

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

## SECTION B – TERM LIFE INSURANCE

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

### PLAN INFORMATION

1. Product Name (Check One)

- Level Term 10       Annual Renewal Term  
 Level Term 15       One Year Term  
 Level Term 20

2. Amount of Insurance \$ \_\_\_\_\_

3. Backdate to save age     Yes     No

Max 6 months prior to application date (3 months in OH)

(Premiums for insurance coverage begin on the backdated Register Date)

### PREMIUM INFORMATION

4. Premium Mode

a. Direct Billing (By Mail)     Annually\*       Semi-annually       Quarterly

**\*Annually is the only payment mode available for the One Year Term product**

b. Bank Draft\*\*     Monthly      Draft Date is the same as the Register Date

(Voided Check Required)

**\*\*If bank account holder is not the Owner or Proposed Insured, please complete Systematic Payment Enrollment Form.**

In lieu of voided check, use first premium check to set up Systematic Payment Plan

c. Salary Allotment       Annually     Semi-annually     Quarterly     Monthly

Unit name \_\_\_\_\_ Unit number \_\_\_\_\_ Register date \_\_\_\_\_ (mm/dd/yyyy)

If Allotter is not Proposed Insured, provide Name \_\_\_\_\_ SSN/EIN/TIN \_\_\_\_\_

### OPTIONAL BENEFITS/RIDERS

5.

Disability Premium Waiver Rider

Children's Term Insurance Rider (complete Children's Term Insurance Rider Questionnaire)

Amount \$ \_\_\_\_\_

Other (as allowed or available with product) \_\_\_\_\_