

Secure Savings New Business Application Instructions

Contact Information

New Business Inquiry: (888) 352-5178

Agency and Contracting: (888) 352-5120

Fax: (888) 352-5126

Email: New.Business@equilife.com

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



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 parantheses 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. Issue ages 18-90
 2. The minimum premium required is \$20,000 and cannot exceed \$500,000.
- 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 (ICC17 MYGA APP) (state specific version may be required)
- Supplemental Information Form (ELC-SS-SUPP)
- Certificate of Disclosure (ELC-SS-DISC) (not required in WI)
- Suitability Acknowledgment (ELC-SS-SUIT)
- Replacement Notice (ELC-SS-REP) (not required in MI) – State specific version may be required – **must** provide the most recent annual statement when replacing a current annuity.

ADDITIONAL FORMS

The following forms are required in application packets when applicable.

- Replacement Notice (ELC-SS-REP) (not required in MI) – required when Owner has current Annuity or Life coverage. Must provide the most recent annual statement when replacing a current annuity.
- 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).

STATE SPECIFIC FORMS

The following forms are required in application packets when applying for an annuity in these states.

- WI - Preliminary Contract Summary (ELC-SS-WI) – form must be left with the Owner.

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY

Multi-year Guarantee Periods
With Market Value Adjustment Provision



Equitable Life & Casualty Insurance Company

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

ANNUITANT	
Name (First, Middle, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address 1 (Street Number, Apartment Number)	SSN/Taxpayer ID
Address 2 (City, State, Zip)	Birthdate (mm/dd/yyyy) ()
Government Issued Photo ID Type and ID No. (Provide State for Drivers License)	Home/Mobile Telephone ()
	Business Telephone

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

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY

Multi-year Guarantee Periods With Market Value Adjustment Provision



Equitable Life & Casualty Insurance Company

WWW.EQUILIFE.COM

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

MAILING ADDRESS (Complete if different than Owner's address above)
Address 1 (Street Number, Apartment Number)
Address 2 (City, State, Zip)

JOINT OWNERS BENEFICIARY DESIGNATION
<input type="checkbox"/> 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.

PRIMARY BENEFICIARY (Use "mm/dd/yyyy" format for Birthdate. Percentage must equal 100%.)

Primary Beneficiary Name	Birthdate	SSN	Relationship to Owner	Percentage

CONTINGENT BENEFICIARY (Use "mm/dd/yyyy" format for Birthdate. Percentage must equal 100%.)

Contingent Beneficiary Name	Birthdate	SSN	Relationship to Owner	Percentage

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY

Multi-year Guarantee Periods With Market Value Adjustment Provision



Equitable Life & Casualty Insurance Company

WWW.EQUILIFE.COM

PREMIUM PAYMENT
Single Premium \$ _____

TAX QUALIFICATION STATUS
<input type="checkbox"/> Roth IRA <input type="checkbox"/> IRA
<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Other _____

PRODUCT SELECTION
Guarantee Period <input type="checkbox"/> 2 Year <input type="checkbox"/> 5 Year

REPLACEMENT OF OTHER CONTRACTS												
Do you have any existing life insurance policies or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Will this contract replace or change any existing annuity contracts or life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No												
If Yes, list Company, Policy/Contract Number, and Estimated Replacement Amount in the space below.												
<table><thead><tr><th>Company</th><th>Policy No. / Contract No.</th><th>Estimated Replacement Amount</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Company	Policy No. / Contract No.	Estimated Replacement Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
Company	Policy No. / Contract No.	Estimated Replacement Amount										
_____	_____	_____										
_____	_____	_____										
_____	_____	_____										

FRAUD NOTIFICATION
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense subject to penalties under state law.

