

CLIENT PROFILE

PRINT FP NAME: _____ ID #: _____ DATE: _____

New Update

1. Background Information

Client/Owner _____ *First Name *Last Name _____ *SSN/TIN _____ *DOB _____ *Street Address _____ *City *State *Zip _____ Please complete previous address if changed within last 12 months _____ Street Address _____ City State Zip _____ *Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident If non-US, specify: _____ *Daytime Phone: _____ Mobile Phone: _____ Email: _____ *Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed *Occupation: _____ Employer Name: _____ Employer Address: _____ _____ No. of Years: _____ Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D. *Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner *# of Dependents: _____ Age(s) _____ Name(s) _____ Name(s) _____	Joint Client/Owner. Check the Box if N/A <input type="checkbox"/> and add Spousal Information if applicable _____ First Name Last Name _____ SSN/TIN _____ DOB _____ Street Address _____ City State Zip _____ Please complete previous address if changed within last 12 months _____ Street Address _____ City State Zip _____ Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident If non-US, specify: _____ Daytime Phone: _____ Mobile Phone: _____ Email: _____ Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed Occupation: _____ Employer Name: _____ Employer Address: _____ _____ No. of Years: _____ Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D.
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1. Background Information (Continued)

Client/Owner Profile for Entities Only — do not complete if the client is an individual

Corporation (complete A-D) Trust (complete A-D) Partnership (complete A-C) Estate (complete A-C) Group Plan (complete A-H)

A. *Name: _____ ***TIN #:** _____

B. Authorized Person(s) to transact business:

***Name:** _____ ***Title/Trustee:** _____

Name: _____ Title/Trustee: _____

Authorized Person Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ State/Country _____ Issue Date _____ Exp. Date _____

C. *Street Address: _____ ***City, State, Zip:** _____

D. *Assets. Cash & Cash Equivalents: (CDs, Money Market, etc.) _____ Stocks: _____ Bonds: _____

Annuities: _____ Mutual Funds: _____ Other: _____ *Combined Total Assets:* _____

E. Trust or Incorporation Date: _____ **State or Country of Incorporation or Trust Agreement:** _____

F. *Type of Business: _____

G. *Employer Name: _____ ***No. of Employees:** <10 10-25 26-50 51-75 76-100 >100

H. *Type of Plan: Startup/New Business Takeover/Rollover Amount: \$ _____

The Plan is: Profit Sharing/Money Purchase Pension Profit Sharing with 401k feature 401k Other: _____

Type of Funding: Exclusive Employer Funding Partial (Split) Funding

I. Important Considerations (includes existing insurance coverage, etc.): _____

TRUSTED CONTACT PERSON

DEFINITION OF TRUSTED CONTACT: The trusted contact person is intended to be a resource for Equitable in administering your account and protecting assets in connection with possible financial exploitation or diminished capacity. The Trusted Contact Person must be 18 years of age or older. Equitable may disclose information about your policy to the Trusted Contact to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by applicable law. The Trusted Contact will not be authorized to transact business on your behalf.

NOTE: The Trusted Contact information below supersedes any previously named Trusted Contact Person. To remove a Trusted Contact without designating a replacement, please check the box indicating you do not want to designate a Trusted Contact.

Trusted Contact Person Information for Primary Owner:	Trusted Contact Person Information for Joint Owner (if applicable):
<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact To designate a Trusted Contact, please complete the following fields	<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact <input type="checkbox"/> Check this box if you want to designate the same Trusted Contact as Owner #1. If checked, the fields below do not need to be completed To designate a Trusted Contact, please complete the following fields
<hr/> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>	<hr/> <div style="display: flex; justify-content: space-between;"> First Name Last Name </div>
<hr/> Mailing Address Number and Street	<hr/> Mailing Address Number and Street
<hr/> <div style="display: flex; justify-content: space-between;"> City State Zip </div>	<hr/> <div style="display: flex; justify-content: space-between;"> City State Zip </div>
<hr/> Phone Number	<hr/> Phone Number
<hr/> Email Address	<hr/> Email Address
<hr/> Relationship to Owner	<hr/> Relationship to Owner

2. USA Patriot Act Information

Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date
Joint Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date

