

Secure Savings New Business Application Instructions

Contact Information

New Business Inquiry: (888) 352-5178

Agency and Contracting: (888) 352-5120

Fax: (888) 352-5126

Address: Equitable Life & Casualty Insurance Company, P.O. Box 2460, Salt Lake City, UT 84110-2460

Overnight Address: Equitable Life & Casualty Insurance Company, 299 South Main #1100, Salt Lake City, UT 84111



Thank you for choosing to partner with Equitable Life & Casualty. Please make sure the following forms have been completed before submitting your application packet. Generic form numbers are listed in parentheses if applicable.

GENERAL GUIDELINES

Equitable may consider cases outside limits outlined with home office pre-approval. Contact the Equitable Home Office to receive pre-approval.

- All forms, as applicable, must be fully and clearly completed. Any corrections made to the application must be initialed and dated by the Owner.
- All products must meet the minimum premium and issue age requirements.
 1. Secure Savings - Issue ages 18-90 Secure Savings Elite – Issue ages 18-85
 2. The minimum premium required is \$10,000 and cannot exceed \$500,000, without home office approval.
- Due to USA Patriot Act requirements, a physical street address is required for the Annuitant, Owner and Joint Owner if applicable.

AGREEMENTS AND SIGNATURES

- The agreement section must be signed and dated by the Annuitant and Owner. The City and State must be listed.
- If the Owner is not a natural person, the application must be signed by the person authorized to act on behalf of the Owner. Appropriate documentation of authorization must be provided with the application packet.

REQUIRED FORMS

The following forms are required in all application packets.

- Application for Individual Single Premium Deferred Annuity (MYGA APP TX – Rev 102318)
- Supplemental Beneficiary Form (ELC-SS-SBEN) – required when designating multiple beneficiaries.
- Secure Savings Certificate of Disclosure (ELC-SS-DISC – Rev 110118) or Secure Savings Elite Certificate of Disclosure (ELC-SS-DISC-ELITE)
- Replacement Notice (ELC-SS-REP) – required when Owner has current Annuity or Life coverage. **Must** provide the most recent annual statement when replacing a current annuity.
- Suitability Acknowledgment (ELC-SS-SUIT)

ADDITIONAL FORMS

The following forms are required in application packets when applicable.

- Qualified/Non-Qualified Transfer Form (ELC-SS-RFF) – required if Owner is transferring funds from another company to purchase annuity. Owner's current financial institution may require a Medallion Signature Guarantee.
- Non-Resident Verification Form (ELC-SS-NR) – required when the application is signed outside of the Owner's resident state.
- Certification of Trust (ELC-SS-CTR) – required when the Owner is a trust.
- 72(U) Tax Certification Form (ELC-SS-T72) – required when the Owner is not a person (trusts, estates and other entities).
- Large Case Annuity Form (ELC-SS-LCA) – required for all annuity contracts in excess of \$500,000.
- Wire Transfer Form (ELC-SS-WT) – required when premium is submitted by wire transfer.

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY



MULTI-YEAR GUARANTEED PERIODS WITH MARKET VALUE ADJUSTMENT PROVISIONS [PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460
888-352-5178 FAX: 888-352-5126]

ANNUITANT

<p>_____ Name (First, Middle, Last)</p> <p>_____ Address 1 (Street Number, Apartment Number)</p> <p>_____ Address 2 (City, State, Zip)</p> <p>_____ Government Issued Photo ID Type and ID No. (Provide State for Drivers License)</p>	<p>Male Female</p> <hr/> <p>SSN/Taxpayer ID</p> <hr/> <p>Birthdate (mm/dd/yyyy)</p> <p>()</p> <hr/> <p>Home/Mobile Telephone</p> <p>()</p> <hr/> <p>Business Telephone</p>
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OWNER (Complete only if Owner is different from Annuitant.)

