Farm Bureau Life Insurance Company
5400 University Avenue
West Des Moines, Iowa
50266-5997

FARM BUREAU FINANCIAL SERVICES

ENTITY INFORMATION FORM CERTIFICATION AND INDEMNIFICATION AGREEMENT

Policy # _____ **Insured** _____

ENTITY INFORMATION

Please provide the following information regarding the entity:

1. Legal name of the entity: _____

2. Type of Entity:
   - ☐ Sole Proprietorship
   - ☐ General Partnership
   - ☐ Limited Partnership
   - ☐ Limited Liability Partnership
   - ☐ Limited Liability Company
   - ☐ Corporation
   - ☐ S Corporation
   - ☐ 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 companies[1] 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.