

CLIENT PROFILE COVER PAGE

Instructions:

- The Client Profile must be completed prior to a strategy or product recommendation. Multiple recommendations may re-use sections 1 – 4 if the information is confirmed to be accurate when a client signature is not required. A photo copy of original sections 1 – 4 must be attached to the newly completed sections 5 – 8 for each product recommendation/sale.
- For individuals, complete sections 1 – 8 only.
- For entities, complete sections 1, 5 – 8 only.
- Section 2 AML questions are not required to be completed if similar AML questions are required through the application.
- Complete all fields in each section. If not applicable, use “N/A”. Bolded fields with an asterisk are critical for good order review and if not completed, will delay processing.
- Adding an explanation to Section 7 is required with your recommendation.
- Copies of the Client Profile(s) must be retained in the client’s file.
- The Trusted Contact section must be completed by either by designating someone as a Trusted Contact and providing the required information or by checking the box to NOT designate someone. NOTE: The Trusted Contact information provided will only be received at the service center for the product noted in Section 6; therefore, it is important to follow these procedures for each product purchased. Since sections 1 – 4 can be reused for other recommendations/transactions (if the information is accurate and current), the Trusted Contact information obtained can also be reused as long as it accurately reflects the client’s choice for that product recommendation/transaction.

Definitions

Section 3:

Est. Monthly Fixed HH Expenses — Monthly reoccurring fixed HH expenses should be included in this section, e.g., mortgage, rent, utilities, insurance and car payments.

Other Property(ies) — Enter other properties’ net equity that are owned by the client, i.e. investment real estate, vacation homes, etc.

Investment Experience — Includes all qualified and non-qualified experience within an asset class. Experience does not require there to be any current holdings within the referenced asset class.

Current Holdings — All qualified/retirement holdings should be listed under “Retirement Accounts”. Assets used to fund this recommendation/purchase should be included in this section.

Other — All financial investment assets, liquid and non-liquid, that are not included in the remaining listed categories. This can include interests, but should exclude the primary residence. Only those assets that fit the Liquid Net Worth definition below should be considered and included here as liquid.

Total Assets — Total Assets excludes your primary residence and associated debt.

Net Worth (modified) — Is the value of your assets minus your liabilities. Assets include all your Current Holdings / Total Assets above plus personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include debt on your primary residence among your liabilities.

Liquid Net Worth — Is your Net Worth minus assets that cannot be converted quickly and easily into cash such as investment real estate, business equity, personal property, automobiles, expected inheritances and assets marked for other purposes. It may however include investments or accounts that can be liquidated within 30 days such as checking, savings and money market accounts, IRA, 403b, 401k, annuities, all marketable securities, etc. Liquid asset value with current surrender and early withdrawal penalties (i.e., annuities, CDs) can be adjusted down to reflect any current redemption charges or penalties.

Section 6:

Product purchase details

In the space provided, enter the name of the account or product recommended. For Equitable Network related sales, check the appropriate product type. (NOTE: Branch Manager signature is required for products noted on the form)

Source of funds

Cash — Represents funds without surrender charges/fees/penalties associated with making the investment.

Borrowing — Represents ANY loans/personal loans, credit card advances, mortgage/reverse mortgage, line of credit, etc.

NQ: Annuity or Life insurance (Replacement, Surrender/Exchange, Contract/Policy Loan, Dividend, Withdrawal) Represent non-qualified funds taken in whole or part from an annuity and or insurance product. A Replacement Acknowledgement Form (RAF) is required and if applicable, State Replacement Forms.

Partial Conversion (client is converting part of a term policy to an internal permanent policy – note: if the remaining term policy is maintained or lapses/is surrendered, no RAF is required but state replacement paperwork may still apply. If a new policy is issued in addition to the converted portion a RAF and state replacement paperwork are required.)

Full Conversion (client is converting the entire term policy to an internal perm policy)

Qualified: Annuity (Replacement, Surrender/Exchange, Contract/Policy Loan, Dividend, Withdrawal) Represent qualified funds taken in whole or part from an annuity. A Replacement Acknowledgement Form (RAF) is required and if applicable, State Replacement Forms.

401K, Pension Plans or Other Group Retirement Plans – Represents funds from group retirement plans. A Transaction Acknowledgement Form (TAF) is normally required.

