



Farmers agent resource guide

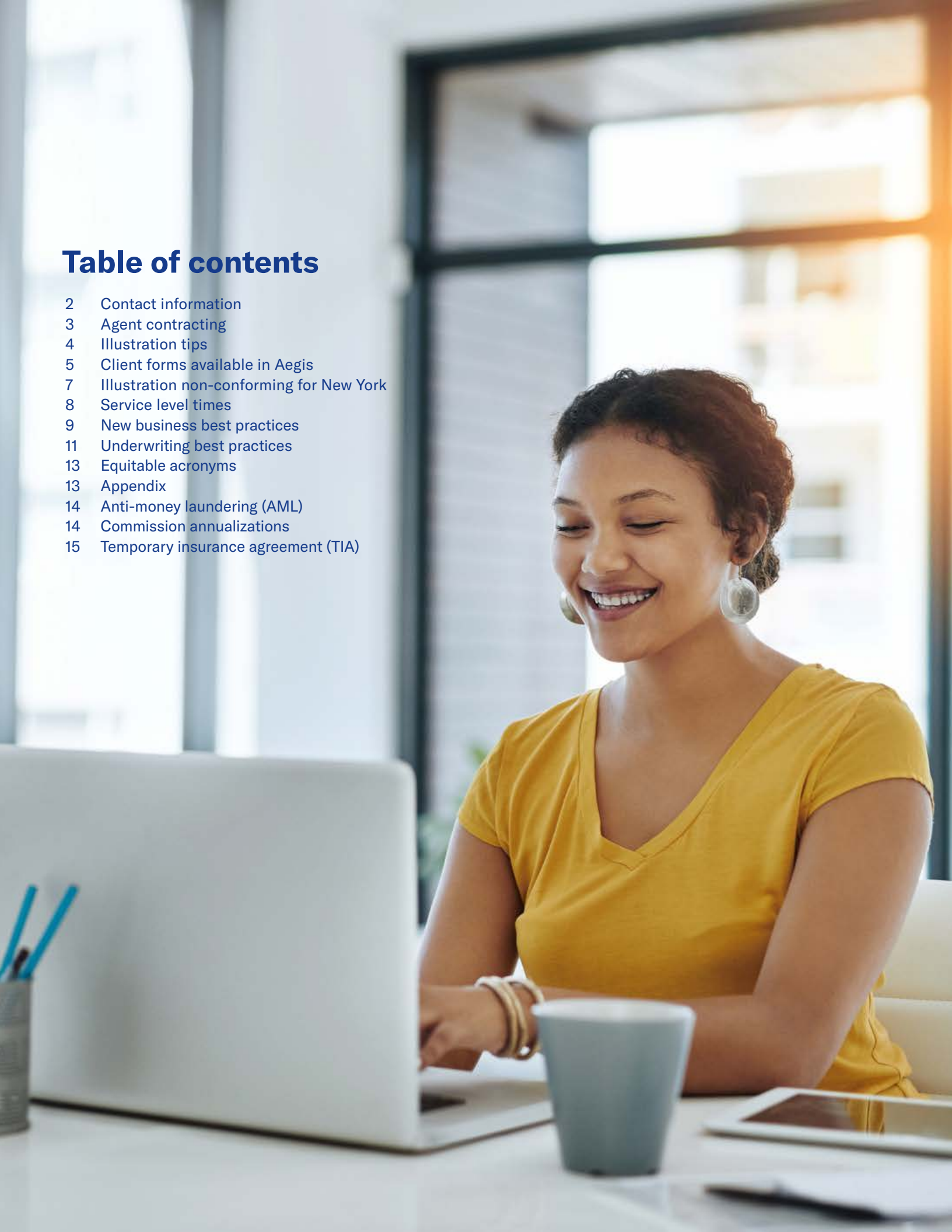
Life insurance with Equitable Financial and
Equitable Financial Life Insurance Company of America



EQUITABLE

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Contact information

Farmers dedicated line

(877) 204-3609

If you can't reach your dedicated support contact, dial our 877-line during normal business hours, and you will reach a live person.