3. Financial Household (HH) Information

<p>Client/Owner Gross HH Income (all sources): \$ _____</p> <p>Joint Client/Owner Gross HH Income (if separate HH): \$ _____</p> <p>= *Est. Gross Annual HH Income(s): \$ _____</p> <p>*Est. Monthly Fixed HH Expenses: \$ _____</p> <p>*Fed. Marginal Tax Bracket: <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%</p> <p style="text-align: center;">*INVESTMENT EXPERIENCE (IN YEARS)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">None</th> <th style="text-align: center;"><1</th> <th style="text-align: center;">1-4</th> <th style="text-align: center;">5+</th> </tr> </thead> <tbody> <tr> <td>a) *CDs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) *Stocks</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) *Bonds</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d) *Annuities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) *Mutual Funds</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		None	<1	1-4	5+	a) *CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) *Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) *Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) *Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">*CURRENT HOLDINGS Complete all that apply (a-h)</p> <p>a) Cash & Cash Equivalents: (CDs, Money Market, etc.) \$ _____</p> <p>b) Stocks: \$ _____</p> <p>c) Bonds: \$ _____</p> <p>d) Annuities: \$ _____</p> <p>e) Mutual Funds: \$ _____</p> <p>f) Other Property(ies) Net Equity: (excludes primary residence) \$ _____</p> <p>g) Retirement Accounts (401(k), 403(b), IRA): \$ _____</p> <p>h) Other (529 plans, life policy cash values, alternative investments, etc.): \$ _____</p> <hr/> <p>= i) *Total Assets (above): \$ _____</p> <hr/> <p>*Net Worth (modified: all assets minus debts; excludes primary residence and associated debt): \$ _____</p> <p>*Liquid Net Worth \$ _____</p>
	None	<1	1-4	5+																											
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e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

4. Insurance Coverage (Not Applicable for Annuity, Brokerage and Equitable Network Sales)

Indicate issuer and policy coverage:

	Client/Owner	Joint Client/Owner or Spouse
Life Insurance	_____	_____
Disability Insurance	_____	_____
Long-Term Care Insurance	_____	_____

Optional

When was the last time your Life Insurance portfolio was reviewed? Date: _____

Do you have sufficient life insurance coverage to address your family's needs? Yes No

Do you have a need for long-term care protection? Yes No

Comments:

5. Goals & Objectives

***What is the primary purpose of this investment/insurance recommendation?**

(Select Only One)

- Education Large Purchase (new home or other large investments) Liquidity (near-term) Tax Deferral/Relief
 Retirement (accumulation/deferred/immediate) Protection Other (business planning/estate preservation/charitable/inheritance-legacy)

***What best describes your investment/insurance objective?**

(Select Only One)

- Safety of Principal - only available for EQUI-VEST® (Income with Capital Preservation for LPL) and Fixed Annuities Income (Income Moderate Growth for LPL)
 Growth & Income Growth Aggressive Growth Trading/Speculation (brokerage only)
 N/A for Life Fixed Products Only *UL/WL/Term

***Are full or partial principal protections or income guarantees important to you?**

(Select Only One)

- Yes No N/A for Life Fixed Products Only *UL/WL/Term

***In making investment/insurance decisions, what concerns you most that your Financial Professional can help you with?**

(Select All That Applies)

- Meeting my financial goals Outliving my investment assets or the income from my investment
 Outspending my investment assets Tax consequences Family protection/Estate planning Other (use section 7)

***What primary risk do you want addressed with this investment/insurance?**

(Select Only One)

- Capitalization (large/mid/small) Concentration (under diversification) Inflation/Purchasing Power Interest Rate Liquidity
 Market Risk Volatility (includes fixed income markets) Income replacement/insuring assets against debt/final expenses

***How do you prefer interacting with your Financial Professional for the account being considered?**

(Select Only One)

- Ongoing advice and service for fee (applicable only to advisory accounts)
 Periodic consultation and service for commission (applicable to brokerage, annuity, direct mutual fund accounts etc.)
 N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL

* I acknowledge my financial professional will be compensated for the advice/recommendation/service he or she provides.

***Is the funding source for this transaction(s) an ERISA governed retirement plan or IRA rollover?** (See Client Profile Cover Page for a list of ERISA governed plans.)