NQ: Brokerage, Investment Advisory Assets, Mutual Funds Shares, UIT Shares, Stocks or Bonds – Represent investments from non-qualified accounts/assets. Advisory Assets, Mutual Funds Shares and UIT Shares require a TAF.

Q: Brokerage, ERISA Plan, Investment Advisory Assets, Mutual Funds Shares, UIT Shares, Stocks or Bonds – Represent qualified investments from retirement accounts/assets. Advisory Assets, Mutual Funds Shares and UIT Shares require a TAF.

Employer Contribution – Represent funds contributed by an employer for the benefit of the client.

Other: Sale of Car, Home, Business, or Other Asset (specify:), Legal Settlement, Lottery/Gaming Proceeds, Other:

Account/Product	Client Profile Requirement	Signature Requirement	Client Profile submitted with New Business Requirements
Equitable Proprietary Products Sales			
Equitable Variable Annuities sales e.g.: • Retirement Cornerstone • Equivest	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Equitable Fixed Annuity	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Equitable Variable Life Insurance e.g.: • IL Legacy • IL Optimizer • IL COLI • COLI for Entity • VUL • SIL	• Complete Sections 1 – 8 of the FP Certification	• Client Signature • FP Signature	• Yes
Equitable Index Life Insurance e.g.: • BLG • BLP	• Complete Sections 1 – 8 of the FP Certification	• FP Signature • Client Signature - Optional	• Yes
Equitable Universal & Whole Life Insurance e.g.: • Athena • Equitable EQ ISWL	• Complete Sections 1 – 8 of the FP Certification	• FP Signature • Client Signature - Optional	• Yes
Equitable Term Insurance Simplified Issued Term e.g.: • BrightLife Term • TermOne	• Complete Sections 1 – 8 of the FP Certification	• FP Signature • Client Signature - Optional	• Yes
Equitable 401K (group retirement plans)	• N/A	• N/A	• N/A
LPL Products Sales			
Brokerage Accounts e.g.: • Indi/Corp • IRA • 529 Plans	• Complete Sections 1 – 8	• FP Signature • Client Signature - Optional	• No
Advisory Accounts e.g.: • SAM • OMP • PWP	• Complete Sections 1 – 8	• FP Signature • Client Signature - Optional	• No
TAMP Accounts e.g.: • Brinker • Advisors Capital Management (ACM)	• Complete Sections 1 – 8	• FP Signature • Client Signature - Optional	• No
Equitable Network Sales			
Variable Annuities	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Fixed Annuities	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Equity Indexed deferred/Immediate	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Variable Life Insurance/Indexed Life Insurance	• Complete Sections 1 – 8	• Client Signature • FP Signature	• Yes
Term, Universal & Whole Life Insurance	• Complete Sections 1 – 8	• FP Signature • Client Signature - Optional	• Yes
Group Annuities/401K Products	• Complete Sections 1, 6, 8	• Client Signature • FP Signature • BrM Signature	• Yes

A Client Profile is not required for the following product recommendations:

Disability sales	Healthcare sales
Financial Plans	Standalone Long Term Care

CLIENT PROFILE

PRINT FP NAME: _____ ID #: _____ DATE: _____

New Update

1. Background Information

Client/Owner _____ *First Name *Last Name _____ *SSN/TIN _____ *DOB _____ *Street Address _____ *City *State *Zip _____ Please complete previous address if changed within last 12 months _____ Street Address _____ City State Zip _____ *Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident If non-US, specify: _____ Daytime Phone: _____ Mobile Phone: _____ Email: _____ *Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed *Occupation: _____ Employer Name: _____ Employer Address: _____ _____ No. of Years: _____ Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D. *Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner *# of Dependents: _____ Age(s) _____ Name(s) _____ Name(s) _____	Joint Client/Owner. Check the Box if N/A <input type="checkbox"/> and add Spousal Information if applicable _____ First Name Last Name _____ SSN/TIN _____ DOB _____ Street Address _____ City State Zip _____ Please complete previous address if changed within last 12 months _____ Street Address _____ City State Zip _____ Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident If non-US, specify: _____ Daytime Phone: _____ Mobile Phone: _____ Email: _____ Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed Occupation: _____ Employer Name: _____ Employer Address: _____ No. of Years: _____ Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D.
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1. Background Information (Continued)

Client/Owner Profile for Entities Only – do not complete if the client is an individual

Corporation (complete A-D) Trust (complete A-D) Partnership (complete A-C) Estate (complete A-C) Group Plan (complete A-H)

