

## **Instructions for Completing the Application for Guaranteed Issue Life Insurance**

Application Form No. AXA301-01, or state variation,  
to be used for One Owner-Multiple Insureds

**Prior to completing and submitting this application, an approved Guaranteed Issue Agreement letter must be obtained from the Underwriting/Guaranteed Issue Unit at the appropriate Operations Center.**

### **How to Request Guaranteed Issue (GI) Underwriting**

1. To request GI Underwriting, the Financial Professional (FP) must submit a completed GI checklist and Census Form, AXA301-03, to the Underwriting/Guaranteed Issue Unit at the appropriate Operations Center for review and approval before applications are taken.
2. If approved, a Guaranteed Issue Agreement letter discussing case specifics, processing instructions, and a Guaranteed Issue Offer Number will be sent to the FP for acceptance.
3. The employer and FP must sign the Guaranteed Issue Agreement Letter and return it to the Underwriting/Guaranteed Issue Unit prior to submitting any applications. The FP will then be advised when applications may be taken.

See FB No. 07-427 or AD 07-097 for updated Guaranteed Issue Guidelines and for additional contact information.

### **Submission of Applications**

The following forms must be completed and submitted to the appropriate Operations Center without any premium payments. The Operations Center will advise when premium payments may be accepted. Please print all answers in ink. If you need additional copies of the Census Form or Consent To Insurance form, please photocopy.

1. Application for Guaranteed Issue Life Insurance — please refer to the Product Guide for specific instructions.
  - Complete the “Business Address” question in section 1. by providing the address to which the Owner prefers Premium Payment Notices/Statements be sent.
  - For UL or VUL products complete section 4.b. Life Insurance Qualification Test (the default will be the Guideline Premium Test if no election is specified) and section 4.d. with any optional riders elected.
2. Consent To Insurance Form
  - A separate Consent To Insurance form must be completed and signed by each Proposed Insured.
  - Complete the “Business Address” question by providing the Proposed Insured’s physical work site address.
  - Ensure that all questions are answered, including the tobacco and actively-at-work questions.
3. Census Form
4. Financial Professional’s Report
  - Must indicate Guaranteed Issue Offer Number in section 2.
5. Mandatory procedures must be followed for all EOLI (Employer Owned Life Insurance) sales — see FB 06-377, FB 06-541 and FB 07-061 or AD 07-017. EOLI cases will not be issued unless the Acknowledgement of Disclosure Form is received at the Operations Center.

**Application For Guaranteed Issue Life Insurance To:**

(Select One)

- AXA Equitable Life Insurance Company
- MONY Life Insurance Company of America (MLOA)

which is hereinafter referred to as "the Company."

**Home Office: 1290 Avenue of the Americas, New York, NY 10104**

Instructions: To be used for **One Owner-Multiple Insureds**. This application consists of three sections.

i. Application for Guaranteed Issue Life Insurance. ii. Consent to Insurance Application Supplement. iii. Census Form. Each form must be completed and submitted. Please print all answers in ink. If you need additional copies of the Census Form or Consent to Insurance Form please photocopy.

**1. OWNER & BENEFICIARY DESIGNATION** (if same as Owner)

Name (Give name and title of company authorized representatives, if applicable.)		
Mailing/Billing Address		
City	State	Zip Code
Business Address		
City	State	Zip Code
(_____) _____ Phone Number	(_____) _____ Fax Number	_____ Taxpayer ID Number

**2. BENEFICIARY** (if other than Owner)

Name	Relationship to Proposed Insured
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**3. PROPOSED INSUREDS & AMOUNT OF INSURANCE**

See Census Form(s) attached
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**4. PLAN DESCRIPTION**

a. Plan _____	c. Dividend Election _____
b. Life Insurance Qualification Test: (For UL or VUL)	d. Optional Benefits: _____
<input type="checkbox"/> Guideline Premium Test	e. <input type="checkbox"/> Unisex
<input type="checkbox"/> Cash Value Accumulation Test	f. Requested Register Date ___/___/___

**5. PREMIUM PAYMENT MODE** (Check type and frequency)

<input type="checkbox"/> Statement Billing: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> Individual Billing: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
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**6. FOR VARIABLE LIFE INSURANCE ONLY (please check the appropriate Variable Life Insurance product and Investment options from the choices found below and on the following pages)**

**6.a. INITIAL ALLOCATION TO THE INVESTMENT OPTIONS\*<sup>1</sup>**

Please see the Prospectus for a description of the investment objective(s) for each Investment Option.