- Yes No

If no, skip the following section.

ERISA RETIREMENT PLAN AND IRA ROLLOVERS

Investors are to know that pursuant to US Department of Labor guidance, when we provide investment advice to you regarding your Employee Retirement Income Security Act (ERISA) governed retirement plan account or IRA, we are fiduciaries within the meaning of Title I of ERISA and/or the Internal Revenue Code, as applicable, which regulate retirement accounts.

Important Notice: If the funding source is an ERISA-governed retirement plan, please review the following with your financial professional:

- **Retirement Plan Advantages and Disadvantages.** Compared to IRAs, the advantages of retirement plans are likely to include lower overall fees and charges, creditor protection, and many withdrawal options including loans against your plan assets, penalty free withdrawal rights for employees post age 59 ½ and upon termination of employment post age 55, beneficiaries and divorce settlements. Disadvantages, however, may include limited financial professional guidance, limited investment options, the plan may change providers and/or investment options without your consent, former employees are unable to make additional contributions and may not be able to borrow from plan accounts, and you will remain subject to any applicable plan restrictions and limitations including restrictions on periodic withdrawals or charges for withdrawals. In these and other matters, please refer to your plan's governing documents (e.g., your Summary Plan Description and 404a-5 Participant Fee Disclosure).
- **IRA Advantages and Disadvantages.** Compared to retirement plans, the advantages of IRAs include the ability to receive personal investment advice from a financial professional that you choose, more control of your assets and fewer restrictions, access to a broader range of investment product options such as annuities with guaranteed living and death benefits, the ability to consolidate other retirement assets into a single account, and the ability to coordinate portfolio strategies and risk profiles across assets as well as withdrawal strategies and sources. Disadvantages, however, may include higher overall fees and charges, loss of creditor protection if you live in a state that does not have IRA or annuity protection laws, an inability to borrow from your account, and an inability to make certain penalty free withdrawals.

5. Goals & Objectives (Continued)

- **Other Options.** Many employers allow you to retain your assets in the plan even if you change employers or retire. Many plans also allow new employees to roll existing plan assets into their plan. Last, while you do have the option to take a cash distribution (full or partial) from your plan account, cash distributions will likely be subject to federal, state and local taxes, a 10% early withdrawal penalty if you are under age 59½ as well as 20% federal tax withholding. Given these factors and options, you should seek guidance from your plan's governing documents and/or your plan administrator regarding specific features, limitations, fees, or requirements. You should also consult your tax professional.

COMPARISON OF EXISTING AND RECOMMENDED ACCOUNT FEES AND CHARGES

Fund Expense Ratios and 12b-1 Fees. Most mutual funds, UITs and closed-end funds ("mutual funds") and exchange traded funds ("ETFs") charge annual portfolio management & operations fees ("expense ratios") that typically range from 0.02% to 1.0% but can be as high as 1.5% or more for actively managed portfolios. According to a recent Morningstar fee survey, the average expense ratio for actively managed portfolios is 0.68% and 0.13% for passively managed. In addition to Expense Ratios, mutual funds may also charge annual distribution & servicing fees ("12b-1 fees") that range from 0.25% to 1.0% depending upon the share class. 12b-1 fees are charged in brokerage and sponsor-direct IRAs and are typically embedded in an annuity IRA's base contract fee. 12b-1 fees are not present in ETFs or investment advisory IRAs.

As other fees may be present in certain mutual funds, for more accurate fee comparisons, where applicable, your financial professional will use Morningstar Gross Expense Ratios when calculating an account's weighted average expense ratio %. Gross Expense Ratios include all fees and expenses such as the fund's portfolio management fee, 12b-1 fee, other fees.

***Are there guaranteed living and/or death benefit base values that are greater than your account value in your existing retirement plan account or IRA?**

Yes No N/A

If yes, check your primary reason for their surrender:

- The benefit(s) no longer applies to my retirement strategy
- The difference between the account value and the benefit base value(s) is negligible
- The advantages of the recommended account outweigh the loss(es)
- Other (describe in Section 7)

***Is the funding source for this transaction an existing IRA?**

Yes No

If yes, skip to IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM AN EXISTING IRA.