<p>_____ Name (First, Middle, Last)</p> <p>_____ Address 1 (Street Number, Apartment Number)</p> <p>_____ Address 2 (City, State, Zip)</p> <p>_____ Government Issued Photo ID Type and ID No. (Provide State for Drivers License)</p> <p>_____ Relationship to Annuitant</p>	<p>Male Female</p> <hr/> <p>SSN/Taxpayer ID</p> <hr/> <p>Birthdate (mm/dd/yyyy)</p> <p>()</p> <hr/> <p>Home/Mobile Telephone</p> <p>()</p> <hr/> <p>Business Telephone</p>
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JOINT OWNER

<p>_____ Name (First, Middle, Last)</p> <p>_____ Address 1 (Street Number, Apartment Number)</p> <p>_____ Address 2 (City, State, Zip)</p> <p>_____ Government Issued Photo ID Type and ID No. (Provide State for Drivers License)</p> <p>_____ Relationship to Annuitant</p>	<p>Male Female</p> <hr/> <p>SSN/Taxpayer ID</p> <hr/> <p>Birthdate (mm/dd/yyyy)</p> <p>()</p> <hr/> <p>Home/Mobile Telephone</p> <p>()</p> <hr/> <p>Business Telephone</p>
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MAILING ADDRESS (Complete if different than Owner's address above.)

<p>_____ Address 1 (Street Number, Apartment Number)</p> <p>_____ Address 2 (City, State, Zip)</p>
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JOINT OWNERS BENEFICIARY DESIGNATION

If there are Joint Owners, check here to designate the surviving Owner as the sole primary beneficiary. If you do not want the surviving Owner to receive 100% of the Death Benefit, leave this box blank and complete the Primary Beneficiary section below.

BENEFICIARY (Use "mm/dd/yyyy" format for Birthdate. Percentage must equal 100%.) (Attach signed & dated sheet if multiple beneficiaries)

Primary	Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage
Primary	Contingent Name	Birthdate	SSN	Relationship to Owner	Percentage

PREMIUM PAYMENT

Check or New Money Purchase Amount*	\$
Rollover (from retirement account)**	\$
Transfer (from money market account, CD, mutual fund, brokerage account)***	\$
Replacement (Annuity and/or Life)***	\$
Total Premium	\$

* (Remitter's name MUST match Annuitant Name or Owner name, if different from Annuitant)
 ** I understand that, except in case of a Roth Conversion, I can make only one rollover from an IRA (including a Traditional IRA, Roth IRA, or SEP IRA) to an IRA in any 1-year period regardless of the number of IRAs I own.
 ***Please complete a separate Transfer/Replacement for each account.

TAX QUALIFICATION STATUS

Roth IRA IRA
 Non- Qualified
 Other _____

PRODUCT, GUARANTEE PERIOD AND RIDER SELECTION

Select product. Select Guarantee Period. (Percentage allocated among all Products and Guaranteed Period must equal 100%.) Select optional riders, if applicable. Penalty Free Withdrawal Rider? Death Benefit Equal Account Value Rider? Accumulated Interest Rider? Required Minimum Distribution Rider?	Secure Savings* 2 Year _____% 5 Year _____% Included Included Included Included	Secure Savings Elite 2 Year _____% 5 Year _____% Yes No Not Available Yes No Yes No		Not Available Not Available Not Available Not Available
	*The total amount withdrawn under any attached rider will not exceed the highest maximum free withdrawal amount available under any single attached rider.			

REPLACEMENT OF OTHER CONTRACTS

Do you have any existing life insurance policies or annuity contracts? Yes No
 Will this contract replace or change any existing annuity contracts or life insurance policies? Yes No

FRAUD NOTIFICATION

Any person who knowingly presents a fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

ACKNOWLEDGEMENT AND SIGNATURES - Owner(s)

I affirm that I understand:

1. This annuity has a market value adjustment provision which may increase or decrease cash surrender values.
2. Withdrawal / surrender charges apply.
3. This annuity is designed to accumulate funds for retirement and other long-term objectives.
4. This annuity is an insurance product. My agent is receiving compensation.

