



**DOL FIDUCIARY CERTIFICATION
REQUIRED FOR ALL EQUITRUST
PRODUCTS FUNDED WITH QUALIFIED FUNDS**

All Fields Required

Applicant Name: _____

Contract/Policy Number (if assigned): _____

Agent Name: _____

Agent Number: _____

Please indicate the Prohibited Transaction Exemption used:

____ Prohibited Transaction Exemption 84-24 (PTE 84-24)

____ Best Interest Contract Exemption (BICE)

You represent the recommendation for the purchase of the EquiTrust Life product is in the Best Interest of the applicant and made in compliance with the DOL Fiduciary Rules and any applicable PTEs. And these statements are accurate and acknowledge that the statements will be relied upon by EquiTrust in its processing of the submitted application.

Agent Signature: _____ Date: _____

TO BE COMPLETED ONLY IF BICE IS USED

EquiTrust Life will not accept applications using the BICE unless the writing agent is affiliated with a Financial Institution and the application was submitted with the Financial Institution's approval. EquiTrust will not serve as the Financial Institution.

Financial Institution

Financial Institution Name: _____

Financial Institution Phone #: _____

Financial Institution Email: _____

You represent the recommendation for the purchase of the EquiTrust Life product was submitted to and approved by the above-referenced Financial Institution.

Financial Institution Signature: _____ Date: _____

Printed Name of Signer: _____