Life sales and illustration support

(877) 204-3609, option 1

Farmers highly recommends you contact your **Equitable engagement manager by calling (866) 545-1590, option 2**, to get appointed. Contact your Equitable internal or external wholesaler for your first five illustrations and sales concept questions.

Click [here](#) to see your sales support contacts

New business

(877) 204-3609, option 2

Call this line for life insurance case management help.

Inforce business and policyholder services

(877) 204-3609, option 3

Licensing

(877) 204-3609, option 4

Commissions

(877) 204-3609, option 5

IT help with e-Application (eApp) system

(855) 606-6452, option 3

Your Relationship Case Manager (RCM): judith.bishop@equitable.com

Where do I send documents?

Agent appointment requests	lifelicensing@equitable.com	Fax: (800) 657-2911
Commissions inquiries	lifecomp@equitable.com	NA
Underwriting requirements	DMC_Underwriting_reqts@equitable.com	Fax: (855) 266-6820
Life applications	NOCLifeApplications@equitable.com	Fax: (855) 266-6819
Inforce policy service requests	Life-Service@equitable.com	Fax: (855) 268-6378
U.S. mail overnight address	Equitable National Operations Center 8501 IBM Drive, Suite 150 Charlotte, NC 28262	NA

Quick tips:

- Please include the policy number in the subject line/cover sheet on ALL correspondence sent in.
- Please separate documents by policy number and send separately.
- Do not submit different documents with different policy numbers all in subject line of email/fax.



Agent contracting

Appointment processing

- The engagement manager will reach out to the Farmers Agent to obtain pre-registration information and uploads to the Onboarding Broker Portal (OBP). An email is sent to Farmers Agent with user ID to log into portal.
- The engagement manager will reach out to the Farmers agent to walk them through the login and appointment process.

These steps will be taken within the OBP to complete the appointment process with Equitable:

Agent profile (Form A)

- A current E&O coverage certificate (\$1,000,000 minimum) if not registered
- Signed 4-page sales agreement if not registered
- Certificate of current AML training (must show agent's name and completion date) if not registered
- **See appendix for more AML training details**
- Certificate of LTC CE (if seeking the LTC Rider)
- Reg 187 training and product training for NY business

Optional:

- Form B (If looking to have commissions paid to a firm instead of being paid directly)
- DD enrollment form (With copy of voided check. If form is not submitted with voided check, a paper check will be issued.)
- Please note: If the agent wishes to pay their firm instead of themselves directly, they must complete Form B with their firm's information, so they can be set up in our commission system to be paid.

Agent contracting service level times

Agent appointments/ New business submission:

- Agent appointments are processed within 24-48 hours of receipt
- Agents are required to be licensed in the policy owner's resident state and the state in which the application is signed

A case will be held from underwriting in the following instances:

- Agent is not set up with an ID
- Owner information is missing
- Agent's state license is not active
- For NY business, if product training or Reg 187 training is not complete, then the application is withdrawn

A case will be held from approval or print in the following instances:

- Agent's AML is not complete (for permanent products)
- If agent's LTC CE is not done on or before the application is taken, the application is withdrawn as a new application is needed (If policy includes an LTC Rider)
- Agent's state or non-resident appointment isn't active
- Agent does not have current E&O on file
- E&O needs to be renewed annually

Illustration tips

None

Share Calculators Tools Help

Producer: National Operations Center Replacements

Save to Current Case and Close Save to Database Select from Database

Title

First Name* National Operations

Middle Name

Last Name* Center Replacements

Suffix

Credentials

File As* National Operations Center F

Office Name

Broker / Dealer

Street*

City*

State*

Zip Code*

Phone*

Fax

Email

ARC Member

Associate Code

State	License

*Required for all illustrations

Important for new agents

- New agents need to update their producer information in Aegis the first time they log in.
- It only needs to be entered once, but must be done before they are able to complete an illustration and eApp.