I have received a copy of the product brochure and Company disclosure material. I understand that any values shown, other than the Guaranteed Minimum Values, are not guarantees, promises or warranties.

ACKNOWLEDGEMENT AND SIGNATURES - Owner(s) - Continued

I declare that I have read this Application and, to the best of my knowledge and belief, the information and statements on this form are complete and true. I agree the information and statements shall be the basis for any annuity issued. I further understand that a sales representative does not have the Company's authorization to make, void, waive, or change any conditions or provisions of the Application or contract. I certify that the Social Security Number(s) and / or Taxpayer's Identification Number(s) provided in this Application are correct.

Date: _____ **City:** _____ **State:** _____ **Email:** _____

Owner Signature: _____ **Joint Owner Signature:** _____

ACKNOWLEDGEMENT AND SIGNATURES - Agent

Do you have any knowledge or reason to believe that this annuity contract may replace any existing life insurance policies or annuity contracts? Yes No

By signing below, I certify that:

1. Replacement questions were answered;
2. A copy of any sales material shown to the applicant(s) was left with the owner(s);
3. I used only insurer-approved sales material;
4. I have truly and accurately recorded on this application the information provided by the applicant(s);
5. I made no promises about the future values of any contract elements that are not guaranteed; and
6. I understand this application is subject to a minimum/maximum premium and /or age guidelines that may vary by products.

Method of Deliver of Annuity

Delivery by Mail to Owner Agent

I have personally verified the identities of the Owner, and Joint Owner, if any, in this Application by reviewing a government issue photo ID. I certify that I have correctly recorded the information supplied to me in this Application.

Agent Name

Agent Number

Agent Signature

Date

Agent Email

() _____
Agent Phone

Complete the following section for any additional agent and indicate split percentages:

Agent Name	Agent Number	Agent Phone/Email	Split %

SPECIAL INSTRUCTIONS

CERTIFICATE OF DISCLOSURE

Equitable Secure Savings™ Series



PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460
888-352-5178 FAX: 888-352-5126

Single premium Deferred Annuity with Market Value Adjustment Contract

Thank you for your interest in the Equitable Secure Savings™ annuity. It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this document to acknowledge your understanding of the annuity Policy for which you are applying. This document is intended to provide you with a summary of the Policy including benefits and limitations.

INTEREST RATE GUARANTEE PERIODS

- 2 - Year Guarantee Period
- 5 - Year Guarantee Period

PENALTY - FREE WITHDRAWAL

In the first policy year, the greater of credited interest only or Required Minimum Distribution (RMD) may be withdrawn. In the second policy year and after, the greater of 5% of the Account Value, credited interest or RMD may be withdrawn.

RMDs are mandatory withdrawals from qualified contracts. They are required for anyone over age 70½.

TAX TREATMENT

You may be subject to a 10% federal tax penalty if you make withdrawals, including Penalty-Free Withdrawals, or surrender this annuity before age 59 ½. If this annuity is within a qualified plan all distributions may be taxable. Under current tax laws annuities grow tax deferred. An annuity is not required for tax deferral in a qualified plan. Any distribution may cause a taxable event. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. Neither Equitable nor our agents offer tax advice. Please consult your own personal advisor for your specific situation.

DEATH BENEFIT

Death Benefit is equal to the Account Value upon death of the Owner.

If the Owner's spouse is the sole beneficiary, the spouse may continue the policy in his or her own name.

INTEREST CREDITING

When a Guarantee Period ends, the annuity will enter a renewal period. We will mail a notice to you 45 days before the end of the current Guarantee Period outlining all available options, which include:

- Renewing for another Guarantee Period that is the same as the current;
- Electing a new Guarantee Period available at the time of renewal;
- Surrendering the contract without penalty;
- Taking a partial withdrawal without penalty; or
- Applying the Account Value to an Income Option.

If you do not elect one of the available options by the end of the first 30 days of the renewal period ("30-Day Window"), the contract will automatically renew. If the current Guarantee Period is:

- 2 - years - the first automatic renewal option will be 3 - years. The second automatic renewal option will be for 2 - years.
- 5 - years - the automatic renewal option will be 5 - years.

