

Policy # _____ Insured _____

ENTITY INFORMATION

Please provide the following information regarding the entity:

1. Legal name of the entity: _____

2. Type of Entity:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other _____ |

3. Date of Formation: _____

4. Taxpayer Identification Number for the entity: _____

5. State of domicile: _____

6. Is the entity registered with a governmental body such as the Secretary of State, County Recorder, etc.?
 Yes No

If so, where registered? _____

7. List individuals authorized to act on behalf of the entity: (Attach additional page if necessary)

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are there any limitations on the authority of the above-listed individuals to act with regard to products and services offered through FBL Financial Group, Inc. and its affiliated companies ("FBL Companies")?

- Yes No

If "Yes," describe the limitations: _____

If "No" is marked or if the boxes are left blank, FBL Companies are authorized to act upon instructions from any of the individuals listed in #7.

Policy # _____

Insured _____

REQUIRED: ATTACH THE FOLLOWING DOCUMENTATION FOR THE APPROPRIATE ENTITY TYPE

- Corporation (either C or S): Copy of filed Articles of Incorporation and any amendments
- Limited Liability Company: Copy of filed Articles of Organization and any amendments
- Limited Liability Partnership: Copy of filed Partnership Registration and any amendments
- Limited Partnership: Copy of filed Certificate of Limited Partnership and any amendments
- Partnership: Copy of Partnership Document and any amendments
- Other entities: Copy of Governing Documents and any amendments

CERTIFICATION AND INDEMNIFICATION AGREEMENT

The undersigned hereby certifies that the information provided in the "Entity Information" section above is true and correct, and that the entity has not been dissolved, modified, or amended in any manner which would cause above representations to be incorrect.

FBL Financial Group, Inc. and its affiliated companies¹ and each of their officers, directors, employees and agents, or the successors and assigns of any of them (collectively, the "FBL Companies") are authorized to rely on the information set forth in this document until the FBL Companies are notified of any change to said information in writing. Any changes are to be delivered to the FBL Companies' main office and will become effective as soon as the FBL Companies have had a reasonable amount of time to act upon the changes. No change will affect any transactions initiated by the FBL Companies before the change has become effective.

The undersigned hereby agrees to personally indemnify and hold harmless the FBL Companies from any and all liability, including attorneys' fees, the FBL Companies incur by acting upon instructions reasonably believed by any of them to be valid instructions originating from authorized individuals with respect to any policy, account, fund or similar instrument in which the entity listed above has an interest.

Signed: _____

Print Name: _____

Title: _____

Date: _____

¹ "Affiliated companies" shall include any company now in existence or that comes into existence that controls, is controlled by or is under common control with FBL Financial Group, Inc. "Controls" means the power to direct or cause to be directed the management or affairs of the applicable company. "Affiliated companies" shall also include any investment company which is managed by or advised by another affiliated company.