

# Secure Savings New Business Application Instructions



## **Contact Information**

**New Business Inquire:** (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-approvals.

- 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 Age 18-90      Secure Savings Elite - Issue Age 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 when submitting an application.

- ☐ Application for Individual Single Premium Deferred Annuity (MYGA4 TX - Rev 030120)
- ☐ Supplement Beneficiary Form (ELC-SS-SBEN) - required when designating multiple beneficiaries.
- ☐ Secure Savings Certificate of Disclosure (ELC-SS-DISC - Rev 030120) or
- ☐ Secure Savings Elite Certificate of Disclosure (ELC-SS-DISC-ELITE - Rev 030120)
- ☐ Replacement Notice (ELC-SS-REP - Rev 030120) - required when Owner has current Annuity or Life coverage.
- ☐ Suitability Acknowledgement (ELC-SS-SUIT - Rev 030120)
- ☐ Customer Identification Notice (ELC-SS-PAN - Rev 030120) - to be left with client.

## **ADDITIONAL FORMS**

The following forms are required to be submitted with the application when applicable.

- ☐ Qualified/Non-Qualified Transfer From (ELC-SS-RFF Rev 030120) - 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 - Rev 091918) - 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 - Rev 072919) - required for all annuity contracts in excess of \$500,000.
- ☐ Wire Transfer Form (ELC-SS-WT - Rev 050319) - 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



OWNER	
<hr/>	Male      Female
Name (First, Middle, Last)	SSN/Taxpayer ID
Address 1 (Street Number, Apartment Number)	Birthdate (mm/dd/yyyy)
Address 2 (City, State, Zip)	(      )
	Home/Mobile Telephone
	(      )
	Business Telephone
ANNUITANT (Complete only if different from Owner.)	
<hr/>	Male      Female
Name (First, Middle, Last)	SSN/Taxpayer ID
Address 1 (Street Number, Apartment Number)	Birthdate (mm/dd/yyyy)
Address 2 (City, State, Zip)	(      )
	Home/Mobile Telephone
	(      )
Relationship to Owner	Business Telephone
JOINT OWNER (if applicable)	
<hr/>	Male      Female
Name (First, Middle, Last)	SSN/Taxpayer ID
Address 1 (Street Number, Apartment Number)	Birthdate (mm/dd/yyyy)
Address 2 (City, State, Zip)	(      )
	Home/Mobile Telephone
	(      )
Relationship to Owner	Business Telephone
JOINT ANNUITANT (if applicable)	
<hr/>	Male      Female
Name (First, Middle, Last)	SSN/Taxpayer ID
Address 1 (Street Number, Apartment Number)	Birthdate (mm/dd/yyyy)
Address 2 (City, State, Zip)	(      )
	Home/Mobile Telephone
	(      )
Relationship to Owner	Business Telephone

**REV 03.01.20**

**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 values.
2. Withdrawal 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.

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**

# Supplemental Beneficiary Form

[illegible]

Owner Signature: \_\_\_\_\_ Joint Owner Signature: \_\_\_\_\_

# CERTIFICATE OF DISCLOSURE

## Equitable Secure Savings™ Series



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



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 and 5 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.

# Suitability Acknowledgement

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:
Type of government issued photo ID: Drivers License      Other _____ State or country of issue _____ Passport      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:
Type of government issued photo ID: Drivers License      Other _____ State or country of issue _____ Passport      Number _____		
Proposed Product Premium:		Surrender Charge Term:

## Financial Information

Gross Monthly Household Income \$: _____ (Include all household income, i.e. spouse)	Monthly Expenses: \$: _____ (Total of ALL household expenses, including rent/ mortgage, bills, debt payments and food)	Approximate Total Net Worth: \$: _____ (Do not include primary residence, personal belongings, or personal property such as jewelry, furnishings, and vehicle)	Liquid Assets after Annuity Purchase: \$: _____ (Checking, savings, money market funds, and securities that can be sold without penalties)
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**Assets:** The total assets listed in this table (liquid and non-liquid) should equal the **Total Net Worth** listed above. If you are over 59½ and assets are qualified they should be listed under liquid assets.