Beyond the 30-Day Window, surrender charges and MVA will reset & continue until the renewal Guarantee Period has expired. This renewal process will continue until full surrender, annuitization or death.

SURRENDER CHARGES

A withdrawal or surrender that exceeds the free withdrawal will incur a surrender charge according to the following table.

2 Year Guarantee Period

Policy Year	1	2
Surrender Charge	9%	8%

5 Year Guarantee Period

Policy Year	1	2	3	4	5
Surrender Charge	9%	8%	7%	6%	5%

In part, Surrender Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of a shorter term.

MARKET VALUE ADJUSTMENT (MVA)

An MVA applies to a full surrender or to any partial surrender to which a surrender charge applies. An MVA can either decrease or increase the amount you'll receive from a surrender or excess withdrawal. It does not apply during the 30-day window at the end of a Guarantee Period. The amount of this increase or decrease is determined by the relationship between the Constant Maturity Treasury (CMT) rate at the time of issue, the CMT rate on the date before the date of surrender or withdrawal, and the time remaining to the end of the Guarantee Period. In general, as CMT rates increase, cash surrender values decrease; as CMT rates fall, cash surrender values increase.

If you are replacing an existing Policy, carefully compare the benefits of the proposed Policy with your existing Policy to ensure your decision is in your best interest.

OTHER INFORMATION

- This annuity is designed for people who are willing to let their assets build for at least the Guarantee Period.
- We may change your Policy from time to time to follow federal or state laws and regulations.
- Like any annuity issuer, Equitable incurs expenses to sell and issue its Policies, including the payment of a commission to its agents, and these expenses are taken into consideration when interest rates are established and reset. You will receive all benefits as set forth in the Policy.
- If you decide during the 30-day free look period that you don't want this annuity, you can return it and get all your money back

APPLICANT'S STATEMENT

My agent has explained that Surrender Charges and MVA will be deducted from my Account Value as described above and that the interest rates are guaranteed for the Guarantee Period I have selected.

I understand at the end of the initial Guarantee Period I will be able to choose another period.

By signing below, the Owner acknowledges the statements mentioned above and agrees to the following:

1. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
2. I believe this product is suitable for my financial goals.
3. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue until the Issue Date.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENTS STATEMENT

I certify that I have provided a copy of this document to the applicant and I have made no promises or assurances regarding future value of the contract, nor have I made statements differing from the disclosure.

Agent's Signature

Date

ANNUITY CONTRACTS ARE PRODUCTS OF THE INSURANCE INDUSTRY AND ARE NOT GUARANTEED BY ANY BANK OR INSURED BY THE FDIC.

CERTIFICATE OF DISCLOSURE

Equitable Secure Savings™ Elite Series



PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460
888-352-5178 FAX: 888-352-5126

Single premium Deferred Annuity with Market Value Adjustment Contract

Thank you for your interest in the Equitable Secure Savings™ Elite annuity. It is important that you understand the benefits, features, and limitations of this annuity before making your purchasing decision. Please read the following information and sign the last page of this document to acknowledge your understanding of the annuity Policy for which you are applying. This document is intended to provide you with a summary of the Policy including benefits and limitations.

INTEREST RATE GUARANTEE PERIODS

- 2 - Year Guarantee Period
- 5 - Year Guarantee Period

This annuity earns tax-deferred interest at a guaranteed rate for a period of 2 or 5 years. You choose the length of the guarantee period at time of application. Interest compounds daily and is credited to your annuity account on the last day of each month.

TAX TREATMENT

You may be subject to a 10% federal tax penalty if you make withdrawals, or surrender this annuity before age 59 ½. If this annuity is within a qualified plan all distributions may be taxable. Under current tax laws annuities grow tax deferred. An annuity is not required for tax deferral in a qualified plan. Any distribution may cause a taxable event. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. Neither Equitable nor our agents offer tax advice. Please consult your own personal advisor for your specific situation.