Farmers suitability guidelines for variable cases

Farmers agents will need to get suitability approval prior to submitting the application for variable products.

When illustrations are run:

- Include Farmers suitability forms, which are located in Aegis reports (see next pages for details).

These forms are filled out when an application is taken by the agent:

- Completed forms are sent to the Farmers OSJ (compliance); See forms for directions.
 - The forms are printed and PDF'd so they can send the illustration/application/suitability all in one document.
- Suitability forms have to be signed outside of the eApp DocuSign because they do not package with the application when sent for signature.
- The compliance system that approves it is called Rightbridge, and Farmer's agents are familiar with this process.
- Typically, approval takes 24 hours and the OSJ sends their approval to the agent and Equitable home office.
- Once advisor receives approval, they will need to submit the application within Equitable Life eApp.
- For SVUL cases, it is a paper application process that can be electronically signed and emailed to Farmers OSJ and Equitable home office.

Client forms available in Aegis

Select client forms within Aegis while running an illustration

- The Farmers Financial Solutions, LLC Customer Information Form
- The Farmers Financial Solutions, LLC Request to Change Investments Form

FARMERS FINANCIAL SOLUTIONS CUSTOMER INFORMATION FORM



Instructions

1. Complete all fields. Incomplete paperwork may cause processing delays.
2. Provide a copy of FFS forms (including this form), Privacy Notice (SRN 25-7660), Form CRS Relationship Summary (SRN 326348), Regulation Best Interest Disclosure Supplement (SRN 326349) and a copy of the product sponsor application to your customer.
3. Prior to submitting business, complete the following:
 - a. Produce a Product Profiler report
 - b. Produce one of the following supplementary reports
 - Investment Wizard
 - Life Wizard
 - Annuity Wizard
4. Prior to submitting business, review the [FFS New Business Submission](#) business. If new business cannot be submitted on an electronic platform [for non-electronic eligible submissions](#).
5. If the source of funds is another investment, also submit the Request to a copy of the prior account statement.
6. Keep a copy in your customer file along with copies of any accompanying etc.).
7. Add transaction(s) and any check(s) to the branch Trade Blotter.
8. Call Sales Support for additional guidance and questions at (866) 888-4

FARMERS FINANCIAL SOLUTIONS, LLC REQUEST TO CHANGE INVESTMENTS



It is Farmers Financial Solutions' policy not to recommend a change of investment products or replacement of insurance policies unless a customer's investment, or insurance needs or personal objectives can be better served.

1. Agent requests to purchase the following mutual fund, annuity, or insurance policy:

Name of new Mutual Fund, Annuity, or Life Insurance Policy	\$ Amount
--	-----------
2. Proceeds for this purchase originated with the liquidation or cash surrender values from the following:
I have attached a complete recent account statement (All pages)
If funding from a retirement account, section #15 must be completed.
☐ Mutual Funds ☐ Annuity ☐ Life Insurance policy ☐ Pension ☐ 401k ☐ Other _____

Current Investment, Custodian, or Insurance Company	Share Class/Years Held	Amount Liquidated/Deferred/Exchanged
Current Investment, Custodian, or Insurance Company	Share Class/Years Held	Amount Liquidated/Deferred/Exchanged

If product types differ submit a separate Request to Change Investment Form (31-6035) for each

Product Comparison: Please complete each applicable question to help document your analysis and assist in our review. If the benefit of the change is not apparent, we may request additional information.

