

**AXA Equitable Life Insurance Company**  
 1290 Avenue of the Americas  
 New York, NY 10104

**MONY Life Insurance Company of America**  
 1290 Avenue of the Americas  
 New York, NY 10104

**Financial Supplement II**  
 Form No. FIN II-GV(2008)

**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. Provide responses for each Proposed Insured and each Owner(s), as well as each beneficiary, where applicable. (If additional space is needed, attach additional sheet(s) of paper which must be signed and dated by the Proposed Insured(s), Proposed Owner(s), and Financial Professional).

**Name(s) of Proposed Insured(s)**

\_\_\_\_\_

\_\_\_\_\_

- Proposed Insured
- Additional/Joint Insured

**Name(s) of Proposed Owner(s) (if other than the Proposed Insured)**

\_\_\_\_\_

\_\_\_\_\_

**Personal Financial Statement of Proposed Insured(s) (for Personal Insurance)**  
**(If multiple insureds, provide information in total for questions 1. through 5.)**

**1. Balance Sheet**

Current Assets	Amount	Current Liabilities	Amount
<b>Liquid</b>	\$	<b>Mortgages</b>	\$
<b>Cash &amp; Equivalents</b>	\$	<b>Home Mortgages</b>	\$
<b>Stocks, Bonds, etc.</b>	\$	<b>Line of Credit</b>	\$
<b>Other (specify) _____</b>	\$	<b>Other Real Estate</b>	\$
<b>Non-Liquid Assets</b>	\$ _____	<b>Other (specify) _____</b>	\$ _____
<b>Total</b>	\$	<b>Total</b>	\$
		<b>Net Worth</b>	\$

**2. Income**

Earned Income		Unearned Income				Total
		Div/Interest	Rental Income	Pension/Soc Sec	Other (specify) _____	
<b>Current Year</b>	\$	\$	\$	\$	\$	\$
<b>Last Year</b>	\$	\$	\$	\$	\$	\$

3. How was the proposed face amount determined for this application?  
 State what formula was used (e.g., estate tax calculation, survivor needs, estimated fair market value or book value of the business, capitalization of earnings, etc.) If none, state none.

4. Do you expect any changes greater than 15% in income or net worth in the next 12 months?  Yes  No  
 If "Yes", explain \_\_\_\_\_

5. Have you filed for bankruptcy in the past 5 years?  Yes  No  
 If "Yes", Chapter \_\_\_\_\_ Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_

**Business Information (Complete questions 6 through 11 if Business Insurance)**

6. Type of business:  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation
7. Name of business \_\_\_\_\_ Nature of business \_\_\_\_\_
8. How long has business been in operation? \_\_\_\_\_ Years

9. % of business owned by the Proposed Insured \_\_\_\_\_%  
 % of business owned by the Proposed Owner, if other than the Proposed Insured \_\_\_\_\_%  
 Fair market value of business \$ \_\_\_\_\_

Are all members of firm being similarly insured?  Yes  No

If "Yes", provide details of business coverage issued or applied for on other members: (use separate sheet if necessary)

Name	Position/Title	% Owned	Business Insurance in force/applied for
_____	_____	_____	_____

_____	_____	_____	_____
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If "No", explain reason \_\_\_\_\_

10. Business finances for past 2 years:

Year	Assets	Liabilities	Retained Earnings	Gross Sales	Net Profit
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

11. Has the business filed for bankruptcy and/or reorganization in the past 5 years?  Yes  No

If "Yes", explain \_\_\_\_\_  
 \_\_\_\_\_

**Other Information (For Personal and/or Business)**

12. Please state the reason for purchasing this policy (e.g., estate planning, business insurance, financial planning).

\_\_\_\_\_  
 \_\_\_\_\_

13. Has any compensation or other inducement (including cash, offers or discussions of free insurance, any forgiveness or potential forgiveness of any debt, or other benefits) been offered directly or indirectly to any of the following in connection with the application for the purchase of this policy: the insured, the owner or beneficiary, the beneficiary of any trust owning the policy and/or the owner of any legal entity owning the policy, or is there any expectation of receiving any such compensation or inducement?  Yes  No

If "Yes", please state the compensation or inducement that will be received or could be received and by whom.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Will any other person or entity (i.e., a person or entity different than the owner or beneficiary initially named in the policy) provide any funding, financing, or guarantees for any premium payment on the policy, or are any potential or alternate sources of funding, financing, or guarantees under consideration?  Yes  No

If "Yes," please submit a copy of all actual or potential funding, financing, or guarantee documents, and a detailed, third party prepared Personal Financial Statement signed by the preparer. The above documents are not required if funding is part of a split-dollar arrangement (1) between the employer and the employee or a corporation and its shareholders, provided that the employment and/or shareholder relationship was not entered into to establish a premium funding arrangement, or (2) between the insured and another family member (i.e., in either case, there is no third party unaffiliated entity or non-related individual involved). Please also answer the following questions:

a. State why the premiums will or may be funded or financed, or why other guarantees will or may be provided.  
 \_\_\_\_\_  
 \_\_\_\_\_

b. State the name of the other person or entity providing the actual or potential funding, financing, or guarantees and role (lender, guarantor, etc).  
 \_\_\_\_\_  
 \_\_\_\_\_

c. State how the actual or potential funding, financing, or guarantees will be repaid, what collateral will be used, and whether the lender's or guarantor's ability to recover is limited to the value of the policy.