DEATH BENEFIT

Death Benefit is equal to Cash Surrender Value upon death of the Owner.

If the Owner's spouse is the sole beneficiary, the spouse may continue the policy in his or her own name.

INTEREST CREDITING

When a Guarantee Period ends, the annuity will enter a renewal period. We will mail a notice to you 45 days before the end of the current Guarantee Period outlining all available options, which include:

- Renewing for another Guarantee Period that is the same as the current;
- Electing a new Guarantee Period available at the time of renewal;
- Surrendering the contract without penalty;
- Taking a partial withdrawal without penalty; or
- Applying the Account Value to an Income Option.

If you do not elect one of the available options by the end of the first 30 days of the renewal period ("30-Day Window"), the contract will automatically renew. If the current Guarantee Period is:

- 2 - years - the first automatic renewal option will be 3 - years. The second automatic renewal option will be for 2 - years.
- 5 - years - the automatic renewal option will be 5 - years.

Beyond the 30-Day Window, surrender charges and MVA will reset & continue until the renewal Guarantee Period has expired. This renewal process will continue until full surrender, annuitization or death.

OPTIONAL BENEFITS

With the 2-year guarantee period, you may also purchase the following optional benefits:

- **5% Penalty Free Withdrawal Rider**

Beginning in the second policy year, any surrender charges and MVA will be waived for the first withdrawal in a policy year of amount up to 5% of the account value as of the last policy anniversary.

- **Required Minimum Distribution Rider**

Beginning in the first policy year any surrender charges or MVA will be waived for required minimum distributions attributed to this policy calculated as prescribed under the Internal Revenue Code.

- **Accumulated Interest Rider**

Beginning in the first policy year the interest credited to the policy may be withdrawn without any surrender charges or MVA being applied. The withdrawal amount must be \$100 or greater.

SURRENDER CHARGES

A withdrawal or surrender that exceeds the free withdrawal will incur a surrender charge according to the following table.

2 Year Guaranteed Period

Policy Year	1	2
Surrender Charge	9%	8%

5 Year Guaranteed Period

Policy Year	1	2	3	4	5
Surrender Charge	9%	8%	7%	6%	5%

In part, Surrender Charges allow the company to invest your money on a long-term basis and generally credit higher yields than possible with a similar annuity of a shorter term.

MARKET VALUE ADJUSTMENT (MVA)

An MVA applies to a full surrender or to any partial surrender to which a surrender charge applies. An MVA can either decrease or increase the amount you'll receive from a surrender or excess withdrawal. It does not apply during the 30-day window at the end of a Guarantee Period. The amount of this increase or decrease is determined by the relationship between the Constant Maturity Treasury (CMT) rate at the time of issue, the CMT rate on the date before the date of surrender or withdrawal, and the time remaining to the end of the Guarantee Period. In general, as CMT rates increase, cash surrender values decrease; as CMT rates fall, cash surrender values increase.

If you are replacing an existing Policy, carefully compare the benefits of the proposed Policy with your existing Policy to ensure your decision is in your best interest.

OTHER INFORMATION

- This annuity is designed for people who are willing to let their assets build for at least the Guarantee Period.
- We may change your Policy from time to time to follow federal or state laws and regulations.
- Like any annuity issuer, Equitable incurs expenses to sell and issue its Policies, including the payment of a commission to its agents, and these expenses are taken into consideration when interest rates are established and reset. You will receive all benefits as set forth in the Policy.
- If you decide during the 30-day free look period that you don't want this annuity, you can return it and get all your money back

APPLICANT'S STATEMENT

My agent has explained that Surrender Charges and MVA will be deducted from my Account Value as described above and that the interest rates are guaranteed for the Guarantee Period I have selected.

I understand at the end of the initial Guarantee Period I will be able to choose another period.

By signing below, the Owner acknowledges the statements mentioned above and agrees to the following:

1. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
2. I believe this product is suitable for my financial goals.
3. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue until the Issue Date.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENTS STATEMENT

I certify that I have provided a copy of this document to the applicant and I have made no promises or assurances regarding future value of the contract, nor have I made statements differing from the disclosure.