3. Change initiated by: ☐ Agent ☐ Customer ☐ Initiated at the suggestion of another (please explain) _____
4. Client will incur a surrender or deferred sales charge on the liquidation of their prior investment in the amount of: _____

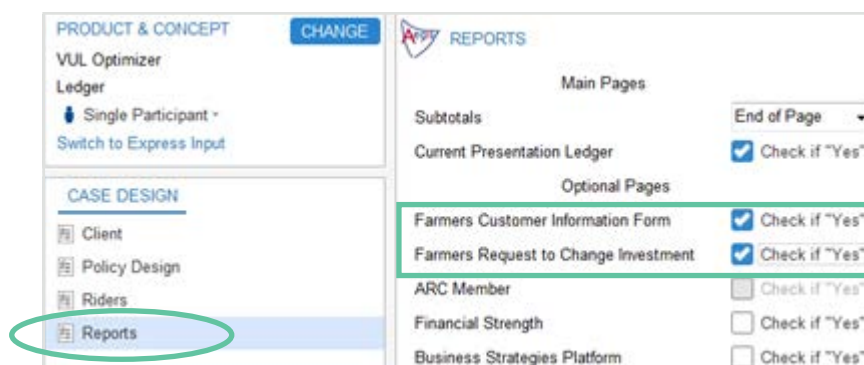
Client will lose, forego, or replace existing benefits of prior investment including:
☐ Death Benefits ☐ Living Benefits (i.e. income benefit, GMB) ☐ Other Contractual Benefits
Amount: \$ _____

Client forms available in Aegis

The forms are optional to select either under the **Reports** tab or the **Output Design** tab according to the product you are illustrating.

1

For VUL Optimizer®, VUL Legacy®, VUL Survivorship, IUL Protect Series 160, and BrightLife® Grow Series 159, you will find the option to select the forms on the **Reports** tab



PRODUCT & CONCEPT
VUL Optimizer
Ledger
Single Participant
Switch to Express Input

CASE DESIGN

- Client
- Policy Design
- Riders
- Reports**

REPORTS

Main Pages

Subtotals

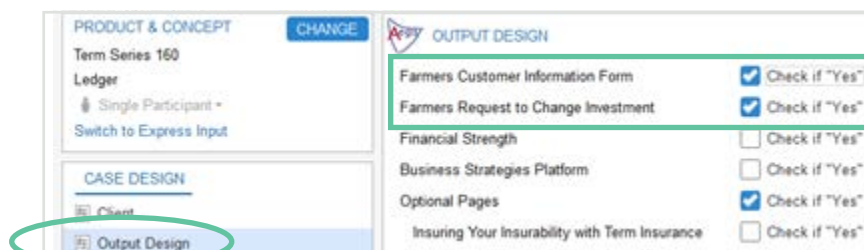
Current Presentation Ledger

Optional Pages

- Farmers Customer Information Form ☒ Check if "Yes"
- Farmers Request to Change Investment ☒ Check if "Yes"
- ARC Member ☐ Check if "Yes"
- Financial Strength ☐ Check if "Yes"
- Business Strategies Platform ☐ Check if "Yes"

2

For Term Series 160 and TermOne® Series 160, you will find the option to select the forms on the **Output Design** tab



PRODUCT & CONCEPT
Term Series 160
Ledger
Single Participant
Switch to Express Input