If the answer above is no, is your retirement plan closing or otherwise requiring a distribution?

Yes No N/A

If yes, skip this ERISA RETIREMENT PLAN AND IRA ROLLOVERS section.

IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM A RETIREMENT PLAN

Many employers subsidize their retirement plan fees and expenses to some degree. Unless subsidized, typical total annual fees range from 0.5 to 1.5% or higher. Plan fees vary according to plan size, the provider, your holdings' underlying Expense Ratios, plan administration or similar fees, and any additional services such as an investment advisory overlay program. Your plan account's total annual fees can be estimated by reviewing your current annual 404a-5 Participant Fee Disclosure that your plan provides to you along with a recent (last 12 months) copy of your plan account statement.

If you are unable to obtain a copy of your 404a-5 Participant Fee Disclosure from your employer or plan website after diligent attempts, your financial professional can use your plan account statement and alternative data sources to estimate your total annual fees. Other sources may include data from a reliable industry source such as Morningstar or your plan's filed Form 5500., Because this data may be outdated, it may not accurately reflect you're the actual fees and other characteristics of your retirement plan. Accurate information is important as you compare the fees between your retirement plan account and a recommended IRA.

Please note that SEP and SIMPLE plans do not have 404a-5 Participant Fee Disclosures in which case, reliance on your account statement and other noted information sources is necessary.

If you are rolling assets over from your retirement plan account, please check one of the following:

- I have provided a copy of my 404a-5 Participant Fee Disclosure provided by my plan to my financial professional along with a recent copy of my plan account statement.
- I have provided a recent copy of my SEP or SIMPLE account statement to my financial professional showing my current investments.
- While I have provided my financial professional with a recent copy of my plan account statement, I have been unable to obtain a copy of my 404a-5 Participant Fee Disclosure despite diligent efforts. I understand that in this absence, my financial professional must rely on alternative data sources which as noted above, fees may not accurately reflect the actual information.

Your retirement plan account's current total annual fee (as applicable: the weighted average expense ratio %, group annuity base contract charge %, any other fee %) is estimated at: _____%. This excludes any plan administration or other fees you may periodically incur, if applicable.

5. Goals & Objectives (Continued)

RECOMMENDATION BASIS FOR TRANSFERRING FROM A RETIREMENT PLAN

After reviewing (i) your investment objectives, risk tolerance, financial circumstances, preferences and needs, (ii) and considering your alternatives to a rollover, including leaving the money in your retirement plan; the fees and expenses associated with the plan and the IRA; whether the plan sponsor pays some of all of the plan's administrative expenses; and the different levels of services and investments available under the plan and the IRA, we have concluded that it is in your best interest to transfer your retirement plan assets to an IRA(s) with our firm. This recommendation is based upon your identified need for personalized professional investment advice, either as needed or on an ongoing investment advisory basis which may include discretionary trading. In addition, this recommendation is based on the following needs (check all that apply):

- Access, either now or in the future, to product types and features that may not be available in your retirement plan such as, but not limited to, annuities with guaranteed living and/or death benefits or fixed rate returns, products that provide full or limited downside market protection with upside potential, products that invest in markets not accessible by mutual funds such as non-traded REITs, limited partnerships or business development corporations, etc.
- More control and fewer restrictions concerning your retirement assets
- The ability to consolidate and coordinate with other retirement assets regarding your overall portfolio strategy and risk profile as well as withdrawal strategies
- Services such as performance reporting
- Other material considerations (describe in Section 7)

IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM AN EXISTING IRA

A typical IRA's annual fees and charges are as follows by account/product type.

- **Brokerage and Sponsor-direct IRAs.** Most advisor-sold mutual funds include sales charges and incur annual Expense Ratios in addition to annual 12b-1 fees. ETF sales include an initial sales commission and an annual Expense Ratio but no annual 12b-1 fees. **Important:** If you hold mutual fund investments or other similar investments that incur initial or deferred sales charges, unless you transfer these positions to a new brokerage IRA, the sales charges you previously incurred will have no future value to you.
- **Investment Advisory IRAs.** Mutual fund and ETF holdings in these accounts incur annual Expense Ratios and an annual investment advisory fee on all assets which typically ranges from 1 to 1.5%.
- **Annuity IRA** fees and charges vary depending upon annuity type and share class. Fees include any fund Expense Ratios and annuity base contract fees for deferred variable annuities typically range from 1.0% to 1.75% (includes distribution fee). However, this does not include any living and/or death benefit rider fees or other added services that can contribute to the overall cost. Index-linked and fixed annuities embed their overall fees and charges in their cap and rate determinations. Annuities typically also charge surrender / withdrawal charges if redeemed within specified periods after purchase.

