_  
*Please Print Name*

Signature of Sponsor \_\_\_\_\_

The Company approves the above agreement subject to all provisions herein.

Authorized Home Office Signature \_\_\_\_\_



# DIRECT DEPOSIT OF COMMISSION EARNINGS AUTHORIZATION AGREEMENT

Direct Deposit of Commissions is Required - Please complete the following:

Agent Name & Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Request:  New Request  Change Request

Type of Account:  Checking  Savings

Payment Cycle\*:  Daily  Weekly

\*if no payment cycle is elected, the cycle will be set on daily payments

## AGREEMENT

I hereby authorize EquiTrust Life Insurance Company to make deposits to my account and for the Financial Institution named below to accept these deposits. I also authorize EquiTrust Life Insurance Company to make withdrawals from my account if necessary to correct an incorrect deposit amount and for the Financial Institution to accept such withdrawals.

EquiTrust Life Insurance Company will complete the ABA Transit Number and Account Numbers from the voided check attached below. This authority is to remain in full force until EquiTrust Life Insurance Company has written notification from me of its termination in such time and in such manner as to afford EquiTrust Life Insurance Company a reasonable opportunity to act on it.

Agent Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**THE ACCOUNT MUST BE A REGULAR CHECKING OR SAVINGS ACCOUNT  
NOTE: Money Market and Brokerage Accounts are not acceptable.**

Account Information:  Checking  Saving

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Financial Institution ABA Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Note:** The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office. This processing time is dependent on your bank.

**IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK HERE – DEPOSIT SLIPS ARE NOT ACCEPTABLE**

**NOTE: Amounts greater than \$50,000 must be distributed via check.**

Return this form to: Agency Administration  
EquiTrust Life Insurance Company  
PO Box 14500  
Des Moines, Iowa 50306-3500

or fax to: 515-453-3362