Corporate Owned Incentive Life<sup>SM</sup>

	<i>(Whole Percentages Only)</i>		<i>(Whole Percentages Only)</i>
	For Premiums		For Premiums
Guaranteed Interest Account	_____ %	Fidelity VIP Equity-Income	_____ %
American Century VP Mid Cap Value	_____ %	Fidelity VIP Growth & Income	_____ %
AXA Aggressive Allocation	_____ %	Fidelity VIP High Income	_____ %
AXA Conservative Allocation	_____ %	Fidelity VIP Investment Grade Bond	_____ %
AXA Conservative-Plus Allocation	_____ %	Fidelity VIP Mid Cap	_____ %
AXA Moderate Allocation	_____ %	Fidelity VIP Money Market	_____ %
AXA Moderate-Plus Allocation	_____ %	Fidelity VIP Value	_____ %
BlackRock Global Allocation V.I.	_____ %	Fidelity VIP Value Strategies	_____ %
EQ/AllianceBernstein International	_____ %	Franklin Small Cap Value Securities	_____ %
EQ/AllianceBernstein Small Cap Growth	_____ %	Invesco V.I. Financial Services	_____ %
EQ/BlackRock Basic Value Equity	_____ %	Invesco V.I. Global Real Estate	_____ %
EQ/BlackRock International Value	_____ %	Invesco V.I. International Growth	_____ %
EQ/Capital Guardian Research	_____ %	Invesco V.I. Mid Cap Core Equity	_____ %
EQ/Common Stock Index	_____ %	Invesco V.I. Small Cap Equity	_____ %
EQ/Equity 500 Index	_____ %	Ivy Funds VIP Dividend Opportunities	_____ %
EQ/Equity Growth PLUS	_____ %	Ivy Funds VIP Energy	_____ %
EQ/GAMCO Mergers & Acquisitions	_____ %	Ivy Funds VIP Mid Cap Growth	_____ %
EQ/GAMCO Small Company Value	_____ %	Ivy Funds VIP Science and Technology	_____ %
EQ/Global Bond PLUS	_____ %	Ivy Funds VIP Small Cap Growth	_____ %
EQ/Global Multi-Sector Equity	_____ %	Lazard Retirement Emerging Markets Equity	_____ %
EQ/Intermediate Government Bond Index	_____ %	MFS International Value	_____ %
EQ/JPMorgan Value Opportunities	_____ %	MFS Utilities	_____ %
EQ/Large Cap Core PLUS	_____ %	Multimanager Aggressive Equity	_____ %
EQ/Large Cap Growth Index	_____ %	Multimanager Core Bond	_____ %
EQ/Large Cap Growth PLUS	_____ %	Multimanager Mid Cap Value	_____ %
EQ/Large Cap Value PLUS	_____ %	Multimanager Multi-Sector Bond	_____ %
EQ/Lord Abbett Large Cap Core	_____ %	Multimanager Technology	_____ %
EQ/Mid Cap Index	_____ %	Mutual Shares Securities	_____ %
EQ/Mid Cap Value PLUS	_____ %	Natural Resources	_____ %
EQ/Money Market	_____ %	PIMCO VIT Real Return Strategy	_____ %
EQ/Montag & Caldwell Growth	_____ %	PIMCO VIT Total Return	_____ %
EQ/Quality Bond PLUS	_____ %	Target 2015 Allocation	_____ %
EQ/Small Company Index	_____ %	Target 2025 Allocation	_____ %
EQ/T. Rowe Price Growth Stock	_____ %	Target 2035 Allocation	_____ %
EQ/Wells Fargo Advantage Omega Growth	_____ %	Target 2045 Allocation	_____ %
Fidelity VIP Asset Manager: Growth	_____ %	T. Rowe Price Health Sciences II	_____ %
Fidelity VIP Contrafund	_____ %	Templeton Global Bond Securities	_____ %
		<b>TOTAL</b>	<b>100%</b>

\* The "Investment Start Date" is the latest of: (1) the business day we receive the minimum initial premium at our Administrative Office; (2) the Register Date of your policy; and (3) the issue date of your policy. If you pay the minimum initial premium when you submit your application, this definition of Investment Start Date takes precedence over the contract's provision regarding when your premium payment is allocated to your Policy Account.

In AL, AK, AZ, CA, CO, FL, ID, IA, KS, MN, NJ, OR, PA, PR, TN, USVI, and WY your Policy Account will be allocated according to these percentages as of the Investment Start Date. In all other jurisdictions, your Policy Account will be allocated to the EQ/Money Market Investment Option as of the Investment Start Date, and will be allocated according to the above percentages as of the Allocation Date, which is the later of: (1) the first business day following the end of the Free-Look period (e.g., 10 days from the signed date on the Delivery Receipt); and (2) the business day the Delivery Receipt is received in our Administrative Office.

