

AUTHORIZATION FORM FOR FBL SHARE DIRECT

Is this account for an existing stockholder? **YES** **NO**

This form when completed and signed, should be mailed in the courtesy envelope provided to:

1. ACCOUNT REGISTRATION - Complete only **one** section. Print clearly in CAPITAL LETTERS.

INDIVIDUAL OR JOINT ACCOUNT

Owner's name

Owner's Social Security number

(used for tax reporting)

 - -

Owner's date of birth

Month

Day

Year

 / /

Joint Owner's name

Joint Owner's Social Security number

(used for tax reporting)

 - -

The account will be registered "Joint Tenants with Rights of Survivorship" unless you check a box below.

Tenants in common Tenants by entirety Community Property

TRUST (Please check only one of the trustee types) Person as trustee Organization as trustee

Trustee: Individual or organization name

And Co-trustee's name, if applicable

Name of Trust

For the benefit of:

Trust taxpayer identification number

 -

Date of Trust

Month

Day

Year

Donor's state

 / /

2. ADDRESS

Mailing Address (including apartment or box number)

City

State

Zip

 -

Home phone

() -

Work phone

() -

For mailing outside the U.S.:

Country of residence

Province

Routing or postal code

3. DIVIDEND REINVESTMENT

You may choose to reinvest all or part of the dividends paid in FBL Financial Group, Inc. Class A common stock.

If neither box is selected, dividends will automatically be reinvested for you.

Reinvest the dividends on ALL shares.

I would like a portion of my dividends reinvested. Please remit to me the dividends on _____ shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested.

4. INITIAL AND OPTIONAL CASH PURCHASES (Make checks payable to FBL/BNYMellon)

- As a **new plan participant** I wish to enroll in the plan by making an initial investment. Enclosed is my check or money order for \$_____. Initial investment must be at least \$250 not to exceed \$150,000 per year.
As a new investor you must complete sections 1, 2 & 8.
- As a **current registered shareholder** I wish to make an additional investment. Enclosed is my check or money order for \$_____. (Minimum \$50 with the maximum not to exceed \$150,000 per year.)

5. BANK AUTHORIZATION AGREEMENT

Automatic Additional Investment

I hereby choose to make additional investments in FBL Financial Group, Inc. Class A common stock by authorizing automatic monthly debits from my bank account.

Upon receipt of this form, properly completed, the Administrator will contact your bank to deduct the amount indicated from your bank account on or about the 28th of each month. The Administrator will invest in FBL Financial Group, Inc. Class A common stock beginning on the next Investment Date. Deductions and investments will continue monthly until you notify the Administrator to change or discontinue them. Should your bank account contain insufficient funds to cover the authorized deduction, no deduction or investment will occur. In this event, you may be charged a fee by your bank for insufficient funds.

Please complete the following and Section 6:

I hereby authorize Bank of New York Mellon and the Financial Institution indicated below to deduct from my bank account \$_____ per month, (\$50 minimum, \$150,000 per year maximum) and apply amounts so deducted to the purchase of FBL Financial Group, Inc. Class A common stock under the account designated (Note: Deductions will occur on or about the 28th of each month).

6. BANK ACCOUNT INFORMATION (Complete only if Section 5 is selected)

Checking Account

Bank or credit union's ABA transit routing number

Savings Account

(available from the bank or credit union)

Bank or credit union account number

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Bank and credit union routing information:

- For deposits or withdrawals to your checking account, please attach a voided check so the Administrator may obtain bank or credit union account information.
- For deposits or withdrawals to a savings account, please attach a preprinted deposit slip.

7. SAFEKEEPING

FBL Financial Group, Inc. Class A common stock certificates deposited for safekeeping in your account must be in the same registration as your plan account.

- Please accept the enclosed certificate(s) for deposit to my account. Enclosed are _____ share certificates.
(insert number)

Certificate number	Number of shares
	TOTAL

8. ACCOUNT AUTHORIZATION SIGNATURE (required)

Request for Taxpayer Identification Number
(Substitute Form W-9)

I am a U.S. citizen or a resident alien. I certify, under penalties of perjury, that (1) the taxpayer identification number in Section 1 is correct (or I am waiting for a number to be issued to me) and (cross out the following if not true) (2) 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.

Certificate of Foreign Status
(Substitute Form W-8)

I am an exempt foreign citizen. I certify, under penalties of perjury, that for dividends, I am not a U.S. citizen or resident alien (or I am filing for a foreign corporation, partnership, estate, or trust) and I am an exempt foreign person. I have entered in Section 2 of this enrollment form the country where I reside permanently for income-tax purposes.

For Organization and Business Entities Exempt From Backup Withholding

I qualify for exemption and my account will not be subject to tax reporting and backup withholding.

My/our signature(s) below indicates I/we have read the prospectus and agree to the terms therein and herein.

Signature of Owner

Date (month/day/year)

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Signature of Joint Owner

Date (month/day/year)

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