A. *Name: _____ ***TIN #:** _____

B. Authorized Person(s) to transact business:

***Name:** _____ ***Title/Trustee:** _____

Name: _____ Title/Trustee: _____

Authorized Person Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ State/Country _____ Issue Date _____ Exp. Date _____

C. *Street Address: _____ ***City, State, Zip:** _____

D. *Assets. Cash & Cash Equivalents: (CDs, Money Market, etc.) _____ Stocks: _____ Bonds: _____

Annuities: _____ Mutual Funds: _____ Other: _____ *Combined Total Assets:* _____

E. Trust or Incorporation Date: _____ **State or Country of Incorporation or Trust Agreement:** _____

F. *Type of Business: _____

G. *Employer Name: _____ ***No. of Employees:** <10 10-25 26-50 51-75 76-100 >100

H. *Type of Plan: Startup/New Business Takeover/Rollover Amount: \$ _____

The Plan is: Profit Sharing/Money Purchase Pension Profit Sharing with 401k feature 401k Other: _____

Type of Funding: Exclusive Employer Funding Partial (Split) Funding

I. Important Considerations (includes existing insurance coverage, etc.): _____

TRUSTED CONTACT PERSON

DEFINITION OF TRUSTED CONTACT: The trusted contact person is intended to be a resource for Equitable in administering your account and protecting assets in connection with possible financial exploitation or diminished capacity. The Trusted Contact Person must be 18 years of age or older. Equitable may disclose information about your policy to the Trusted Contact to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by applicable law. The Trusted Contact will not be authorized to transact business on your behalf.

NOTE: The Trusted Contact information below supersedes any previously named Trusted Contact Person. To remove a Trusted Contact without designating a replacement, please check the box indicating you do not want to designate a Trusted Contact.

Trusted Contact Person Information for Primary Owner:	Trusted Contact Person Information for Joint Owner (if applicable):
<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact To designate a Trusted Contact, please complete the following fields	<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact <input type="checkbox"/> Check this box if you want to designate the same Trusted Contact as Owner #1. If checked, the fields below do not need to be completed To designate a Trusted Contact, please complete the following fields
<hr/> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>	<hr/> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
<hr/> Mailing Address Number and Street	<hr/> Mailing Address Number and Street
<hr/> <div style="display: flex; justify-content: space-between;"> City State Zip </div>	<hr/> <div style="display: flex; justify-content: space-between;"> City State Zip </div>
<hr/> Phone Number	<hr/> Phone Number
<hr/> Email Address	<hr/> Email Address
<hr/> Relationship to Owner	<hr/> Relationship to Owner

2. USA Patriot Act Information

Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date
Joint Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date

3. Financial Household (HH) Information

<p>Client/Owner Gross HH Income (all sources): \$ _____</p> <p>Joint Client/Owner Gross HH Income (if separate HH): \$ _____</p> <p>= *Est. Gross Annual HH Income(s): \$ _____</p> <p>*Est. Monthly Fixed HH Expenses: \$ _____</p> <p>*Fed. Marginal Tax Bracket: <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%</p> <p style="text-align: center;">*INVESTMENT EXPERIENCE (IN YEARS)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">None</th> <th style="width: 15%;"><1</th> <th style="width: 15%;">1-4</th> <th style="width: 15%;">5+</th> </tr> </thead> <tbody> <tr> <td>a) *CDs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) *Stocks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) *Bonds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) *Annuities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) *Mutual Funds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		None	<1	1-4	5+	a) *CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) *Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) *Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) *Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">*CURRENT HOLDINGS Complete all that apply (a-h)</p> <p>a) Cash & Cash Equivalents: (CDs, Money Market, etc.) \$ _____</p> <p>b) Stocks: \$ _____</p> <p>c) Bonds: \$ _____</p> <p>d) Annuities: \$ _____</p> <p>e) Mutual Funds: \$ _____</p> <p>f) Other Property(ies) Net Equity: (excludes primary residence) \$ _____</p> <p>g) Retirement Accounts (401(k), 403(b), IRA): \$ _____</p> <p>h) Other (529 plans, life policy cash values, alternative investments, etc.): \$ _____</p> <hr/> <p>= i) *Total Assets (above): \$ _____</p> <hr/> <p>*Net Worth (modified: all assets minus debts; excludes primary residence and associated debt): \$ _____</p> <p>*Liquid Net Worth \$ _____</p>
	None	<1	1-4	5+																											
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e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