Based on your recent IRA statement and publicly available fund/ETF information, your account's current estimated total annual fee (as applicable: weighted average expense ratio %, investment advisory fee %, annuity base contract and any benefit rider fees %, any other fee %) is estimated at: ____%. This excludes any flat fees or charges you may periodically incur, if applicable.

If applicable, your estimated existing IRA investment surrender/withdrawal charges (may apply to brokerage and sponsor-direct accounts) are \$_____. N/A

YOUR RECOMMENDED IRA'S FEES AND CHARGES

- **Brokerage or Sponsor-direct IRAs** charge one-time mutual fund sales charges that typically range from 2.5% to 5.5% for the most common Class A shares. Ask your financial professional or see the product prospectus regarding potential sales charge discounts, 12b-1 charges, and other available share class options. Sales charges do not apply to ETFs, stocks and bonds, however, standard brokerage commission rates do apply. See the firm's General Conflicts of Interest Disclosures for the commission schedule.
- Sales charges, commissions, and 12b-1 fees are not charged in **Investment Advisory IRAs** but Expense Ratios still apply and are in addition to the investment advisory fee charged. Typical investment advisory fees range from 1 to 1.5%.
- **Annuity IRA** fees vary depending upon annuity type and share class. In addition to fund Expense Ratios, annual base deferred variable annuity base contract fees typically range from 1.0% to 1.75% (includes distribution/12b-1 fee) along with any living and/or death benefit fees or other added services that can contribute to the overall cost. Index-linked and fixed annuities typically embed their overall fees and charges in their cap and rate determinations. Annuities also incur surrender / withdrawal charges if assets are redeemed within specified periods after purchase. For more information, ask your financial professional or see the product offering materials.

Your recommended IRA's estimated total annual fee (as applicable: weighted average expense ratio %, investment advisory fee %, annuity base contract and any benefit rider fees %, any other fee %) is: ____%. This excludes any flat fees or charges you may periodically incur, if applicable.

Important: Before agreeing to this rollover recommendation, you are advised to carefully consider the long-term impact of any increased costs and the reason(s) why the added benefits justify those added costs, as well as the impact of features such as surrender schedules and index annuity cap and participation rates, as relevant. You should also consider that your financial professional will be compensated for any resulting transactions.

5. Goals & Objectives (Continued)

Risk Tolerance

Your Risk Tolerance is a function of your investment time horizon and appetite for risk. If you are not comfortable selecting a Risk Tolerance using the descriptions below, ask your Financial Professional to help you complete a separate Risk Tolerance Questionnaire.

The **Conservative** investor is generally very sensitive to short term losses. The Conservative investor's aversion to short-term losses could compel him or her to sell their investment and hold a zero risk investment if losses occur. The Conservative investor would accept lower long-term returns in exchange for smaller and less frequent changes in portfolio value.

The **Conservative-Plus** investor is generally sensitive to short-term losses. The Conservative-Plus investor's aversion to losses could compel him or her to shift into a more stable investment if significant short-term losses occur. The Conservative-Plus investor is usually willing to accept somewhat lower returns in order to assure greater safety of his or her investment.

The **Moderate** investor is somewhat concerned with short-term losses and may shift to a more stable option in the event of significant losses. The safety of investment and return are typically of equal importance to the Moderate investor.

The **Moderate-Plus** investor is generally willing to accept high risk and chance of loss in order to achieve higher returns on his or her investment. Significant losses over an extended period may prompt the Moderate-Plus investor to shift to a less risky investment.

The **Aggressive** investor generally aims to maximize long-term expected returns rather than to minimize possible short-term losses. An Aggressive investor values high returns and can tolerate both large and frequent fluctuations in portfolio value in exchange for a higher return over the long run.

