

# AXA Equitable Life Insurance Company MONY Life Insurance Company of America

## SECTION C – OWNER QUESTIONNAIRE FORMING PART OF THE APPLICATION FOR LIFE INSURANCE – Complete if other than Proposed Insured

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

**COMPLETE FOR ALL OWNER TYPES**

**For Joint Owners** provide name, residential address, Social Security #, date of birth, driver's license #, state of issue and expiration date, occupation and employer's name in Remarks Section on the Application.

1. Owner Type  Individually Owned  Partnership  Corporation  Trust  LLC  Sole Proprietorship

2. Owner's name \_\_\_\_\_

3. Relationship to Proposed Insured \_\_\_\_\_

4.  SSN  EIN  ITIN \_\_\_\_\_ 5. Email address \_\_\_\_\_

6. Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*If P.O. Box, put residential address in Remarks Section.*

**Complete if Owner Type is Partnership, Corporation, Trust, LLC, Sole Proprietorship**

7. Person(s) authorized to act on behalf of Owner  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

**COMPLETE IF INDIVIDUALLY OWNED**

8. Do you have a driver's license?  Yes  No If "Yes," provide license #, state and expiration date  
 Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yyyy)  
 If no driver's license, do you have a government issued ID?  Yes  No  
 If "Yes," to government issued ID, type of ID \_\_\_\_\_ Government ID # \_\_\_\_\_

9. Date of birth \_\_\_\_\_ (mm/dd/yyyy) 10. Currently employed?  Yes  No  Retired (If "Yes," complete question 11)

11. Occupation \_\_\_\_\_ Employer name \_\_\_\_\_

12. Income

Gross Earned Annual Income (salary, commissions, bonuses)	Gross Unearned Annual Income (dividends, pensions, interest, real estate income, etc.)	Gross Annual Income (Household)	Total Net Worth (Household)
\$ _____	\$ _____	\$ _____	\$ _____

13. Are you a member of the armed forces, including the reserves?  Yes  No  
 (If "Yes," you must also submit a completed and signed Life Insurance/Annuity Disclosure to Active Duty Members of the Armed Forces.)

14. Are you a U.S. citizen?  Yes  No (If "No," please complete "a" and "b" or "c," where applicable.)

a. Country of Citizenship \_\_\_\_\_ Date of Entry into the U.S. \_\_\_\_\_ (mm/dd/yyyy)

b. Residents with legal permanent status (Resident) in U.S. only  
 Green Card/Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yyyy)

c. Residents residing in the U.S. temporarily (Non-Resident) with valid Visa only  
 Visa # \_\_\_\_\_ Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yyyy)  
 Form I-94 Expiration Date \_\_\_\_\_ (mm/dd/yyyy) Passport # \_\_\_\_\_

Complete Question 15 for all non-resident (foreign) Owners. If the Owner is not a U.S. Person (U.S. Citizen or U.S. Corporation, Partnership or Trust established or organized under the laws of a state of the United States), then he, she or it may have to provide additional documentation, including IRS form W-8 BEN. Any foreign Owner (Individual, Trust, Corporation, Partnership, Other Entity) must have a US bank account.

15. U.S. bank name \_\_\_\_\_ Account # \_\_\_\_\_

**OTHER INSURANCE**

16. Including any policies and riders with AXA Equitable, its affiliates and any other life insurance company:

a. Do you have any life insurance/annuities currently in force, including any policy that has been sold, settled or assigned to or with a settlement or viatical company or any other person or entity?  Yes  No

b. Will the coverage applied for replace, change, or affect any existing policy(ies) or contract(s)?  Yes  No

**Complete as appropriate if any of questions 16a and b is "Yes"**

Name of Company	Total Amount (Face Plus Riders)	Year Issued	Policy/ Contract #	P-Personal G-Group B-Business A-Annuity	To Be Replaced Changed or Affected	1035 Exchange
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COMPLETE IF TRUST OWNED**