4. Insurance Coverage (Not Applicable for Annuity, Brokerage and Equitable Network Sales)

Indicate issuer and policy coverage:

	Client/Owner	Joint Client/Owner or Spouse
Life Insurance	_____	_____
	_____	_____
Disability Insurance	_____	_____
	_____	_____
Long-Term Care Insurance	_____	_____
	_____	_____

Optional

When was the last time your Life Insurance portfolio was reviewed? Date: _____

Do you have sufficient life insurance coverage to address your family's needs? Yes No

Do you have a need for long-term care protection? Yes No

Comments:

5. Goals & Objectives

***What is the primary purpose of this investment/insurance recommendation?**

(Select Only One)

- Education Large Purchase (new home or other large investments) Liquidity (near-term) Tax Deferral/Relief
 Retirement (accumulation/deferred/immediate) Protection Other (business planning/estate preservation/charitable/inheritance-legacy)

***What best describes your investment/insurance objective?**

(Select Only One)

- Safety of Principal - only available for EQUI-VEST® (Income with Capital Preservation for LPL) and Fixed Annuities Income (Income Moderate Growth for LPL)
 Growth & Income Growth Aggressive Growth Trading/Speculation (brokerage only)
 N/A for Life Fixed Products Only *UL/WL/Term

***Are full or partial principal protections or income guarantees important to you?**

(Select Only One)

- Yes No N/A for Life Fixed Products Only *UL/WL/Term

***In making investment/insurance decisions, what concerns you most that your Financial Professional can help you with?**

(Select Only One)

- Making emotional investment decisions Not meeting my financial goals Outliving my investment assets or the income from my investment
 Outspending my investment assets Tax consequences Family protection/Estate planning Other (use section 7)

***What primary risk do you want addressed with this investment/insurance?**

(Select Only One)

- Capitalization (large/mid/small) Concentration (under diversification) Inflation/Purchasing Power Interest Rate Liquidity
 Market Risk Volatility (includes fixed income markets) Income replacement/insuring assets against debt/final expenses

***How do you prefer interacting with your Financial Professional?**

(Select Only One)

- Ongoing advice and service for fee (applicable only to advisory accounts)
 Periodic consultation and service (applicable to brokerage, annuity, direct mutual fund accounts etc.)
 N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL

*** I acknowledge that my Financial Professional will be compensated for the advice, recommendation and service provided.**

- * I acknowledge my financial professional will be compensated for the advice/recommendation/service he or she provides. The type of compensation has been explained and provided via offering material and prospectus if applicable. I'm aware and comfortable with the arrangement.

5. Goals & Objectives (Continued)

Accounts and Products Grid	Goals and Recommended Options					
	Education	Large Purchase (i.e. purchasing a home)	Liquidity (near term)	Tax Deferral/ Relief	Retirement/ Income/ Wealth Preservation Managing Risk Accumulation/ Protection	Other
Indexed Universal/ Term/Universal/Whole Life	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Life Variable	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Corporate Owned Life Insurance	Depends on Recommendation	✓	✓	Depends on Recommendation	✓	✓
Group Retirement Account	Not Recommended	Not Recommended	Not Recommended	✓	✓	✓
Brokerage	✓	✓	✓	✓	✓	✓
Brokerage IRA	Not Recommended	Depends On Time Horizon	Depends On Time Horizon	✓	✓	✓
Mutual Fund/ Mutual Fund Only Account	✓	✓	✓	✓	✓	✓
529 Plan	✓	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended
Equities/ Exchange-Traded Funds/ Fixed Income	Depends on Recommendation	✓	✓	✓	✓	✓
Advisory Accounts	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Third Party Asset Management	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Fixed / Immediate Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Variable / Indexed Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Alternative Investments	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓

***Client Acknowledgment**

(Select Only One)

- My Financial Professional reviewed with me the above Goals and Recommended Options and I have decided to follow at least one of the recommendations.
- While I appreciate the care provided by the firm and my Financial Professional, I prefer to make my own account and/or product decisions understanding they are not recommended.

The Accounts and Products Grid may not apply to all entities and depending upon unique client circumstances valid exceptions may apply.

5. Goals & Objectives (Continued)

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.

***Which Risk Tolerance best describes you?**

Note to Financial Professional: If the client used a firm-approved risk profile determination tool, the results must be properly mapped per firm guidance.