CASE DESIGN

- Client
- Output Design**

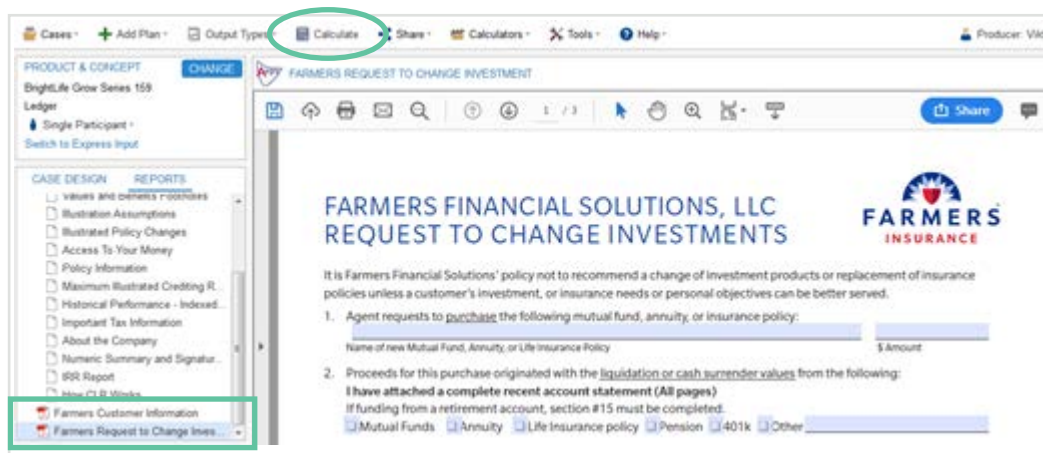
OUTPUT DESIGN

- Farmers Customer Information Form ☒ Check if "Yes"
- Farmers Request to Change Investment ☒ Check if "Yes"
- Financial Strength ☐ Check if "Yes"
- Business Strategies Platform ☐ Check if "Yes"
- Optional Pages ☒ Check if "Yes"
- Insuring Your Insurability with Term Insurance ☐ Check if "Yes"

Generate the forms instantly with an illustration

3

Just hit **calculate** once you are ready to view the illustration and the forms will also be generated as fillable PDFs



Cases + Add Plan + Output Type **Calculate** + Share + Calculators + Tools + Help +

PRODUCER: VIKO

PRODUCT & CONCEPT
BrightLife Grow Series 159
Ledger
Single Participant
Switch to Express Input

CASE DESIGN

- Values and benefits estimates
- Illustration Assumptions
- Illustrated Policy Changes
- Access To Your Money
- Policy Information
- Maximum Illustrated Crediting R.
- Historical Performance - Indexed
- Important Tax Information
- About the Company
- Numeric Summary and Signatur.
- ISR Report
- The New CLB Works
- Farmers Customer Information**
- Farmers Request to Change Inves.**

FARMERS REQUEST TO CHANGE INVESTMENT

FARMERS FINANCIAL SOLUTIONS, LLC
REQUEST TO CHANGE INVESTMENTS

It is Farmers Financial Solutions' policy not to recommend a change of investment products or replacement of insurance policies unless a customer's investment, or insurance needs or personal objectives can be better served.

1. Agent requests to purchase the following mutual fund, annuity, or insurance policy:

Name of new Mutual Fund, Annuity, or Life Insurance Policy \$ Amount

2. Proceeds for this purchase originated with the liquidation or cash surrender values from the following:

I have attached a complete recent account statement (All pages)

If funding from a retirement account, section #15 must be completed.

☐ Mutual Funds ☐ Annuity ☐ Life Insurance policy ☐ Pension ☐ 401k ☐ Other

Illustration non-conforming for New York

If illustration received is non-conforming for New York

- We will require ALL point of sale documents (including replacement forms) to be dated currently with all signature dates altered and initialed by the appropriate parties (agent, insured and owner). ALL application forms/point of sale documents need to be resubmitted with current signature dates and the date alterations initialed by the appropriate parties.
- Current signatures can be obtained via electronic signatures such as DocuSign or traditional client signature.
- New conforming illustration/premium quotes, which are prepared and signed prior to, or on the same date as, the altered point of sale documents, will be required within 10 days to prevent the case from being withdrawn.
- Underwriting cannot commence until we have a conforming illustration for the state of New York.

Service level times



New business service level agreements

- RCM initial review: 24-48 hours
- Administrative items received: 24-48 hours
- RCM final review: 24 hours after approval
- Policy delivery: 24-48 hours depending on method of delivery
- Delivery period: 45 days
- Post issue requirement review: 24 hours
- Commission payouts: Once the policy goes inforce, commissions should pay out that night



Documents sent to be scanned

- Allow 24 hours for the documents sent into our email boxes to be scanned onto the case.
- Only submit TIFF or PDF files, as they are the formats our system is set up to use. All other formats will reject and cause delays.
- Allow 24-48 hours for new apps to load in the system for the RCM to be able to view.