IF ENLG RIDER IS ELECTED, SEE FUND RESTRICTIONS BELOW.	(Whole Percentages Only)	
	For Premiums	For Deductions
<b>Guaranteed Interest Account</b>	___%	___%
<b>AXA Balanced Strategy</b>	___%	___%
<b>AXA Conservative Growth Strategy</b>	___%	___%
<b>AXA Conservative Strategy</b>	___%	___%
<b>AXA Growth Strategy</b>	___%	___%
<b>AXA Moderate Growth Strategy</b>	___%	___%
All Asset Allocation	___%	___%
American Century VP Mid Cap Value	___%	___%
AXA Tactical Manager 400 I	___%	___%
AXA Tactical Manager 500 I	___%	___%
AXA Tactical Manager 2000 I	___%	___%
AXA Tactical Manager International I	___%	___%
EQ/AllianceBernstein International	___%	___%
EQ/AllianceBernstein Small Cap Growth	___%	___%
EQ/BlackRock Basic Value Equity	___%	___%
EQ/BlackRock International Value	___%	___%
EQ/Boston Advisors Equity Income	___%	___%
EQ/Calvert Socially Responsible	___%	___%
EQ/Capital Guardian Growth	___%	___%
EQ/Capital Guardian Research	___%	___%
EQ/Common Stock Index	___%	___%
EQ/Core Bond Index	___%	___%
EQ/Equity 500 Index	___%	___%
EQ/Equity Growth PLUS	___%	___%
EQ/GAMCO Mergers and Acquisitions	___%	___%
EQ/GAMCO Small Company Value	___%	___%
EQ/Global Bond PLUS	___%	___%
EQ/Global Multi-Sector Equity	___%	___%
EQ/Intermediate Government Bond Index	___%	___%
EQ/International Core PLUS	___%	___%
EQ/International Growth	___%	___%
EQ/JPMorgan Value Opportunities	___%	___%
EQ/Large Cap Core PLUS	___%	___%
EQ/Large Cap Growth Index	___%	___%
EQ/Large Cap Growth PLUS	___%	___%
EQ/Large Cap Value Index	___%	___%
EQ/Large Cap Value PLUS	___%	___%
EQ/Lord Abbett Growth and Income	___%	___%
EQ/Lord Abbett Large Cap Core	___%	___%
EQ/Mid Cap Index	___%	___%
EQ/Mid Cap Value PLUS	___%	___%
EQ/Money Market	___%	___%
EQ/Montag & Caldwell Growth	___%	___%
EQ/Morgan Stanley Mid Cap Growth	___%	___%
EQ/PIMCO Ultra Short Bond	___%	___%
EQ/Quality Bond PLUS	___%	___%
EQ/Small Company Index	___%	___%

	(Whole Percentages Only)	
	For Premiums	For Deductions
EQ/T. Rowe Price Growth Stock	___%	___%
EQ/UBS Growth and Income	___%	___%
EQ/Van Kampen Comstock	___%	___%
EQ/Wells Fargo Advantage Omega Growth	___%	___%
Fidelity VIP Contrafund	___%	___%
Fidelity VIP Growth & Income	___%	___%
Fidelity VIP Mid Cap	___%	___%
Franklin Rising Dividends Securities	___%	___%
Franklin Small Cap Value Securities	___%	___%
Franklin Strategic Income Securities	___%	___%
Goldman Sachs VIT Mid Cap Value	___%	___%
Invesco V.I. Global Real Estate	___%	___%
Invesco V.I. International Growth	___%	___%
Invesco V.I. Mid Cap Core Equity	___%	___%
Invesco V.I. Small Cap Equity	___%	___%
Ivy Funds VIP Energy	___%	___%
Ivy Funds VIP Mid Cap Growth	___%	___%
Ivy Funds VIP Small Cap Growth	___%	___%
Lazard Retirement Emerging Markets Equity	___%	___%
MFS International Value	___%	___%
MFS Investors Growth Stock Series	___%	___%
MFS Investors Trust Series	___%	___%
Multimanager Aggressive Equity	___%	___%
Multimanager Core Bond	___%	___%
Multimanager International Equity	___%	___%
Multimanager Large Cap Core Equity	___%	___%
Multimanager Large Cap Value	___%	___%
Multimanager Mid Cap Growth	___%	___%
Multimanager Mid Cap Value	___%	___%
Multimanager Multi-Sector Bond	___%	___%
Multimanager Small Cap Growth	___%	___%
Multimanager Small Cap Value	___%	___%
Multimanager Technology	___%	___%
Mutual Shares Securities	___%	___%
PIMCO VIT CommodityRealReturn Strategy	___%	___%
PIMCO VIT Real Return Strategy	___%	___%
PIMCO VIT Total Return	___%	___%
T. Rowe Price Equity Income II	___%	___%
Templeton Developing Markets Securities	___%	___%
Templeton Global Bond Securities	___%	___%
Templeton Growth Securities	___%	___%
Van Eck VIP Global Hard Assets	___%	___%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

\* The "Investment Start Date" is the business day your investment first begins to earn a return for you, as described below, and is generally the later of: (1) the business day we receive the minimum initial premium at our Administrative Office; and (2) the Register Date of your policy.