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d. Will a letter of credit or personal guarantee be posted?

Yes  No

If "Yes", state the details, including details relating to the assets backing the letter of credit.

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e. If an employer sponsored split dollar arrangement, please indicate the amount of time the employee or shareholder has been affiliated with the entity. \_\_\_\_\_ Years

15. Will the Insured, Owner, or beneficiary have the right or option to transfer any direct or indirect interest in the policy to another person or entity at a predetermined price or other terms?

Yes  No

If "Yes", please identify the right or the option, and submit a copy of all documents providing for that right or option.

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16. Will a trust, partnership, or other entity receive or potentially receive any direct or indirect ownership, death benefits, or other interests or benefits in the policy? If so, submit a copy of all documents that create the trust, partnership or other entity. The above documents are not required if funding is part of a split-dollar arrangement (1) between the employer and the employee or a corporation and its shareholders, provided that the employment and/or shareholder relationship was not entered into to establish a premium funding arrangement, or (2) between the insured and another family member (i.e., in either case, there is no third party unaffiliated entity or non-related individual involved).

Yes  No

If an employer sponsored split dollar arrangement, please indicate the amount of time the employee or shareholder has been affiliated with the entity. \_\_\_\_\_ Years

17. Has there been any consideration or any written information provided regarding the sale or transfer or potential sale or transfer to another person, partnership or other entity of 1) any interest in this policy, or 2) any interest in a trust or other entity that has an interest in this policy?

Yes  No

If "Yes", please state what has been considered or provided, what action has or may be taken in the future as a result, and attach the written information provided.

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18. Have the Proposed Insured, Owner, or beneficiary, or any trust or other entity in which they have an interest, sold or transferred any life insurance policy or an interest therein, within the last five years?

Yes  No

If "Yes", please state the details of the transaction including name of each company and the number of years the policy was in effect.

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19. Has any entity, other than the Company checked on page 1 of this form, medically evaluated the proposed insured to determine life expectancy or will such an evaluation occur?  Yes  No

If "Yes", please state who has conducted or will conduct the examination, and when the examination occurred or will occur.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Do the Proposed Insured and Owner agree that if they enter into any transaction now or in the future to assign, sell, or otherwise transfer any interest in the policy, or any interest in a trust or other entity owning the policy, they have not relied on any representations by the Company checked on page 1 of this form, or its agents/insurance brokers, regarding the benefits, disadvantages and risks of such a transaction (including the risk of tax consequences, the loss of death benefits, insurability, or other rights or interests that they are not aware of)?  Yes  No

21. Do the Proposed Insured and Owner agree that if they enter into any transaction now or in the future to assign, sell, or otherwise transfer any interest in the policy, or any interest in a trust or other entity owning the policy, there are no guarantees that they will be successful, and that they may incur costs or other disadvantages (including the risk of tax consequences, the loss of death benefits, insurability, or other rights or interests that they are not aware of)?  Yes  No

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

Attorney:	_____	_____	_____
	Name	Business Address	Telephone No.
Accountant:	_____	_____	_____
	Name	Business Address	Telephone No.
Other:	_____	_____	_____
	Name	Branch	Title of Account
	_____	_____	_____
	Name	Branch	Title of Account
Have bankers, attorney and accountant been authorized to release information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", explain _____			

If additional sheets of paper are attached to this Application Supplement, please indicate number of additional pages: \_\_\_\_\_ pages

**State laws prohibit misstatements in connection with any application for insurance. If you make any misstatement in response to the questions in this Financial Supplement (including any misstatement regarding the actual or potential funding of premiums, or transfer or sale of this policy), you will be subject to those laws and any penalties that may result.**

I/We represent that the statements and answers in this Supplement are true and complete. The undersigned licensed financial professional/insurance broker certifies that the statements and answers in this Supplement, and in any supporting documentation provided by me (us) for use in conjunction with this Supplement, are true and correct.

Signature of Proposed Insured _____	Date _____
Signature of Additional/Joint Insured _____	
Signature of Owner(s) if other than Insured(s) _____	
Signature of Licensed Financial Professional/Insurance Broker _____	