(Select Only One)

Conservative Conservative Plus Moderate Moderate Plus Aggressive N/A for Life Fixed Products Only *UL/WL/Term

***What is your expected investment time horizon (in years) for this recommendation?**

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)

1 2 3 4 5 6 7 8 9 10 >10

Note to Financial Professional: Please make sure the Client's Investment Objective is in line with his/her stated Risk Tolerance.

Safety of Principal/ Income with Capital Preservation	Income/Income Moderate Growth	Growth & Income	Growth	Aggressive Growth	Trading/Speculation
Conservative	Conservative	Conservative Plus	Moderate	Moderate Plus	Aggressive
	Conservative Plus	Moderate	Moderate Plus	Aggressive	Aggressive Plus
		Moderate Plus	Aggressive		

6. Product Purchase

*Product: _____ *Tax Type (Qual/NQ/IRA/403(b)/457 Plan): _____ *Amount/Face Amount:\$ _____
(e.g. Retirement Cornerstone)

Equitable Network and Individual Purchases Only.

This section is completed for the client's purchase of:

- Equitable Network non-proprietary group annuity / 401k product:
 Other:

Branch Manager Signature for Equitable Network group annuities / 401K Products / I am familiar with this product and approve this transaction

Branch Manager (BM) Signature:

Print Name:

Date:

Branch Manager signature is NOT required for Association 300+ Series, Equitable Network Variable Life and Annuity, Equitable Network Indexed Life and Annuity, Equitable Network Fixed Deferred and Immediate Annuity and Equitable Fixed Annuity sales.

*Source of Funds for this purchase: (Check box **and** circle sub-item(s)). If more than one box is checked, provide % breakdown. (Must add up to 100%)

- Cash:** Death Claim, Gift, Inheritance, Checking, Savings, Money Market, Payroll Deduction, CDs: _____ %
 Borrowing: Mortgage (including Reverse Mortgage), Personal Loan, Credit: _____ %
 NQ Annuity or Life Insurance: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 Term Conversion - Partial: _____ %
 Term Conversion - Full: _____ %
 Qualified Annuity: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 401K, Pension Plans, Other Group Retirement Plans: _____ %
 NQ: Brokerage, Investment Advisory Assets, Mutual Fund Shares, UIT Shares, Stocks or Bonds: _____ %
 Qualified: Brokerage, ERISA Plan, Investment Advisory Assets, Mutual Funds Shares, UIT Shares, Stocks or Bonds: _____ %
 Employer Contribution: _____ %
 Other: Sale of Car, Home, Business, or Other Asset (specify: _____),
Legal Settlement, Lottery/Gaming Proceeds, Other: _____ : _____ %

*[California Only]

Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

- Yes N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL
 No

7. Single Transaction or Investment Strategy

*Which best describes the client's purchase?

NOTE: This section is specific to Reg BI covered recommendations applying to retail, natural person clients purchasing Variable and Fixed Annuity and Life products. It does not apply to non-natural person clients such as corporations, LLCs, trusts (except retail/personal trusts) and ERISA group retirement plan accounts (except SEPs), etc. Unless part of a multi-transaction strategy, Reg BI also does not apply to investment advisory accounts).

Additionally, if a funding source of this purchase requires completion of a RAF and/or TAF, the "multi-transaction strategy" option below must be selected.

(Select One Only)

The client is implementing a recommended **single transaction** that is supported by his or her investment profile as described herein and funded by a non-Reg BI source(s) such as cash (savings, bonus, etc.), property sale, inheritance, etc. Please include below any client-specific considerations discussed such as market volatility, fees & charges, tax considerations, comfort with complex products, etc. Also include reasonable alternatives presented to the client.

The client is implementing a recommended **multi-transaction strategy**. Please describe below the steps, e.g., 401k rollover to a guaranteed income VA (50%) and a brokerage account for interest/dividend income and inflation hedging (50%). In your description, include due diligence factors (skill, care and cost), any client-specific considerations (see above) and any intended use of systematic transactions, margin, etc. Also include reasonable alternatives presented to the client.

(Also, use this section for comments related to question "What concerns you most that your FP can help you with?" if "Other" was selected.)