In AL, AK, AZ, CA, CO, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NC, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, and WY your Policy Account will be allocated according to the above percentages as of the Investment Start Date. In all other jurisdictions, your Policy Account (except any amounts you allocated to the Guaranteed Interest Account) will be allocated to the EQ/Money Market investment option as of the later of: (1) the Investment Start Date; and (2) the Issue Date, for 20 calendar days (Money Market Lock-in Period), and will be allocated according to the above percentages on the 1st business day following the Money Market Lock-in Period. However, if we have not received all necessary requirements for your policy as of the Issue Date, the Money Market Lock-in Period will begin on the date we receive, at our Administrative Office, all necessary requirements to put the policy in force.

Any payments we receive prior to your Investment Start Date will be held in a non-interest bearing account until your Investment Start Date.

- \*\* IF EXTENDED NO LAPSE GUARANTEE (ENLG) RIDER is elected:**
- a. Investment Options are limited ONLY to the funds BOLDDED ABOVE.**
  - b. Premium allocations to the Guaranteed Interest Account are RESTRICTED to a maximum of 25%.**
  - c. DO NOT specify Deduction allocations.**

(Whole Percentages Only)

(Whole Percentages Only)

**IF THE ENHANCED NO LAPSE GUARANTEE RIDER IS ELECTED, SEE FUND RESTRICTIONS BELOW.\*\***

	For Premiums	For Deductions		For Premiums	For Deductions
Market Stabilizer Option <sup>2,3</sup>	—%	—%	EQ/PIMCO Ultra Short Bond	—%	—%
Guaranteed Interest Account	—%	—%	EQ/Quality Bond PLUS	—%	—%
All Asset Allocation	—%	—%	EQ/Small Company Index	—%	—%
American Century VP Mid Cap Value	—%	—%	EQ/T. Rowe Price Growth Stock	—%	—%
<b>AXA Balanced Strategy**</b>	—%	—%	EQ/UBS Growth and Income	—%	—%
<b>AXA Conservative Growth Strategy**</b>	—%	—%	EQ/Van Kampen Cornstock	—%	—%
<b>AXA Conservative Strategy**</b>	—%	—%	EQ/Wells Fargo Advantage Omega Growth	—%	—%
<b>AXA Growth Strategy**</b>	—%	—%	Fidelity VIP Contrafund	—%	—%
<b>AXA Moderate Growth Strategy**</b>	—%	—%	Fidelity VIP Growth & Income	—%	—%
AXA Tactical Manager 400 I	—%	—%	Fidelity VIP Mid Cap	—%	—%
AXA Tactical Manager 500 I	—%	—%	Franklin Rising Dividends Securities	—%	—%
AXA Tactical Manager 2000 I	—%	—%	Franklin Small Cap Value Securities	—%	—%
AXA Tactical Manager International I	—%	—%	Franklin Strategic Income Securities	—%	—%
EQ/AllianceBernstein International	—%	—%	Goldman Sachs VIT Mid Cap Value	—%	—%
EQ/AllianceBernstein Small Cap Growth	—%	—%	Invesco V.I. Global Real Estate	—%	—%
EQ/BlackRock Basic Value Equity	—%	—%	Invesco V.I. International Growth	—%	—%
EQ/BlackRock International Value	—%	—%	Invesco V.I. Mid Cap Core Equity	—%	—%
EQ/Boston Advisors Equity Income	—%	—%	Invesco V.I. Small Cap Equity	—%	—%
EQ/Calvert Socially Responsible	—%	—%	Ivy Funds VIP Energy	—%	—%
EQ/Capital Guardian Growth	—%	—%	Ivy Funds VIP Mid Cap Growth	—%	—%
EQ/Capital Guardian Research	—%	—%	Ivy Funds VIP Small Cap Growth	—%	—%
EQ/Common Stock Index	—%	—%	Lazard Retirement Emerging Markets Equity	—%	—%
EQ/Core Bond Index	—%	—%	MFS International Value	—%	—%
EQ/Equity 500 Index	—%	—%	MFS Investors Growth Stock Series	—%	—%
EQ/Equity Growth PLUS	—%	—%	MFS Investors Trust Series	—%	—%
EQ/GAMCO Mergers and Acquisitions	—%	—%	Multimanager Aggressive Equity	—%	—%
EQ/GAMCO Small Company Value	—%	—%	Multimanager Core Bond	—%	—%
EQ/Global Bond PLUS	—%	—%	Multimanager International Equity	—%	—%
EQ/Global Multi-Sector Equity	—%	—%	Multimanager Large Cap Core Equity	—%	—%
EQ/Intermediate Government Bond Index	—%	—%	Multimanager Large Cap Value	—%	—%
EQ/International Core PLUS	—%	—%	Multimanager Mid Cap Growth	—%	—%
EQ/International Growth	—%	—%	Multimanager Mid Cap Value	—%	—%
EQ/JPMorgan Value Opportunities	—%	—%	Multimanager Multi-Sector Bond	—%	—%
EQ/Large Cap Core PLUS	—%	—%	Multimanager Small Cap Growth	—%	—%
EQ/Large Cap Growth Index	—%	—%	Multimanager Small Cap Value	—%	—%
EQ/Large Cap Growth PLUS	—%	—%	Multimanager Technology	—%	—%
EQ/Large Cap Value Index	—%	—%	Mutual Shares Securities	—%	—%
EQ/Large Cap Value PLUS	—%	—%	PIMCO VIT CommodityRealReturn Strategy	—%	—%
EQ/Lord Abbett Growth and Income	—%	—%	PIMCO VIT Real Return Strategy	—%	—%
EQ/Lord Abbett Large Cap Core	—%	—%	PIMCO VIT Total Return	—%	—%
EQ/Mid Cap Index	—%	—%	T. Rowe Price Equity Income II	—%	—%
EQ/Mid Cap Value PLUS	—%	—%	Templeton Developing Markets Securities	—%	—%
EQ/Money Market	—%	—%	Templeton Global Bond Securities	—%	—%
EQ/Montag & Caldwell Growth	—%	—%	Templeton Growth Securities	—%	—%
EQ/Morgan Stanley Mid Cap Growth	—%	—%	Van Eck VIP Global Hard Assets	—%	—%
			<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