- 17a. Situs of Trust: The Trust is subject to the laws of the state of \_\_\_\_\_ b. Date of Trust \_\_\_\_\_ (mm/dd/yyyy)
18. Name(s) of Grantor(s) \_\_\_\_\_
19. Name(s) and title(s) of current Trustee(s) \_\_\_\_\_
- 20a. How long has the Trustee known the Proposed Insured? \_\_\_\_\_
- b. What is the nature of the relationship between the Proposed Insured and the Trustee? \_\_\_\_\_
- c. Is the Trust?  Revocable  Irrevocable (Check appropriate box)
- d. Can interests in the Trust be sold without changing the terms of the Trust?  Yes  No
21. Did the Proposed Insured and/or the Owner retain an attorney to prepare the Trust documents?  Yes  No  
 If "Yes," provide name and address of attorney. If "No," provide the name and address of the person or entity that did prepare the Trust documents.  
 Please provide the relationship of the preparer of the Trust to the Proposed Insured  
 Name \_\_\_\_\_ Relationship to the Proposed Insured \_\_\_\_\_  
 Address \_\_\_\_\_
22. Name(s) of current Beneficiary(ies) of the Trust \_\_\_\_\_
23. What is the nature of the relationship between the Grantor(s) and Beneficiary(ies)? \_\_\_\_\_
24. Is there a Trust Protector?  Yes  No (If "Yes," answer 25a and 25b.)  
*A Trust Protector is a third party appointed by the Grantor to provide direction and guidance to the Trustee.*
- 25a. How long has the Trustee known the Trust Protector? \_\_\_\_\_
- b. What is the nature of the relationship between the Proposed Insured and the Trust Protector? \_\_\_\_\_

**PURPOSE OF INSURANCE**

26. Complete For Personal Insurance  
 Income Replacement  Mortgage/Debt Repayment  Estate Planning  Charitable/Gifting  Other \_\_\_\_\_
27. Complete for Business Insurance  
 Key Person  Buy-Sell  Deferred Comp  Other (please explain) \_\_\_\_\_  
 Loan indemnification/Amount of loan \$ \_\_\_\_\_ Duration \_\_\_\_\_  
 Interest charged on loan \_\_\_\_\_ Collateral pledged to secure loan \_\_\_\_\_
- a. Type:  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation
- b. Name of Business \_\_\_\_\_ Nature of Business \_\_\_\_\_
- c. How long has the business been in operation? \_\_\_\_\_ Years d. Fair market value of the business \$ \_\_\_\_\_
- e. % of business owned by Proposed Owner, if other than the Proposed Insured \_\_\_\_\_%
- f. Are all members of the business 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 and Title | % of Business Owned | Amount In Force or Applied For |
|----------------|---------------------|--------------------------------|
|                |                     |                                |
|                |                     |                                |
- g. Has the business filed for bankruptcy and/or reorganization in the past 5 years?  Yes  No  
 If "Yes," explain \_\_\_\_\_
- h. Business/Corporation finances: (Complete chart below for the past 2 years)
- | Year | Assets | Liabilities | Gross Sales | Net Profit |
|------|--------|-------------|-------------|------------|
|      | \$     | \$          | \$          | \$         |
|      | \$     | \$          | \$          | \$         |

For employer owned life insurance there are notice and consent requirements, established in the Tax Code, that must be met before issuance of the contract, as well as tax limitations on those who can be insured. When purchasing insurance on employees or directors, you should consult your tax advisor to avoid adverse tax consequences.

**SOURCE OF FUNDS**

28. Do you intend to finance any of the premium required to pay for this policy through a financing or loan agreement?  Yes  No  
 If "Yes," with whom are you financing \_\_\_\_\_
29. Indicate the source of funds used to purchase this insurance.  
 Income  Investment/Savings  Loans  Gifts/Inheritance  
 Settled Contracts – give details \_\_\_\_\_  Other (specify) \_\_\_\_\_