8. Additional Information/Acknowledgments

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

If yes, name of member: _____

Yes No **Are you a Politically Exposed Person?**

If Yes, please provide position and country: _____

Yes No N/A **The plan sponsor acknowledges receipt of the ERISA Section 408(b)(2) fee disclosure and description of services reasonably in advance of opening this account.**

I acknowledge receipt and review of applicable prospectuses and/or ADV's prior to the purchase of and insurance/investment in the recommended strategies, tools, and products. Further, I agree that if the strategy selected is for retirement income purposes that I understand that withdrawals of income that exceed dividend and or similar amounts, or in the case of life insurance cost basis, or in the case of certain types of annuities, the annual roll-up or withdrawal benefit that such withdrawals constitute and aggressive method of obtaining income and could cause greater likelihood and risk of depleting the investment asset.

Yes No **Is the Client/Owner/Authorized Person with an interest in the account either (1) a senior military, governmental or political official in a Non-U.S. country or (2) closely associated with or an immediate family member of such official?**

If yes, identify the official, office held and country. _____

Yes No ***Has a financial plan been prepared by Equitable Advisors for this recommendation in the last 12 months? (Only check for NaviPlan Level 2 non-fee and fee-based plans.)**

If yes, plan # or tool name: _____

Client/Owner/Authorized Person. By signing below, I acknowledge that the above information is true and correct.

I acknowledge receipt of the Equitable Advisors, LLC Relationship Summary for Retail Investors (CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure.

For deferred variable and fixed annuity purchases only: I understand that the annuity for which I am applying may have surrender charges and/or market value adjustment (MVA) charges and that taxes may apply if I withdraw money. **For deferred or immediate**

variable or fixed annuity purchases: I did receive a copy of the NAIC Buyer's Guide, if state required. **For deferred variable annuities:**

I did receive a copy of the Equitable Advisors annuities disclosure brochure and reviewed it with my Financial Professional. I understand that if this purchase is for a qualified retirement plan account, any tax deferral features do not provide additional benefit and that my purchase is for the product's features and/or benefits other than tax deferral. I also understand that if I am purchasing an Equitable variable annuity any checks accompanying my application should be made payable to "Equitable". Equitable will hold the funds for my benefit in a non-interest bearing "Special Bank Account for the Exclusive Benefit of Customers" until my application is approved, not approved or returned by Equitable Advisors. I may request the full return of my payment at any time prior to the issuance of the contract by contacting my Financial Professional. **For IRA Owners/Plan Sponsors:** I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from federal and/or state regulations.

Client/Owner/Authorized Person Signature: _____

Date: _____

Is the Joint Client/Owner/Authorized Person with an interest in the account either (1) a senior military, governmental or political official in a Non-U.S. country or (2) closely associated with or an immediate family member of such official?

Yes No **If yes, identify the official, office held and country.** _____

Joint Client/Owner/Authorized Person Signature: _____

Date: _____

Financial Professional: I have reviewed all sections of the Client Profile with the Client/Owner, if applicable the Joint Client/Owner and acknowledge the information is accurate and current. This includes information collected at the initial point of sale and any subsequent sales. I am familiar with the product(s) being sold and have determined such product(s) is (are) in the best interest of the Client/Owner. The client received the Equitable Advisors, LLC Relationship Summary for Retail Investors (Form CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure, and the client received an NAIC Buyer's Guide. I have provided the client with all required federal, state, and standards of care disclosures. **For deferred variable annuity purchases only:** I have reasonable grounds for believing that the recommendations for this customer to purchase/exchange an annuity is in the client's best interest on the basis of the facts disclosed by the customer as to his/her investments, insurance products and financial situation and needs.

For individuals, I have verified the identity of the client/owner(s) by reviewing the driver's license/passport or if taken via the mail, a copy of the driver's license is in the file. I have also confirmed how the client/owner(s) acquired or accumulated the funds used to make this purchase. **For entities,** I have verified the identity of the client/owner by reviewing certified articles of incorporation, business license, partnership agreement or trust agreement and also determined the source of funds. I understand that I have primary responsibility for customer identity verification for non-natural owners, and retained a copy of the documentary proof of the entity's existence and authorized persons in the client's file as required by the Equitable Advisors Compliance Manual.

Financial Professional Signature: _____

Date: _____

Equitable Advisors, LLC (NY, NY 212-314-4600), member FINRA, SIPC, Equitable Life Insurance Company (NY, NY), and Equitable Network, LLC (Equitable Network Insurance Agency of California, LLC; Equitable Network Insurance Agency of Utah, LLC; Equitable Network of Puerto Rico, Inc. in PR) are affiliated companies and do not provide tax or legal advice or services.

Equitable Advisors, LLC (member FINRA, SIPC)

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