Delivery requirements

- The RCM reviews within 24 hours. The delivery requirements are sent to our National Operations Center.

- For policies that are eDelivered, the delivery requirements are submitted to the home office via the eDelivery platform.
 - The RCM reviews the policy for print. Once approved for print, the agent receives an email to review the policy in our ePolicy system and if everything is IGO, then the policy is sent to the client for signature.
 - Once done, delivery requirements are sent back to the home office for review and placement.
- For paper policies, delivery requirements should be emailed to DMC_underwriting_reqts@equitable.com for processing and placement.
- For any hard copy of delivery documents and/or checks, please mail to 8501 IBM Drive, Suite 150, Charlotte, NC 28262
- All policies that are printed and reviewed by 12 p.m. will mail out the same day. Any policies that are sent to print and reviewed after 12 p.m. will mail out the next business day.



Post issue

- Once delivery requirements have been received in good order (iGo) and processed, the policy will be placed inforce.
- Once the policy goes into an issued (inforce and paid) status, the case should pay out that night. If a case has issued and has not paid out, please contact your engagement manager.

New business best practices

Did you know?

- Cases with face amounts over \$2 million dollars and clients age 70 and older, cannot be bound (no temporary insurance agreement i.e., no premium accepted at time of application).
 - The TIA (Temporary Insurance Agreement – (see appendix) will expire after 90 days. Any money on the case will be returned to the client. (If check was received, we will mail the client a check. If funds were drafted from client's bank account, funds will be returned to the same account.)
 - The register date (i.e., effective/inforce date) will be set according to the rules outlined in the TIA.
 - For variable, universal, and indexed policies, the client may select a draft day between the 1st and 28th of the month on the System-Matic Form when the application is submitted. If the draft date is after the monthiversary (the register day each month), two or more drafts will occur immediately upon issue. Refer to Field Bulletin/AD Bulletin (provide the FB/AD numbers) for additional details.
 - In that case, if the initial premium is adequate (or if there was drop-in/1035 funds) to cover two monthly deductions or two NLG premiums (whichever is applicable to the product type being issued), it is suggested that the policy be issued with the draft date equal to the register day or issued on direct bill and then either request a draft date change or put the policy on System-Matic billing after issue.
 - If the policy is being issued with save age and system-matic billing, a draft will occur for each month from the register date, regardless of the amount applied as the initial premium. For example, a policy issued in April with a January register date. There will be drafts for January, February, March and potentially April depending on the actual register day. This will occur even if there is drop-in/1035 funds applied at issue that would cover the back due deductions/NLG premiums. Therefore, if it is expected that back due deductions/NLG premiums be covered by the drop-in/1035 funds, it is suggested that the policy be issued on direct bill with a System-Matic form submitted AFTER the policy is fully issued.
 - Equitable cannot accept cash, credit card, money orders or an agent's personal check as a deposit/payment. Cashier's checks are acceptable when binding coverage.
 - Term Products – Premiums with a monthly mode require System-Matic bank draft (EFT).
 - For variable, universal and indexed policies, the minimum draft amount is \$50 or the NLG premium if less.
 - If it is determined an APS (Attending Physician Statement) is required, the requirement cannot be waived.
 - The turnaround time for an APS depends on the facility and circumstances such as special authorizations, copy service SLAs, and vendor follow-up restrictions.
 - If the lead agent who is on an application terminates their employment with the firm (AMICA or Participation agreements forms will not remove terminated agents), a new application must be submitted for remaining agent to receive commission.
 - Delivery requirements cannot be emailed until policy is printed and images are available for relationship case manager.
 - Equitable is prohibited from emailing lab/medical results to anyone. The clients will receive a barcode which allows them to access their results online via CRL.
 - For companion cases to be linked to the same underwriter and case manager (i.e., husband and wife policies), please check the companion case box in the eApp.
 - When a paper application is submitted, page A5 may be utilized for any additional information. Example: Companion cases, P.O. Box address for mailing, additional beneficiaries, etc.
- Note: Page A5 of the application is needed to print the policy, even if it's blank.
- Please utilize the Agent Remarks section to note any unique situations regarding the clients to the underwriter or case manager.