***Which Risk Tolerance best describes you?**

Note to Financial Professional: If the client used a firm-approved risk profile determination tool, the results must be properly mapped per firm guidance.

(Select Only One)

Conservative Conservative Plus Moderate Moderate Plus Aggressive N/A for Life Fixed Products Only *UL/WL/Term

***What is your expected investment time horizon (in years) for this recommendation?**

Time horizon applies to all products including fixed insurance - NOTE: the time horizon applies to the point of sale and maintaining the account/contract/policy.

(Select Only One)

1 2 3 4 5 6 7 8 9 10 >10

Note to Financial Professional: Please make sure the Client's Investment Objective is in line with his/her stated Risk Tolerance.

Safety of Principal/ Income with Capital Preservation	Income/Income Moderate Growth	Growth & Income	Growth	Aggressive Growth	Trading/Speculation
Conservative	Conservative	Conservative Plus	Moderate	Moderate Plus	Aggressive
	Conservative Plus	Moderate	Moderate Plus	Aggressive	Aggressive Plus
		Moderate Plus	Aggressive		

5. Goals & Objectives (Continued)

Accounts and Products Grid	Goals and Reasonable Alternatives					
	Education	Large Purchase (i.e. purchasing a home)	Liquidity (near term)	Tax Deferral/ Relief	Retirement/ Income/ Wealth Preservation Managing Risk Accumulation/ Protection	Other
Indexed Universal/ Term/Universal/Whole Life	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Life Variable	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Corporate Owned Life Insurance	Depends on Recommendation	✓	✓	Depends on Recommendation	✓	✓
Group Retirement Account	Not Recommended	Not Recommended	Not Recommended	✓	✓	✓
Brokerage	✓	✓	✓	✓	✓	✓
Brokerage IRA	Not Recommended	Depends On Time Horizon	Depends On Time Horizon	✓	✓	✓
Mutual Fund/ Mutual Fund Only Account	✓	✓	✓	✓	✓	✓
529 Plan	✓	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended
529 ABL Plan	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended	✓
Equities/ Exchange-Traded Funds/ Fixed Income	Depends on Recommendation	✓	✓	✓	✓	✓
Advisory Accounts	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Third Party Asset Management	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Fixed / Immediate Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Variable / Indexed Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Alternative Investments	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓

***Client Acknowledgment**

(Select Only One)

My Financial Professional reviewed my goals and objectives and recommended reasonable alternatives for me to consider. I have decided to follow at least one of my FPs recommendations.

While I appreciate the care provided by the firm and my Financial Professional, I prefer to make my own account and/or product decisions understanding they are not recommended.

The Accounts and Products Grid may not apply to all entities and depending upon unique client circumstances valid exceptions may apply.

6. Product Purchase

*Product: _____ *Tax Type (Qual/NQ/IRA/403(b)/457 Plan): _____ *Amount/Face Amount:\$ _____
(e.g. Retirement Cornerstone)

Equitable Network and Individual Purchases Only.

This section is completed for the client's purchase of:

- Equitable Network non-proprietary group annuity / 401k product:
 Other:

Branch Manager Signature for Equitable Network group annuities / 401K Products / I am familiar with this product and approve this transaction

Branch Manager (BM) Signature:

Print Name:

Date:

Branch Manager signature is NOT required for Association 300+ Series, Equitable Network Variable Life and Annuity, Equitable Network Indexed Life and Annuity, Equitable Network Fixed Deferred and Immediate Annuity and Equitable Fixed Annuity sales.

*Source of Funds for this purchase: (Check box **and** circle sub-item(s)). If more than one box is checked, provide % breakdown. (Must add up to 100%)

- Cash:** Death Claim, Gift, Inheritance, Checking, Savings, Money Market, Payroll Deduction, CDs: _____ %
 Borrowing: Mortgage (including Reverse Mortgage), Personal Loan, Credit: _____ %
 NQ Annuity or Life Insurance: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 Term Conversion - Partial: _____ %
 Term Conversion - Full: _____ %
 Qualified Annuity: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 401K, Pension Plans, Other Group Retirement Plans: _____ %
 NQ: Brokerage, Investment Advisory Assets, Mutual Fund Shares, UIT Shares, Stocks or Bonds: _____ %
 Qualified: Brokerage, ERISA Plan, Investment Advisory Assets, Mutual Funds Shares, UIT Shares, Stocks or Bonds: _____ %
 Employer Contribution: _____ %
 Other: Sale of Car, Home, Business, or Other Asset (specify: _____),
Legal Settlement, Lottery/Gaming Proceeds, Other: _____ : _____ %

*[California Only]

Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

- Yes N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL
 No

7. Single Transaction or Investment Strategy

*Which best describes the client's purchase?

