

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
*(as it appears on your license)*
2. Business Name: \_\_\_\_\_ Email: \_\_\_\_\_
3.  Business Address: \_\_\_\_\_  
*Please check box to indicate mailing 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 applicable): \_\_\_\_\_ Name Broker/Dealer: \_\_\_\_\_
8. For which **states** do you wish non-resident appoint? \_\_\_\_\_  
*(Attach copy of current license. Fees required for non-resident appointments)*
9. Do you currently have a debit balance with any insurance company?  No  Yes *(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? .....  No  Yes
  - b. Have you ever had a complaint filed against you with an insurance department? .....  No  Yes
  - 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?.....  No  Yes
  - d. Have you every been convicted of a felony, including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law? .....  No  Yes
  - e. Have you ever been party to any litigation? .....  No  Yes
  - f. Are there any unsatisfied judgments outstanding against you? .....  No  Yes

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 termination for cause at the sole discretion of the Company.
- 2) Certification – Under penalty of perjury, I certify that:
  - a) The Social Security Number of Taxpayer Identification Number show 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.

### CONSENT TO INVESTIGATIVE REPORT

The Company may obtain independent investigative credit and criminal reports which would provide information concerning my character, general reputation, personal characteristics and mode of living, I hereby acknowledge and consent to the Company obtaining and utilizing such reports in its decision to contract with me. If requested in writing, I shall be provided with complete disclosure of the nature and scope of this report. Information obtained by the Company will be treated as confidential.

Applicants of CA, MN, OK only: Check here to have a copy of your consumer report sent directly to you by the appropriate credit repository.

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