New business service level agreements

28-48 hours

- Relationship case manager (RCM) initial review: 24-48 hours
- Administrative items received: 24-48 hours
- RCM final review: 24 hours after approval
- Policy delivery: 24-48 hours depending on method of delivery
- Post issue requirement review: 24 hours

45 days

- Delivery period 45 days

Once inforce, same day

- **Commission payouts**
Once the policy goes inforce, commissions should pay out that night

New business best practices

- 1 | Please provide the client name and policy number in all email communications and documents sent into Equitable.
- 2 | When submitting an application, please send the email to: **NOCLifeApplications@equitable.com** and cc your RCM or fax to: (855) 266-6819.
- 3 | If submitting documents for a case, please send your email to: **DMC_Underwriting_Reqts@equitable.com** and cc your RCM. Please do not send only to your RCM to avoid delays.
- 4 | Please only submit TIFF or PDF files, all other formats will be rejected and cause delays.
- 5 | For 1035 exchanges, please allow 5 business days for status updates.
- 6 | Please utilize the agent remarks page of the application to provide any additional information or special requests so that we can highlight that information during the initial review of the case.
- 7 | Please let your client know APPS will be contacting them to schedule the paramedical exam and lab draw.*

New business tips



Submitting the e-acknowledgement form with the application will allow for quicker delivery of the digital policy to you and your client.



Provide your email address on the FP Certification page.



Ensure you are submitting a conforming illustration** with the application.***



The RCM will send a follow-up communication to the agent on each case once every 5 business days.



Please make sure to have your agent code when you call in so the RCM can verify your identity and assist.



If you have multiple applications in for the same person or family, please indicate on the remarks page of the application.****



If you have questions regarding the offer or need more details regarding the medical questions posted, please reach out directly to the underwriter.



Underwriting Contacts

To avoid delays, please respond to the question on the portal instead of emailing the RCM.

* For a decline case (and you have a previously completed FNWL exam/lab) please be sure to add that into the remarks section of the application.

** A conforming illustration is an illustration that matches the elections made on the formal application.

***This is especially important for New York cases as this is needed prior to the case being sent to the underwriter.

****Please indicate if you would like us to mail them out at the same time, or as they are completed.

Underwriting best practices

Underwriting programs

1 | Easy Underwriting

- Ages 18-60
- Face amounts up to \$2 million
- All products except COLI
- All rate classes

2 | Executive Underwriting

- Ages 20-60
- Face amounts up to \$4 million
- COLI/CES
- All classes up to preferred

Important:
Always complete the
Medical Information
Questionnaire (MIQ) for
all life applications.

Engaging with Equitable products by territory

All registered representatives can sell:

- VUL Optimizer® with our Long-Term Care Service Rider (LTCSR)*
 - Please make sure you adhere to state licensing requirement to sell our LTCSR
 - Specifically, health licensing and up to date CE if required by your state
- COIL Institutional SeriesSM
- VUL Survivorship

For Farmers New World Life declined cases, all products are available, excluding Equitable AdvantageSM and VUL Optimizer® Max.

For agents in CT and FL, your Farmers agent contract could affect which products you sell.

FNWL declines

- All states besides CT, NY and FL agents must receive a full FNWL decline (table rated or flat extras do not count as declined).
- The decline must go through full FNWL UW process or, if informed by a FNWL UW, that it will be declined then it should be brought to Mathew Knight and/or Matt Anderson for either of them to formally request to FNWL to skip the UW process. Once they get approval back in writing, they will inform Equitable Life and the agent they can move forward with Equitable Life.
- Equitable underwriters do not have access to underwriting information from FNWL.

* Note: For agents in CT and FL, your Farmers agent contract could affect which products you sell.