Agent's Signature

Date

ANNUITY CONTRACTS ARE PRODUCTS OF THE INSURANCE INDUSTRY AND ARE NOT GUARANTEED BY ANY BANK OR INSURED BY THE FDIC.

A replacement may or may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or producer that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your producer to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?
Could they change?
You're older - are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the older policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid; you will incur cost for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax-free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered treatment" of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

NOTICE:

In the case of a replacement, you have the right to return the policy or contract within 30 days of its delivery and receive a full refund of all premiums or considerations paid, including any policy fee or charges.

Equitable Secure Savings™ Series

Suitability Acknowledgement



PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460
888-352-5178 FAX: 888-352-5126

Thank you for your interest in an Equitable Life & Casualty annuity. This form is provided to ensure compliance with the NAIC Suitability in Annuity Transactions model regulation or other state suitability regulation. **This entire form must be completed and submitted with the application.**

The information you provide will be treated with the highest degree of confidentiality.

Owner's Name:	Are you still working? Yes No Retired	Owner's Occupation: (If not working or retired, list most recent. If self-employed, please include line of work.)
	Date of Birth:	Social Security Number:
Joint Owner's Name:	Are you still working? Yes No Retired	Joint Owner's Occupation: (If not working or retired, list most recent. If self-employed, please include line of work.)
	Date of Birth:	Social Security Number:
Proposed Product Premium:		Surrender Charge Term:

FINANCIAL INFORMATION & EXPERIENCE

1. Check if you currently own or have owned any of the accounts. Next to each asset, list the current value.
If you have no funds in a type of asset, indicate "\$0."

Annuities with Equitable - Not including this Annuity	\$ _____
Annuities outside of Equitable	\$ _____
Stocks/Bonds/Mutual Funds/Money Market*	\$ _____
Certificates of Deposit*	\$ _____
Savings/Checking*	\$ _____
Life Insurance Cash Value	\$ _____
Real Estate - Excluding personal residence	\$ _____
Other (please explain)	\$ _____

2. Total Investable Assets \$ _____
The total of the assets listed above. Includes any spousal assets. Excludes primary residence, automobiles and personal property.

3. Total Liquid Assets \$ _____
Considered a liquid asset if funds are non-qualified, or if the funds are qualified and you are over age 59½ (Checking, savings, money market, mutual funds, CDs, stocks and bonds.)

4. Do you feel you have sufficient liquid assets in addition to the money you are using to purchase the Equitable annuity for unforeseen events or emergencies? Yes No

5. Check all sources of income that apply:

Current wages	Unemployment
Social Security (retirement)	Alimony and/or Child Support
Social Security (disability)	Investment Income
Social Security (survivor or dependent)	Rental Income
Pension/RMDs	

6. What is your gross monthly household income? \$ _____ /Month
7. What are your current monthly household expenses? * \$ _____ /Month
 *This includes mortgage/rent, healthcare, insurance, utilities, etc.
8. What is your monthly household disposable income? (#6 minus #7) \$ _____ /Month
9. Approximate household net worth [total assets - total debts (not including home and auto)] \$ _____
10. Federal Income Tax Bracket: (Check one)

10% 15% 25% 28% 33% 35% 39.6%

Tax Status _____ (e.g., single, married filing jointly, etc.)

11. Do you anticipate a significant decrease in your future income or increase in your future expenses during the Guarantee Period? Yes No
 If Yes, please explain: _____

12. Do you currently have a reverse mortgage? Yes No

FINANCIAL OBJECTIVES

1. Financial objectives in purchasing this annuity: (Check all that apply)
- | | |
|----------------------------------|-------------------------------------|
| Preservation of principal | Income tax deferral |
| Wealth transfer | Probate avoidance |
| Provide lifetime income | Potential growth followed by income |
| Minimum guaranteed interest rate | Immediate income |
2. What is your general risk tolerance? (Check one)
- Conservative - Cautious - do not like to take risk or prefer minimal risk.
- Moderate - Comfortable with exposing some assets to volatility.
- Aggressive - Attempt to achieve maximum returns - take on additional risk.