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY POLICY

Multi-year Guarantee Periods With Market Value Adjustment Provision



Equitable Life & Casualty Insurance Company

WWW.EQUILIFE.COM

ACKNOWLEDGEMENT AND SIGNATURES

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 during the first seven policy years.
3. This annuity is designed to accumulate funds for retirement and other long-term objectives.
4. This annuity is not a registered security.
5. 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: _____

Annuitant: _____

Owner: _____

Joint Owner: _____

ACKNOWLEDGEMENT AND SIGNATURES

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

I have personally verified the identities of the Owner, Joint Owner, and Annuitant 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 Code _____

Agent Signature _____ Date _____

Agent Email _____ (_____) _____
Agent Phone

SUPPLEMENTAL INFORMATION

METHOD OF PURCHASE

Check or New Money Purchase Amount*	\$
Rollover (from retirement account)**	\$
Transfer (from money market account, CD, mutual fund, brokerage account, qualified annuity)***	\$
Replacement (non-qualified annuity and/or life policy)***	\$
Total Premium	\$

*Remitter's name MUST match Annuitant Name or Owner name, (if different from Annuitant)
 **I understand that, except in the 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/1035 form (ELC-SS-RFF) for each account.

METHOD OF DELIVERY OF ANNUITY

Delivery by Mail to Annuitant or Owner, if different from Annuitant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery by Mail to Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery by Electronic Methods to Annuitant or Owner, if different from Annuitant	<input type="checkbox"/> Yes <input type="checkbox"/> No

I (Annuitant or Owner, if different from Annuitant) authorize Equitable Life & Casualty Insurance Company ("Equitable") to provide my annuity contract and all present and future notices concerning this annuity via email at the address provided above or by other secure electronic methods. I acknowledge that I have the ability to access the Internet and view documents in the Adobe PDF format. I understand that I am responsible for any subscription or access fees of my Internet service provider. I acknowledge that I may request specific documents in paper form at any time without revoking this consent and that I can revoke this consent at any time, by contacting Equitable in writing at the address above. I acknowledge that, if at any time, Equitable sends me an email and receives a bounce-back message that the transmission did not go through to me, Equitable will automatically send all notices via regular mail until I provide Equitable with a new email address. I acknowledge that Equitable has the right to deliver notices and policy and contract documents via email or other secure electronic methods, but is not obligated to do so.

ACKNOWLEDGEMENT AND SIGNATURES

To the best of my knowledge and belief, the information and statements on this form are complete and true.

Annuitant: _____ Email: _____ Date: _____

Owner: _____ Email: _____ Date: _____
 (if different than Annuitant)

Joint Owner: _____ Email: _____ Date: _____
 (if applicable)

AGENT USE ONLY

By signing below, I certify that:

1. Replacement questions were answered;
2. A copy of any sales material shown to the owner(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 product.

Agent Signature: _____ Date: _____

Percentage: _____

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

Agent Name	Agent Code	Agent Phone/Email	Split %

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 WITHDRAWALS

Each Policy Year after the first, you may take one Penalty-Free Withdrawal of any amount up to the Penalty Free Withdrawal Percentage multiplied by your Account Value as of the last contract anniversary date. If you choose to take less than this amount, your free withdrawal amount in future Policy Years will not be increased.

Required Minimum Distributions (RMDs) are considered part of your annual free withdrawal, even if they exceed your free withdrawal amount.

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.

INTEREST CREDITING

The Initial Guaranteed Minimum Interest Rate shown on the Policy Schedule is set at issue and guaranteed for the remainder of the Guarantee Period selected. Within 30 calendar days after the end of the Guarantee Period chosen, you can choose one of the following options:

- Apply your Account Value to an income option, surrender charges and MVA will not apply;
- Take a Partial Withdrawal, surrender charges and MVA will not apply, and continue the policy with the remaining Account Value;
- Surrender the entire Policy without surrender charges or MVA; or
- Continue your Policy for another Guarantee Period, at the Renewal Guaranteed Interest Rate declared by us.

If no option is chosen, the Policy will continue automatically for a new Guarantee Period of the same duration as the preceding Guarantee Period, at the Renewal Guaranteed Interest Rate. Upon Policy renewal, the surrender charges will reset and the MVA and applicable surrender charges will apply during the subsequent Guarantee Period. 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.

Policy Year	1	2	3	4	5	6	7	8+
Surrender Charge	9%	8%	7%	6%	5%	4%	3%	0%

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 and Annuitant acknowledges the statements mentioned above and agrees to the following:

1. I understand that I may return my contract within the free-look period of 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

Annuitant's Signature

Date

AGENT'S 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.