<sup>1</sup> The “Investment Start Date” is the business day your investment first begins to earn a return for you, as described below, and is generally the later of: (1) the business day we receive the minimum initial premium at our Administrative Office; and (2) the Register Date of your policy.

In AL, AK, AZ, CA, CO, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NC, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, and WY, your Policy Account will be allocated according to the above percentages as of the Investment Start Date. In all other jurisdictions, your Policy Account (except any amounts you allocated to the Guaranteed Interest Account) will be allocated to the EQ/Money Market investment option as of the later of: (1) the Investment Start Date; and (2) the Issue Date, for 20 calendar days (Money Market Lock-in Period), and will be allocated according to the above percentages on the 1st business day following the Money Market Lock-in Period. However, if we have not received all necessary requirements for your policy as of the Issue Date, the Money Market Lock-in Period will begin on the date we receive, at our Administrative Office, all necessary requirements to put the policy in force.

Any payments we receive prior to your Investment Start Date will be held in a non-interest bearing account until your Investment Start Date.

<sup>2</sup> If you elect the Market Stabilizer Option, the portion of your Policy Account, per the above premium percentage for such option, will be allocated as stated above.

In AL, AK, AZ, CA, CO, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NJ, NM, NC, OH, OK, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, and WY, such portion of your Policy Account will be allocated to the Market Stabilizer Option Holding Account and held for 20 calendar days. If the policy is issued as a result of a replacement in these states, such portion of your Policy Account will be allocated to the Market Stabilizer Option Holding Account and held for 30 calendar days (45 calendar days in PA). However, if we have not received all necessary requirements for your policy as of the Issue Date, the period of time during which amounts will remain in the Market Stabilizer Option Holding Account will begin on the date we receive, at our Administrative Office, all necessary requirements to put the policy in force. Thereafter, such amount will be transferred to the Market Stabilizer Option at the next available Segment Start Date, provided that the conditions specified in the rider and the Prospectus are met.

In all other jurisdictions, such portion of your Policy Account will be allocated to the EQ/Money Market Investment Option for 20 business days. If the policy is issued as result of a replacement, such portion of your Policy Account will remain in the EQ/Money Market Investment Option for 30 calendar days (60 calendar days in NY). However, if we have not received all necessary requirements for your policy as of the Issue Date, the period of time during which amounts will remain in the EQ/Money Market Investment Option will begin on the date we receive, at our Administrative Office, all necessary requirements to put the policy in force. Thereafter, such portion of your Policy Account will be allocated to the Market Stabilizer Option Holding Account until the next available Segment Start Date, at which time such amount will be transferred to the Market Stabilizer Option, provided that the conditions specified in the rider and the Prospectus are met.

