

**ACKNOWLEDGEMENT and HOLD HARMLESS STATEMENT:
PURCHASE OF LIFE INSURANCE BY CAPTIVE INSURANCE COMPANY**

An application for a life insurance policy on the life of _____ has been submitted by _____ to AXA Equitable Life Insurance Company, (“AXA Equitable”). The policy is to be owned and controlled by _____, which has been identified as a Captive Insurance Company

The purpose of this disclosure statement is to advise you of the role of AXA Equitable, AXA Advisors, AXA Distributors, LLC, their affiliated companies and wholesalers (collectively, “AXA”) in the sale of such policy. Acceptance of this form is not intended to suggest approval of a Captive or that a Captive is being operated in a manner to permit an income tax deduction for insurance premiums paid to the Captive or any other tax benefit.

- AXA’s only role is that of issuer and distributor of the life insurance contract. AXA neither makes nor offers any other rights, guarantees, or obligations beyond those provided in their life insurance contract. AXA, its affiliates and associates are not responsible for the review of the qualification of the insurance purchaser as a Captive Insurance Company or to determine its status. We offer no opinion as to (1) the Captive’s qualification under The Internal Revenue Code, (2) the Captive’s ability to purchase life insurance directly or indirectly through an entity owned by the Captive, (3) the appropriateness of any later sale of the policy under current tax laws. Additionally, AXA makes no representations as to the deductibility of any premium payments by (name of entity) _____ to the Captive or the tax treatment of a later distribution of any of the Captive’s assets, including the life insurance policy or death benefits paid to the insured, or a related party or related entity.
- **AXA has not approved, prepared or offered any materials illustrating the purchase of a life insurance policy by a Captive Insurance Company. Any such material that may have been provided to the purchaser has not been approved or provided by AXA or its representatives.**

The undersigned parties represent that they have consulted with qualified counsel and have been advised as to potential tax and legal issues associated with the purchase of the life insurance policy by a captive insurance company and the sale or distribution of such life insurance policy to an insured employee. Review by such legal counsel for the plan should have included but not been limited to consideration of the following:

- Their qualification and status as a captive insurance company;
- That the Captive was established for valid business purposes and not as a wealth transfer arrangement;
- General suitability of the particular life insurance policy and the amount of insurance purchased;
- That the Captive is adequately capitalized and liquid (both before and after the purchase of life insurance), to cover claims based on its unique situation, which may exceed the minimum capital requirements establishing in the governing jurisdiction;

- That the purchase of life insurance by a captive is acceptable under the laws of the jurisdiction where the Captive was established;
- That an insurable interest exists in the lives of the proposed insured,;
- That the purchase of life insurance was not a motivating factor for the creation of the Captive;
- Any plans for future sale or distribution of the life insurance policy to the insured or a related party or related entity.

Acknowledgements

We, the undersigned, hereby acknowledge that we have read and understand the provisions of this disclosure.

We confirm that this Captive was officially recognized by its domicile jurisdiction,

_____ as of _____.
(insert name of jurisdiction) (insert date)

We agree to hold AXA Equitable, its affiliates, agents, employees, successors and assigns harmless for any damages or liabilities, known or unknown, which may result from the implementation or operation of any captive insurance company.

 Name of Authorized Representative **of the Company/Business** (date)

 Signature of Authorized Representative **of the Company/Business** (witness)

 Name of Authorized Representative **of the Captive** (date)

 Signature of Authorized Representative **of the Captive** (witness)

 Insured's Name (date)

 Signature of The Insured (witness)