

## REMOTE APPLICATION DISCLOSURE

**EquiTrust Life Insurance Company®**

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

For additional guidance regarding our policy on taking applications via the mail, please visit our **Business Guidelines**.

**IMPORTANT: In accordance with EquiTrust policy, contract delivery must take place in the state in which the application was signed.**

### 1. OWNER INFORMATION (For trust owned contracts provide the following information for all trustees)

Owner	Joint Owner
Driver's license number/government ID number	Driver's license number/government ID number
Driver's license issue state	Driver's license issue state
Occupation	Occupation

### 2. METHOD OF SOLICITATION

Via telephone, with documents signed by E-App, mail or fax.  
NOTE: You must have an existing relationship with the client in order to use this method.

Via video messaging, with documents signed by E-App, mail or fax. .  
NOTE: You are required to view a government issued picture ID during the video messaging call.

**Reminder – if you choose to fax the application to EquiTrust, you must also include a legible copy of the client's government issued identification.**

### 3. SIGNATURES

By signing below we certify that the above information is true and complete and that the application and supporting documentation was signed and dated by the owner after all answers and information were recorded.

Owner Signature	Date	
Joint Owner Signature	Date	
Agent Signature	Title (if applicable)	Date