<sup>3</sup> Any percentages specified for deductions for the Market Stabilizer Option will apply only to the Market Stabilizer Option Holding Account prior to a Segment Start Date.

\*\* If the Enhanced No Lapse Guarantee Rider is elected, Investment Options are limited only to the funds **bolded** above. Specify Premium allocations only (do not specify Deduction allocations).

**6.aa. ALLOCATIONS IF THE MARKET STABILIZER OPTION IS ELECTED**

(i)  Market Stabilizer Option (Variable Indexed Option Rider)

Specified Growth Cap Rate \_\_\_\_\_% (indicate a Growth Cap Rate between 6% and 10% in whole percentages only)

If the Growth Cap Rate AXA Equitable sets on a given Segment Start Date is less than the rate you specify, any Policy Account Value you have in the Market Stabilizer Option Holding Account will not be transferred into that Segment. If you do not indicate a Specified Growth Cap Rate, the Specified Growth Cap Rate will be set to 6%, the guaranteed minimum Growth Cap Rate, and funds will transfer into a new Segment on all available Segment Start Dates, provided the conditions specified in the rider and Prospectus are met.

**TRANSFERS FROM THE VARIABLE INVESTMENT OPTIONS TO SUPPLEMENT THE UNLOANED GUARANTEED INTEREST ACCOUNT (GIA)**

If you elect the Market Stabilizer Option, monthly deductions will be allocated 100% to the unloaned GIA on a Segment Start Date. If the unloaned GIA is not sufficient to cover such monthly deductions for the longest Segment Term, funds will be transferred pro-rata from amounts in the Variable Investment Options, including the Market Stabilizer Option Holding Account, to the unloaned GIA to supplement any remaining monthly deductions. You may also specify deduction percentages below for transferring amounts from the Variable Investment Options to supplement the unloaned GIA.

(ii)  Check here if you wish transfers to be made pro-rata from amounts in all available Variable Investment Options, including the Market Stabilizer Option Holding Account, to supplement the unloaned GIA. If this box is not checked, please specify below the Variable Investment Options from which amounts should be transferred to supplement the unloaned GIA.

Variable Investment Options to Transfer from (complete only if (ii) is not checked):	Percentage (whole percentages only):
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	<b>TOTAL</b> 100 %

**SEGMENT MATURITY ALLOCATION**

Each Segment of the Market Stabilizer Option has a Segment Maturity Date, which is approximately one year following a Segment Start Date. You may specify the investment option allocation percentages for the rollover of the Segment Maturity Value.

(iii)  Check here if you wish to rollover your Market Stabilizer Option Segment Maturity Value to a new Segment. If this box is not checked, indicate allocations for rollover of the Segment Maturity Value below. Please note that by electing less than 100% rollover, the total portion of your Policy Account Value allocated to the Market Stabilizer Option will continually decrease as future rollovers occur, if no other changes were made. For example, a Segment Maturity Allocation of 50% to the Market Stabilizer Option will rollover 50% of the original Market Stabilizer Option allocation in year 2 but only 25% (50% x 50%) of the original Market Stabilizer Option allocation in year 3.

Investment Options for Rollover (complete only if (iii) is not checked):	Percentage (whole percentages only):
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	<b>TOTAL</b> 100 %

**6.b. SUITABILITY and VLI DISCLOSURE**

i. Have you, the Proposed Insured or the Owner, if other than the Proposed Insured, received:

(1) a prospectus for policy(ies) applied for? .....  Yes  No  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_; Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.

(2) a prospectus for the designated investment company(ies)? .....  Yes  No  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.

(3) any other prospectus not included above? .....  Yes  No  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Date of prospectus \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of any supplement(s) \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_.

ii. Do you understand that (i) policy values reflect certain deductions and charges and may increase or decrease depending on credited interest for Guaranteed Interest Account and/or the investment experience of Separate Account Funds and (ii) the cash value may be subject to a surrender charge, if any, upon policy surrender, lapse or face amount reduction? .....  Yes  No

iii. With this in mind, is (are) the policy(ies) in accord with your insurance and long-term investment objectives and anticipated financial needs? .....  Yes  No

**7. REPLACEMENT**

Will any existing life insurance or annuity contract be replaced or changed (or has it been) assuming the insurance applied for will be issued? .....  Yes  No  
 (If "Yes" state name of Company, Policy and Face Amount in Special Instructions below and indicate which Proposed Insured's coverage is being replaced.)