Liquid Assets		Non-Liquid Assets	
Asset Type	Current Value	Asset Type	Current Value
Checking Account		Annuities in Surrender Period	
Savings Account		Retirement Plan (401K, Pension, etc)	
Certificate of Deposit		Stocks/Bonds/Mutual Funds	
Annuities that are surrender free		Real Estate (other than primary residence)	
Annuities free withdrawals		Life Insurance Cash Value	
Stocks/Bonds/Mutual Funds		Other:	
Other:		Other:	
Other:		Other:	
<b>Total:</b>		<b>Total:</b>	

1. Federal Income Tax Bracket: (Check one)

10% 12% 22% 24% 32% 35% 37% Other \_\_\_\_\_

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

2. 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: \_\_\_\_\_

3. Do you have a reverse mortgage? Yes No

If Yes, is any premium intended for this annuity from a reverse mortgage? Yes No N/A

**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 _____

**FINANCIAL OBJECTIVES**

1. Financial objectives in purchasing this annuity: (Check all that apply)

Preservation of principal	Income tax deferral	Growth Potential	Other _____
Wealth transfer	Probate avoidance	Immediate income	
Provide lifetime income	Growth followed by income	Minimum guaranteed interest rate	

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. How do you anticipate taking distributions from this annuity? (check all that apply)

Free/systematic withdrawals	Annuitize	Required Minimum Distribution	
Income rider/Income option	Lump Sum	Immediate Income	Leave to beneficiary

Other - Please explain: \_\_\_\_\_

3. When do you anticipate taking your first distribution from this annuity? (choose one)

Less than 1 year Between 1 year and 5 years Between 6 years and 9 years 10 or more years Not anticipated

**CALIFORNIA ONLY** Questions below required for applications signed in California

1. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal for the Veterans Aid and Attendance benefit? Yes No

If yes, are you purchasing this annuity in order to qualify for means-tested government benefit Yes No

<b>REPLACEMENT INFORMATION</b>			
Are you using funds from an existing life insurance policy or annuity contract to fund this annuity?    Yes    No			
	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	\$	\$	\$
Market value adjustment (MVA)	(+/-)\$	(+/-)\$	(+/-)\$
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 - Please, describe	Reduction of fees Remove funds from market risk Other - Please, describe	Reduction of fees Remove funds from market risk Other - Please, describe
Are you the original writing agent?	Yes No	Yes No	Yes No

<b>For Fixed or Fixed Indexed Annuity Replacement Only</b>			
<b>Components of all available crediting method(s)</b>	<b>Existing contract</b>		
	Replacement 1	Replacement 2	Replacement 3
Index Examples: S&P 500, Dow Jones, Nasdaq etc.			
Crediting method Examples: annual point to point, monthly point to point, annual average, etc.			
Caps			
Participation rates			
Spreads			
Fees			
Current interest rate			

<b>For Variable Annuity Replacement Only</b>	
<b>Components</b>	<b>Existing Contracts</b>
Fixed account option available?	Yes                      No
If "yes", what is the interest rate?	%
Fees/Charges	

**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.

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**OWNER/JOINT OWNER'S STATEMENT****By signing below, I acknowledge that:**

- I reviewed the Customer Identification Notice (form ELC-SS-PAN) and agree with the terms of the notice.
- The information provided herein is true and accurate to the best of my knowledge and Equitable and my agent may rely on this information.
- I believe the annuity recommended by this agent meets my long-term financial objectives.
- I acknowledge that my agent has fully explained the Surrender Charges/Withdrawal Charges and Surrender Charge/Withdrawal period and I have reviewed the applicable disclosure statement with my agent in determining if this annuity product is suitable for my financial situation.
- I understand if I am replacing an existing annuity, I may incur a Surrender Charge/Withdrawal Charge penalty or lose existing features, and I may not be able to reinstate the replaced contract(s).
- I believe this new annuity contract will provide additional or new benefits over the replaced life or annuity contract.
- I further acknowledge that Equitable does not offer legal or tax advice and I have been advised to consult with my own legal or tax advisor.

