

**Financial Supplement II Forming Part of the Application for Life Insurance** (Complete if the Proposed insured is age 65 or older and the sum of the Face Amount of all applications for Life Insurance that will be underwritten concurrently with AXA Equitable, and/or any other affiliated company, equals \$2 million or more.) If additional space is needed to complete this application, attach additional sheet of paper; it must be signed and dated by the Proposed Owner, Proposed Insured, and Financial Professional.

\_\_\_\_\_  Proposed Insured/     Additional/Joint Insured  
 Name

Owner name if other than Proposed/Additional Insured

1. What is the planned source of funding for the policy(ies) currently applied for? (Please provide details of funding, including name(s) of all entities involved. If the source of funding is from a life insurance policy, include the name of each company and number of years policy in effect.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Has any party, other than the Proposed Owner or Proposed Insured, provided or offered to provide funding, either now or in the future, for any premium payment for the policy? (If "Yes", please provide details of the funding, including the names of all entities involved.) \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

3. a. Are either the Proposed Owner or Proposed Insured now financing or intending to finance any of the premium payments required to pay for and/or to maintain this policy through a financing or loan agreement? (If "Yes", submit a copy of the financing or loan agreement, detailed Personal Financial Statement signed by the preparer, and complete below.)  Yes  No  
 Loan \_\_\_\_\_ (% of premium) Identify Source of Loan \_\_\_\_\_  
 Loan Repayment Schedule (If the loan can be extended, include duration for which loan may be extended) \_\_\_\_\_  
 Describe the collateral used \_\_\_\_\_

b. Is the Proposed Owner or Proposed Insured required to post a letter of credit or personal guarantee?  Yes  No  
 (If "Yes", please describe details of asset(s) or financial institution offering the guarantee.)  
 Interest rate \_\_\_\_\_ % Frequency \_\_\_\_\_ Duration \_\_\_\_\_

c. If interest may be accrued, give details \_\_\_\_\_

d. In addition to repayment of principal and interest, are there other fees, charges, or other consideration to be paid on maturity? (If "Yes", give details of additional fees, charges, or consideration) \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Other Financing Agreement

If the Proposed Owner or Proposed Insured will be paying premiums funded by an individual and/or an entity other than the Proposed Insured(s), or the Proposed Insured's employer, provide details of the arrangement together with any documents relating to the arrangement

Description \_\_\_\_\_ Interest rate \_\_\_\_\_ % Frequency \_\_\_\_\_ Duration \_\_\_\_\_  
 Additional fees, charges, or consideration \_\_\_\_\_

5. Are the Proposed Owner, Proposed Insured, or any person or entity, either being paid or offered: cash, services, or any other consideration, as an inducement (a) to enter into this transaction or (b) for the transfer of any beneficial interest in the proceeds of the policy? (If "Yes", describe in detail.) \_\_\_\_\_  Yes  No

6. Will any entity, other than a life insurance company, be medically evaluating the Proposed Insured to determine life expectancy, or otherwise provide financing? (If "Yes", give details, including the name(s) of the entity(ies)) \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

**References (Personal and/or Business)**

Attorney: \_\_\_\_\_  
 Name Business Address Telephone

Accountant: \_\_\_\_\_  
 Name Business Address Telephone

Other: \_\_\_\_\_  
 Name Branch Title of Account

\_\_\_\_\_  
 Name Branch Title of Account

Have bankers, attorneys and accountants been authorized to release information?  Yes  No

If "no", explain \_\_\_\_\_

I represent that the statements and answers in this Supplement, and in any supporting documentation provided by me for use in conjunction with this Supplement, are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature of Proposed Insured/Additional Joint Insured

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner if other than Insured

\_\_\_\_\_  
 Signature of Licensed Financial Professional/Insurance Broker