**8. SPECIAL INSTRUCTIONS**

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

**9. TAXPAYER I.D. NUMBER CERTIFICATION**

I, the proposed policyowner, by my signature below, certify under penalties of perjury that (i) the number shown in question 1 of this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (ii) I am not subject to backup withholding because (a)  I am exempt from backup withholding, or (b)  I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c)  the IRS has notified me that I am no longer subject to backup withholding, and (iii)  I am a U.S. person (Person includes U.S. Corporation, Partnership, or Trust established under the laws of a State of the United States).

**Certification instructions.** You must cross out item (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

<b>Sign Here</b>	<b>Signature of U.S. Person/ Authorized Representative</b> ▶ <b>Policyowner</b>	<b>Date</b> ▶

**AGREEMENT.** Each signer of this application agrees that:

- (1). The statements and answers in all parts of this application are true and complete to the best of my (our) knowledge and belief. AXA Equitable/MLOA may rely on them in acting on this application.
- (2). No insurance shall take effect on this application: (a) until a policy is delivered and the full initial premium for it is paid, or an approved payment authorization is signed, while the person(s) proposed for insurance is (are) living; (b) before any Register Date specified in this application; and (c) unless to the best of my (our) knowledge and belief the statements and answers in all parts of this application continue to be true and complete, without material change, as of the time such premium is paid or an approved payment authorization is signed.
- (3). No financial professional or medical examiner has authority to modify this Agreement, nor to waive any of AXA Equitable's/MLOA's rights or requirements. AXA Equitable/MLOA shall not be bound by any information unless it is stated in this Application.
- (4). All Proposed Insureds are "exempt employees" as defined in Section 515 of the California Labor Code and any regulations promulgated thereunder.

For VLI: Illustrations of benefits, including death benefits, policy values and cash surrender values, are available on request.

**Any person who knowingly and with intent to defraud any insurance company files an application or statement of claim containing any materially false, misleading or incomplete information is guilty of a crime which may be punishable under state or federal law.**

**IMPORTANT NOTICE FOR PERSONS 60 YEARS OR OLDER**

**YOU MAY RETURN YOUR VARIABLE LIFE INSURANCE POLICY WITHIN 30 DAYS FROM THE DATE THAT YOU RECEIVE IT AND RECEIVE A REFUND AS DESCRIBED BELOW.**

**WHEN YOU ALLOCATE YOUR ENTIRE PREMIUM TO THE MONEY MARKET ACCOUNT AND/OR THE GUARANTEED INTEREST ACCOUNT AVAILABLE UNDER THE POLICY AS LISTED ON THIS APPLICATION, THEN THE AMOUNT OF YOUR REFUND WILL BE EQUAL TO A RETURN OF YOUR PREMIUM AND POLICY FEES, IF APPLICABLE, UNLESS YOU MAKE A TRANSFER, IN WHICH CASE THE AMOUNT OF YOUR REFUND WILL BE EQUAL TO THE POLICY'S ACCOUNT VALUE. FOR ALL OTHER INVESTMENT ALLOCATIONS, THE AMOUNT OF YOUR REFUND WILL BE EQUAL TO THE POLICY'S ACCOUNT VALUE ON THE DAY THE POLICY ALONG WITH YOUR REQUEST TO CANCEL IS RECEIVED BY THE COMPANY OR THE FINANCIAL PROFESSIONAL WHO SOLD YOU THE POLICY. THIS AMOUNT COULD BE LESS THAN YOUR INITIAL PREMIUM.**

**YOU SHOULD NOTE THAT YOU WILL NOT RECEIVE A REFUND IF YOU CHOOSE TO CANCEL THE POLICY AND RETURN IT AFTER 30 DAYS FROM THE DATE THAT YOU RECEIVE IT. A REFUND OF THE POLICY AFTER 30 DAYS MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE.**

Dated at City, State \_\_\_\_\_ **X** Signature of Owner(s) or Authorized Representative  
 Date \_\_\_\_\_ **X** Signature of Financial Professional

# CONSENT TO INSURANCE

Proposed Insured to Complete

## Consent to Insurance to:

(Select One)

- AXA Equitable Life Insurance Company  
 MONY Life Insurance Company of America (MLOA)  
which will sometimes hereinafter be referred to as "the Company".

I, \_\_\_\_\_ consent to the Company issuing a life insurance policy on my  
Name of Proposed Insured

life for the initial face amount of \$ \_\_\_\_\_ which will be owned by \_\_\_\_\_  
Insert Amount Name of Owner

I understand that the Owner will designate the beneficiary and I have no right to name or change a beneficiary.