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Owner's Signature

---

Date

---

Joint Owner's Signature

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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.

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Agent's Signature

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Date

# CUSTOMER IDENTIFICATION NOTICE



## USA PATRIOT ACT Anti-Money Laundering Customer Identification Program Notice

### **\*PLEASE READ BEFORE COMPLETING THE APPLICATION\***

IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT APPLYING FOR A POLICY/CONTRACT WITH  
EQUITABLE LIFE & CASUALTY INSURANCE COMPANY.

*To help the government fight the funding of terrorism and money laundering activities, federal law requires all insurance companies to obtain, verify, and record information that identifies each person who applies for a policy/contract.*

### ***What types of information will I need to provide?***

#### For Individuals

You will be required to provide:

- Your name
- Date of Birth
- Physical Address (no PO Box)
- Identification Number
  - US Citizen
    - Taxpayer Identification Number
    - Social Security Number
    - Employer Identification Number
- Driver's license or other identifying documents. If these documents are not available, your agent will explain other verification options to you.

#### For Legal Entities

A trust, Power of Attorney or other legal entity will be required to provide:

- Its Principal Place of Business
- Local Office
- Employer Identification Number
- Certified Articles of Incorporation
- Government-issued Business License
- Partnership Agreement
- Trust Agreement

### **What happens if requested information is not provided or my identity can't be verified?**

Equitable may not be able to approve the application for a policy/contract or carry out transactions for you. If a policy/contract is issued during the verification process, it may have to be canceled.

We thank you for your patience and your confidence in our company. We hope you will support the insurance industry's efforts to deny terrorists and money launderers access to America's financial system.





# QUALIFIED TRANSFER FORM

Complete one Side Only

**Direct Custodial Transfer Request (CDs, Mutual Funds & Qualified Annuities)**



— LIFE & CASUALTY INSURANCE COMPANY —

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

## 1. Contract Information

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Account Type
Tax Status (IRA, ROTH IRA, 401(k), etc.)			Transfer funds immediately Transfer on date _____
Insured's/Annuitant's Name			Annuitant's SSN
Joint Insured's/Annuitant's Name			Joint Annuitant's SSN
Owner's Name			Owner's SSN
Joint Owner's Name			Joint Owner's SSN
Please select one: <input type="checkbox"/> Contract/CD enclosed <input type="checkbox"/> I have lost or destroyed my Contract/CD			

## 2. Authorization to Sell, Liquidate and Transfer Funds

This will serve as authorization to liquidate and transfer:

All

\$ \_\_\_\_\_  
\_\_\_\_\_ %

## 3. Required Minimum Distribution - Direct Transfer Information

Must complete if client is 72 or older.

My Required Minimum Distribution (RMD):

\_\_\_\_\_ has been taken already for this year

\_\_\_\_\_ has not been taken

Please distribute my RMD for the current year prior to transferring funds to Equitable Life & Casualty.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Medallion Signature Guarantee

\_\_\_\_\_  
Joint Owner/Spouse Signature (If applicable) Date

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

## 4. Acceptance by Equitable Life & Casualty Insurance Company

Equitable agrees to accept the assets described above for the \_\_\_\_\_ plan established on behalf of the above named individual. Equitable requests the liquidation and transfer of assets indicated above.

\_\_\_\_\_  
Accepted by (Signature and Title of authorized officer of Equitable)

\_\_\_\_\_  
Date

MAKE CHECK PAYABLE TO EQUITABLE LIFE & CASUALTY INSURANCE COMPANY  
Reference Contract Number \_\_\_\_\_