NOTE: This section is specific to Reg BI covered recommendations applying to retail, natural person clients purchasing Variable and Fixed Annuity and Life products. It does not apply to non-natural person clients such as corporations, LLCs, trusts (except retail/personal trusts) and ERISA group retirement plan accounts (except SEPs), etc. Unless part of a multi-transaction strategy, Reg BI also does not apply to investment advisory accounts).

Additionally, if a funding source of this purchase requires completion of a RAF and/or TAF, the "multi-transaction strategy" option below must be selected.

(Select One Only)

The client is implementing a recommended **multi-transaction investment strategy**. Below, please describe: 1) the steps, e.g., 401k rollover to a guaranteed income VA (50%) and a brokerage account for interest/dividend income and inflation hedging (50%); 2) Your product & client Skill, Cost and Care analysis; 3) Any client-specific considerations (e.g., market volatility fears, low fees & charges, tax considerations, comfort with complex products, etc.); and 4) Other products considered. Please also keep any supporting reports or tool analyses in the client's file or a firm-approved record retention system.

The client is implementing a recommended **single transaction purchase** that is supported by his or her investment profile as described herein and funded by a non-Reg BI covered transaction source(s) such as previously uninvested cash, personal savings, gift/inheritance/death benefit, the sale of a non-insurance/security item, etc. Below, please describe: 1) Your product & client Skill, Cost and Care analysis; 2) Any client-specific considerations (e.g., market volatility fears, low fees & charges, tax considerations, comfort with complex products, etc.); and 3) Other products considered. Please also keep any supporting reports or tool analyses in the client's file or a firm-approved record retention system.

(Also, use this section for comments related to question "What concerns you most that your FP can help you with?" if "Other" was selected.)

8. Additional Information/Acknowledgments

Yes No Is the Client/Owner/Authorized Person associated or registered with or employed by a member firm of FINRA?

If yes, name of member firm: _____

Yes No Are you a Politically Exposed Person?

If Yes, please provide position and country: _____

Yes No N/A The plan sponsor acknowledges receipt of the ERISA Section 408(b)(2) fee disclosure and description of services reasonably in advance of opening this account.

I acknowledge receipt and review of applicable prospectuses and/or ADV's prior to the purchase of and insurance/investment in the recommended strategies, tools, and products. Further, I agree that if the strategy selected is for retirement income purposes that I understand that withdrawals of income that exceed dividend and or similar amounts, or in the case of life insurance cost basis, or in the case of certain types of annuities, the annual roll-up or withdrawal benefit that such withdrawals constitute and aggressive method of obtaining income and could cause greater likelihood and risk of depleting the investment asset.

Yes No Is the Client/Owner/Authorized Person with an interest in the account 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?

If yes, identify the official, office held and country. _____

Yes No *Has a financial plan been prepared by Equitable Advisors for this recommendation in the last 12 months? (Only check for Equitable approved Financial Planning Software non-fee and fee-based plans.)

If yes, plan # or tool name: _____

Client/Owner/Authorized Person. By signing below, I acknowledge that the above information is true and correct.

I acknowledge receipt of the Equitable Advisors, LLC Relationship Summary for Retail Investors (CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure. If I am opening a non-ERISA employer-sponsored retirement plan account (e.g., 403b or 457 plan), I acknowledge receipt of Equitable's "A Word on Employer-Sponsored Plan Offerings" disclosure.