I certify receipt of \$_____ given to purchase a tax-deferred annuity.

Agent's Signature

Date

Agent's State License Number

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

**Important Notice:
Replacement of Life Insurance or Annuities**

This document must be signed by the Owner and the agent, if there is one, and a copy left with the Owner.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. **You may pay acquisition costs and there may be surrender costs deducted from your policy or contract.** You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacement before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form:

- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?..... Yes No
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?..... Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available), and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract/Policy Number	Insured/Annuitant	Replace (R)/Finance (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify by signing below that the responses herein are, to the best of my knowledge, accurate:

Owners's Signature

Owner's Printed Name

Date

Agent Certification – I certify that I used only insurer-approved sales materials with this application, that I left an original or copy of all sales materials with the Applicant, and that I provided a printed copy of any electronically presented sales material to the Applicant.

Agent's Signature

Agent's Printed Name

Date

I do not want this notice read aloud to me. _____ (Owners must initial only if they do not want this notice read aloud.)

NOTE IMPORTANT STATEMENT ON REVERSE SIDE
ORIGINAL TO HOME OFFICE – COPY TO APPLICANT – COPY FOR AGENT'S RECORDS

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 old 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 costs 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:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 59^{1/2} (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:
- | | |
|--|---|
| <input type="checkbox"/> Current wages | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security (retirement) | <input type="checkbox"/> Alimony and/or Child Support |
| <input type="checkbox"/> Social Security (disability) | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Social Security (survivor or dependent) | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> 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%
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.)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of principal | <input type="checkbox"/> Income tax deferral |
| <input type="checkbox"/> Wealth transfer | <input type="checkbox"/> Probate avoidance |
| <input type="checkbox"/> Provide lifetime income | <input type="checkbox"/> Potential growth followed by income |
| <input type="checkbox"/> Minimum guaranteed interest rate | <input type="checkbox"/> 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.
- | | |
|--|-------|
| <input type="checkbox"/> Penalty-Free Withdrawal | _____ |
| <input type="checkbox"/> Annuitization/Income Rider | _____ |
| <input type="checkbox"/> Lump Sum | _____ |
| <input type="checkbox"/> Required Minimum Distribution | _____ |
| <input type="checkbox"/> No current plans to access | _____ |

SOURCE OF FUNDS

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

- | | |
|---|---|
| <input type="checkbox"/> Variable annuity | <input type="checkbox"/> Indexed annuity |
| <input type="checkbox"/> CDs | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> 401K rollover | <input type="checkbox"/> Inherited IRA |
| <input type="checkbox"/> Savings/checking | <input type="checkbox"/> Death proceeds from life insurance |
| <input type="checkbox"/> Stocks/bonds/brokerage account | <input type="checkbox"/> Life insurance |
| <input type="checkbox"/> Fixed annuity | <input type="checkbox"/> Reverse mortgage |
| <input type="checkbox"/> Mutual funds | <input type="checkbox"/> Money market |
| <input type="checkbox"/> Retirement plan | <input type="checkbox"/> 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	<input type="checkbox"/> Variable <input type="checkbox"/> Indexed <input type="checkbox"/> Fixed <input type="checkbox"/> Life insurance	<input type="checkbox"/> Variable <input type="checkbox"/> Indexed <input type="checkbox"/> Fixed <input type="checkbox"/> Life insurance	<input type="checkbox"/> Variable <input type="checkbox"/> Indexed <input type="checkbox"/> Fixed <input type="checkbox"/> Life insurance
Withdrawal Type	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Surrender 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	<input type="checkbox"/> Reduction of fees <input type="checkbox"/> Remove funds from market risk <input type="checkbox"/> Other	<input type="checkbox"/> Reduction of fees <input type="checkbox"/> Remove funds from market risk <input type="checkbox"/> Other	<input type="checkbox"/> Reduction of fees <input type="checkbox"/> Remove funds from market risk <input type="checkbox"/> Other
Are you the original writing agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (if applicable)

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