FUTURE DISTRIBUTION NEEDS

1. How long do you plan to keep this annuity? (Check one)
- 1-5 Years 6-9 Years 10+ Years
2. Check which withdrawal options you anticipate accessing during the life of the contract. Next to each option checked, indicate how many years from now you plan to elect using the option.
- | | |
|-------------------------------|-------|
| Penalty-Free Withdrawal | _____ |
| Annuitization/Income Rider | _____ |
| Lump Sum | _____ |
| Required Minimum Distribution | _____ |
| No current plans to access | _____ |

SOURCE OF FUNDS

Source of funds to purchase this annuity: (Check all that apply)

- | | |
|--------------------------------|------------------------------------|
| Variable annuity | Indexed annuity |
| CDs | Inheritance |
| 401K rollover | Inherited IRA |
| Savings/checking | Death proceeds from life insurance |
| Stocks/bonds/brokerage account | Life insurance |
| Fixed annuity | Reverse mortgage |
| Mutual funds | Money Market |
| Retirement plan | Other _____ |

REPLACEMENT INFORMATION*

Are you using funds from an existing life insurance policy or annuity contract to fund this annuity? Yes No

*We require the most recent annual or quarterly statement in addition to the information below for all full and partial withdrawals other than the penalty-free amount.

	Replacement 1	Replacement 2	Replacement 3
Contract Number			
Company			
Issue Date (MM/DD/YY)			
Initial Premium	\$	\$	\$
Product Type	Variable Indexed Fixed Life Insurance	Variable Indexed Fixed Life Insurance	Variable Indexed Fixed Life Insurance
Withdrawal Type	Full Partial	Full Partial	Full Partial
Surrender Charge Percentage			
Current Value	\$	\$	\$
Surrender Value	\$	\$	\$
Income Benefit/GMIB Value	\$ (if NA, enter \$0)	\$ (if NA, enter \$0)	\$ (if NA, enter \$0)
Annuitization Value	\$ (if NA, enter \$0)	\$ (if NA, enter \$0)	\$ (if NA, enter \$0)
Death Benefit	\$	\$	\$
Reason(s) for Replacing Check all that apply	Reduction of fees Remove funds from market risk Other	Reduction of fees Remove funds from market risk Other	Reduction of fees Remove funds from market risk Other
Are you the original writing agent?	Yes No	Yes No	Yes No

ADDITIONAL INFORMATION

1. Do you have any existing annuities or life insurance policies sold to you by this agent? Yes No
2. Please share additional information and/or reasons you've considered in making your decision to purchase this annuity contract.

OWNER/JOINT OWNER'S STATEMENT

The information provided herein is true and accurate to the best of my knowledge and Equitable and my agent may rely on this information. By signing below, I acknowledge the annuity recommended by this agent meets my long-term financial objectives. I acknowledge my agent has fully explained the Surrender Charges and Surrender Charge period and I have reviewed the applicable disclosure statement with my agent in determining this annuity product is suitable for my financial situation. I understand if I am replacing an existing annuity, I may incur a Surrender Charge penalty or lose existing features, and I may not be able to reinstate the replaced contract(s). I believe the new annuity contract will provide additional or new benefits over the replaced life or annuity contract. I further acknowledge that neither Equitable nor its agents offer legal or tax advice and I have been advised to consult with my own legal or tax advisor.

Owner's Signature

Date

Joint Owner's Signature

Date

AGENT'S STATEMENT

I have made the recommendation to purchase this annuity based on the information gathered. The product meets the customer's financial needs and objectives based on the information the customer provided. Further, if my recommendation includes the replacement of an existing life insurance policy or annuity contract, I believe this new annuity provides additional or new benefits over the replaced policy or contract based on the information provided by the customer. I have not made any representations or promises about the future value of this contract that differ from the company provided materials.

Agent's Signature

Date