



AXA Equitable Life Insurance Company

Mailing address: PO Box 1047, Charlotte NC 28201-1047

Additional Requirements for Compliance with New York State Regulation 187

These questions MUST BE COMPLETED with respect to the OWNER:

Financial Professionals must complete for all Product Types for policies to be issued in New York

As of February 1, 2020, New York Regulation 187 requires that recommendations by Financial Professionals with respect to NY-issued policies be in the customer's Best Interest and also requires carriers to assess suitability. In order to facilitate our suitability review, Financial Professionals submitting life business in New York State must complete this section of the form in its entirety and complete the additional New York Regulation 187 Acknowledgement on this form.

Insured _____ Date of Birth _____

BGA/Agency Code _____ Policy Number _____

1. Is the Client/Owner/Authorized Person associated or registered with or employed by a member of FINRA? Yes No

Affordability Related Questions (if individually owned):

2. A. Employment Status: Employed Self-Employed Retired Unemployed

B. Occupation: _____ C. No. of Years: _____

3. Marital Status: Single Married Divorced Widowed Separated Domestic Partner

4. # of Dependents _____ 5. Federal Tax Bracket _____% 6. Liquid Net Worth \$ _____

7. Est. Monthly Expenses \$ _____ 8. Est. Net Monthly Income \$ _____

Intended Use and Investment Objective (for this purchase only):

9. **(Select All That Apply)** Death Benefit Protection Downside Protection Cash Value Growth
 Supplemental Income Long-Term Coverage Protection

10. Time Horizon: Applies to all products including fixed insurance – NOTE: the time horizon applies to the point of sale and maintaining the account/contract/policy. **(Select Only One)** <5 years 5-9 years 10-14 years 15-20 years >20 years

Risk Tolerance Related Questions (for this purchase only):

Please use the following as a guide in assessing the Owner's Risk Tolerance.

Risk Tolerance

Your Risk Tolerance is a function of your investment time horizon and appetite for risk. If you are not comfortable selecting a Risk Tolerance using the descriptions below, ask your Financial Professional to help you complete a separate Risk Tolerance Questionnaire

The **Conservative** investor is generally very sensitive to short term losses. The Conservative investor's aversion to short-term losses could compel him or her to sell their investment and hold a zero risk investment if losses occur. The Conservative investor would accept lower long-term returns in exchange for smaller and less frequent changes in portfolio value

The **Conservative-Plus** investor is generally sensitive to short-term losses. The Conservative-Plus investor's aversion to losses could compel him or her to shift into a more stable investment if significant short-term losses occur. The Conservative-Plus investor is usually willing to accept somewhat lower returns in order to assure greater safety of his or her investment.

The **Moderate** investor is somewhat concerned with short-term losses and may shift to a more stable option in the event of significant losses. The safety of investment and return are typically of equal importance to the Moderate investor.

The **Moderate-Plus** investor is generally willing to accept high risk and chance of loss in order to achieve higher returns on his or her investment. Significant losses over an extended period may prompt the Moderate-Plus investor to shift to a less risky investment

The **Aggressive** investor generally aims to maximize long-term expected returns rather than to minimize possible short-term losses. An Aggressive investor values high returns and can tolerate both large and frequent fluctuations in portfolio value in exchange for a higher return over the long run.

Investment/Financial Assets, Resources and Experience:

11. Which Risk Tolerance best describes you **(Select Only One)**

- Conservative Conservative Plus Moderate Moderate Plus Aggressive

12. Have you discussed with the Proposed Owner the non-guaranteed elements involved with the recommended product and are they willing to accept these non-guaranteed items: Yes No

13. Assets

Complete all that apply (a-i)

- a) CDs \$ _____
- b) Stocks: \$ _____
- c) Mutual Funds & ETFs: \$ _____
- d) Bonds: \$ _____
- e) Annuities/Other Life Insurance: \$ _____
- f) Retirement Accounts: \$ _____
- g) Investment Real Estate (Net Equity) \$ _____
- h) Other (excludes Primary residence): \$ _____
- = i) Total Investments/Assets (above) And Cash:** \$ _____

14. Significant Liabilities

- a) Home Mortgage: \$ _____
- b) Personal Loans/Student Debt \$ _____

15. Investment Experience (In Years)

	None	<1	1-4	5+
CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Professional's New York Regulation 187 Attestation

This section must be completed by the Financial Professional

I hereby attest to the following on behalf of myself and all financial representatives who participated in making a recommendation, if any, regarding the transaction relating to this application. (You must check either A or B below):

- A. That the transaction related to this application **was recommended by me to the client** (Proposed Owner) and:
1. I have collected the client's suitability information as required under Regulation 187;
 2. My recommendation to the client is based on my evaluation of the relevant suitability information provided by the client;
 3. My recommendation reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the circumstances then prevailing;
 4. In my professional opinion: (a) the transaction is suitable for the client, based on the client's suitability information provided to me; (b) the client would benefit from certain features of the policy/contract, being applied for; and (c) the client has the financial ability to meet the financial commitments under the policy/contract;
 5. I have reasonably informed the client of various features of the contract/policy and potential consequences of the proposed transaction, both favorable and unfavorable;
 6. I have disclosed to the client: (a) the manner in which I would be compensated for the proposed transaction and for servicing of the contract; (b) in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provide the basis for my recommendation; and (c) the basis for my recommendation of the proposed transaction, if applicable, and the facts and analysis to support that recommendation; and
 7. Only the interests of the client were considered in making the recommendation and I have adequate knowledge to make the recommendation.

- B. That the transaction related to this application **was not recommended by me to the client**, due to:
(You must check one box below if you did not recommend this transaction and, accordingly, you did not check box A above)

- I made reasonable efforts to collect the required suitability information from the client, but he/she refused to provide it and I have not made any recommendation;
- I did not make a recommendation in connection with the transaction related to this application
- The client wishes to enter into the transaction related to this application even though I do not recommend it.

• I have taken training specific to the requirements of Regulation 187 and understand that it obligates me to make recommendations that are in the best interests of my clients.

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

X _____ Date _____
Primary Financial Professional Signature

Print Name

FP Code

Phone Number