For deferred variable and fixed annuity purchases only: I understand that the annuity for which I am applying may have surrender charges and/or market value adjustment (MVA) charges and that taxes may apply if I withdraw money. **For deferred or immediate**

variable or fixed annuity purchases: I did receive a copy of the NAIC Buyer's Guide, if state required. **For deferred variable annuities:** I did receive a copy of the Equitable Advisors annuities disclosure brochure and reviewed it with my Financial Professional. I understand that if this purchase is for a qualified retirement plan account, any tax deferral features do not provide additional benefit and that my purchase is for the product's features and/or benefits other than tax deferral. I also understand that if I am purchasing an Equitable variable annuity any checks accompanying my application should be made payable to "Equitable". Equitable will hold the funds for my benefit in a non-interest bearing "Special Bank Account for the Exclusive Benefit of Customers" until my application is approved, not approved or returned by Equitable Advisors. I may request the full return of my payment at any time prior to the issuance of the contract by contacting my Financial Professional. **For IRA Owners/Plan Sponsors:** I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from federal and/or state regulations.

For Retirement Plan and IRA Rollovers (Section 5). If I am rolling assets over from an ERISA-governed retirement plan or IRA, I acknowledge that, as applicable: 1) I have reviewed the Important Notice concerning the advantages and disadvantages of the various retirement plan rollover options; 2) I have successfully or diligently attempted to obtain a copy of my 404a-5 Participant Fee Disclosure for my financial professional; 3) If my financial professional used an alternative data source to estimate my plan account's average expense ratio %, the result may not accurately reflect the actual information; 4) I have provided my financial professional with a recent (last 12 months) copy of my retirement plan account or IRA statement; 5) My employer may subsidize plan fees and charges to some degree and if applicable, it may not be evident in the plan documentation or account statement; 6) I have carefully considered the long-term impact of any increased costs and the reason(s) why the added benefits justify those added costs, as well as the impact of features such as surrender schedules and index annuity cap and participation rates, as relevant; 7) My financial professional will be compensated for any resulting transactions; 8) The information herein is a reasonable approximation based on available information; and 9) This transaction(s) is in my best interest.

Client/Owner/Authorized Person Signature: _____ Date: _____

Is the Joint Client/Owner/Authorized Person with an interest in the account 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 official, office held and country. _____

Joint Client/Owner/Authorized Person Signature: _____ Date: _____

8. Additional Information/Acknowledgments (Continued)

Financial Professional: I have reviewed all sections of the Client Profile with the Client/Owner, if applicable the Joint Client/Owner and acknowledge the information is accurate and current. This includes information collected at the initial point of sale and any subsequent sales. I am familiar with the product(s) being sold and have determined such product(s) is (are) in the best interest of the Client/Owner. The client received the Equitable Advisors, LLC Relationship Summary for Retail Investors (Form CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure, and the client received an NAIC Buyer's Guide. I have provided the client with all required federal, state, and standards of care disclosures. **For deferred variable annuity purchases only:** I have reasonable grounds for believing that the recommendations for this customer to purchase/exchange an annuity is in the client's best interest on the basis of the facts disclosed by the customer as to his/her investments, insurance products and financial situation and needs.

For Retirement Plan and IRA Rollovers (Section 5). In addition to a recent retirement plan or IRA statement, I received and retained in the client's file (Paperclip upload or hard copy), as applicable: 1) a 404a-5 Participant Fee Disclosure; 2) Morningstar data on expense ratios; 3) a Form 5500, 4) Other industry data used to make this recommendation.

If this is retirement plan rollover, I discussed with the client the viability of remaining in the plan to meet his or her needs, including general education on self-directed brokerage accounts, if available. As relevant, we also discussed factors such as the long-term impact of any increased costs; why the rollover is appropriate notwithstanding any additional costs; and the impact of economically significant investment features such as surrender schedules and index annuity cap and participation rates.

For individuals, I have verified the identity of the client/owner(s) by reviewing the driver's license/passport or if taken via the mail, a copy of the driver's license is in the file. I have also confirmed how the client/owner(s) acquired or accumulated the funds used to make this purchase. **For entities,** I have verified the identity of the client/owner by reviewing certified articles of incorporation, business license, partnership agreement or trust agreement and also determined the source of funds. I understand that I have primary responsibility for customer identity verification for non-natural owners, and retained a copy of the documentary proof of the entity's existence and authorized persons in the client's file as required by the Equitable Advisors Compliance Manual.

Financial Professional Signature: _____ Date: _____