Business Address \_\_\_\_\_  
Number/Street Floor  
City State Zip Code

U.S. Citizen?  Yes  No If No, Country \_\_\_\_\_ U.S. Visa # \_\_\_\_\_

U.S. Driver's License # \_\_\_\_\_ and State of Issue \_\_\_\_\_

Passport # \_\_\_\_\_ (required for non-U.S. citizens or if U.S. Driver's License is not available)

Are you, the Proposed Insured, 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 name of the official, office held and country.  
\_\_\_\_\_  
\_\_\_\_\_

## UNDERWRITING QUESTIONS

1. During the previous 3 months has the Proposed Insured engaged in active full-time employment (at least 30 hours per week in a normal capacity and, in particular, not been hospitalized or absent from work due to illness or accident for more than 5 consecutive working days)? .....  Yes  No  
(If No, give details below.)
2. Was the Proposed Insured actively at work on the date this consent form was signed? .....  Yes  No
3. Has the Proposed Insured used any tobacco products within the last 12 months? .....  Yes  No
4. Details \_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT

The information provided on this form is true, correct and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application for insurance or request for policy change or reinstatement, as the case may be. The Company may rely on them in acting on the application or on the request for the policy change or reinstatement.

**Any person who knowingly and with intent to defraud any insurance company files an application or statement of claim containing any materially false, misleading or incomplete information is guilty of a crime which may be punishable under state or federal law.**

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Note: Please photocopy if additional copies of this form are needed.)



Census Form to: **(Select One)**  AXA Equitable Life Insurance Company  MLOY Life Insurance Company of America (MLOA) which is hereinafter referred to as “the Company.” (Note: Please photocopy if additional copies of this form are needed.)

Name of Owner of Policies \_\_\_\_\_

Census for Application Number \_\_\_\_\_ Dated \_\_\_\_\_

Proposed Insured's Name	Job Title	Date of Birth (mm/dd/yyyy)	State of Residence	Sex (M/F)	Annual Salary	Initial Face Amount	ITR Amount	Initial Premium Payment	Periodic Premium Payment	Social Security Number (##-##-####)	Death Benefit Option A or B

Any person who knowingly and with intent to defraud any insurance company files an application or statement of claim containing any materially false, misleading or incomplete information is guilty of a crime which may be punishable under state or federal law.

Census Confirmed and Authorized by: \_\_\_\_\_ Signature \_\_\_\_\_ Title of Person Signing: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL PROFESSIONAL'S REPORT** (Please print in ink.)

**1. Business Insurance**

(1) Is the owner a member or an associated person of a member of the National Association of Securities Dealers, Inc. (NASD)?  Yes  No

(2) Persons authorized to transact business on behalf of Owner:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(3) Total Assets (as of last fiscal quarter): \$ \_\_\_\_\_  
If the answer to Question 3 above is less than \$50 million, please answer (a) and (b) below.

(a) **Net Income (last fiscal quarter):**  less than \$500,000  \$501,000–2 million  \$2 million–5 million  
 \$5 million–10 million  \$10 million +

(a) **Net Worth (last fiscal quarter):**  less than 0  \$0–500,000  \$501,000–2 million  
 \$2 million–5 million  \$5 million–10 million  10 million +

(4) **Purpose**  Key Person  Buy-Out Funding  Deferred Comp.  Salary Continuation  Executive Bonus  
 Overhead Expense  Qualified Retirement Plan  Investment/Savings  401(k) Plan  125 Cafeteria Plan  (Other)

(5) **Type of Business**  Manufacturing  Wholesale  Transportation  Agriculture  Construction  Service  
 Professional Service  Mining  Retail  Financial, Real Estate  Insurance  (Other)

(6) **No. of Employees**  10–24  25–49  50–99  100–499  500+

**2. Remarks/Other Pertinent Information**  Concurrent Application  **GI Offer#** \_\_\_\_\_  
(this # is provided in the GI Agreement Letter)

Did you (i) verify the identity of the Policyowner by reviewing certified articles of incorporation, a business license, a partnership agreement or a trust instrument, and (ii) inquire about the source of the customer's assets and income? Yes \_\_\_\_\_ (If no, sales associate must contact Branch Controls Person.)

Did you confirm that the Proposed Insured responded to the question on the Consent to Insurance Form pertaining to foreign military, government, or political affiliation. Yes \_\_\_\_\_ (If no, sales associate must contact Branch Controls person.)

**3.**

Financial Professional(s) Name(s)	Last Init.	Financial Professional Number	%	NMD to check	
				4 [Do not prepay or annualize commissions]	5 [Prepay or annualize commissions]

4. Will any existing insurance or annuity be replaced or changed (or has it been) assuming the insurance applied for will be issued? . . .  Yes  No

5. I certify that I have asked and recorded completely and accurately the answers to all questions on the Application for Guaranteed Issue Life Insurance and I know of nothing that has not been recorded herein.

Registered Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**OFFICE USE**

NOC Rec'd