Contacts

Both the advisor and client should provide all pertinent contact information. This will insure a more streamlined experience.



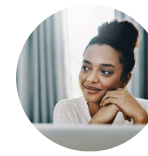
More is better

Provide a cover letter that details any related applications, special requests, etc.



Medical Information Questionnaire (MIQ)

An accurate and complete MIQ will lend to a better underwriting experience. Consider taking advantage of Equitable's Send to Client feature.



For further information

Click [here](#) to review our Condensed Life Underwriting Guide (CLUG).

General underwriting tips

- 1 All communication is done via email. Please make sure an email address for the agent is provided so an underwriter can contact you.
- 2 Fully completed Section C in the MIQ with all pertinent medical history can aid the underwriter in getting necessary requirements requested earlier in the underwriting process.
- 3 When the underwriting team orders a medical exam, you need to make sure to use underwriting's requirements.



What to do if an applicant was declined due to:

Lab results

- Please find out the lab values that caused the decline.

Please do not send us the entire lab test results as this is a HIPAA violation.

Prescription report

- Please ask the client for their prescriptions.

Build and blood pressure on the exam

- Note, if their BMI is 40 or less, we can consider them.

Confidential information in their medical records

- We would not be able to offer when this was the cause of the decline.

Other

- Marijuana use is accepted with an SUQ.

Didn't receive your commission?

- Equitable annualizes commissions. See appendix for details.
- Make sure that the client's email address is included on the systematic form. This is required in order to draft the premium for the account.
- Commissions will not pay out if there is an outstanding requirement for a Declaration of Health Statement, Disclosure (NY REG 60), critical amendments (Table Rated Contracts, Section B or Section C Questionnaire Acknowledgements), systematic form and/or a voided check.
- In order to receive full commissions on Equitable Replacements and Internal 1035 Exchanges (MONY as well), you must submit an appeal with the Commissions Department. If the appeal is approved, commission will be released the following day. This should be submitted at the beginning of the case to help expedite the commission payout on the back end of the process.
- Appeals are not required to be completed if policy is a term-to-term replacement (depending on age) or a term conversion.
- On variable life cases, payment will be sent from broker/dealer. On fixed life cases, payments will be sent directly to agents. We do not pay through the Farmers Folio.

Equitable acronyms

EM

Engagement Manager

RCM

Relationship Case Manager

SLA

Service Level Agreement

nbA

This is our system we underwrite our cases through

EFT

Systematic Bank Draft Form

ATS

Automatic Transfer Service

MIQ

Medical Information Questionnaire

APS

Attending Physician Statement aka Medical Records

CIP

Client Identification Program

DPW

DPW - Disability Premium Waiver

CLR

Charitable Legacy Rider®

GPT

Guideline Premium Test

CVAT

Cash Value Accumulation Test

CTIR

Children's Term Insurance Rider

LTCSR

Long-Term Care ServicesSM Rider

ELE

Equitable Life eApp

APPENDIX

Anti-money laundering (AML)

To locate anti-money laundering details:

- Go to University of Farmers and switch to “Non-activate training”

Select A Training View							Show Expired Training
<input checked="" type="radio"/> All Training <input type="radio"/> Activated Training <input type="radio"/> Not Activated Training							
TITLE (CLICK ON TO SEE COURSE DESCRIPTION)	TYPE	DUE DATE	EXCUSED	STATUS	OPTIONS	DETAILS	
2022 Agency Compliance Essentials- Executive Introduction	Online Class	None	No	Registered	Launch		
Safeguarding Customer Information 2022.	Online Class	None	No	Registered	Launch		
Contacting Consumers by Telephone 2022.	Online Class	None	No	Registered	Launch		
Anti-Money Laundering 2022.	Online Class	None	No	Registered	Launch		
Marketing Compliance 2022.	Online Class	None	No	Registered	Launch		
SMART Underwriting and Compliant Quoting 2022.	Online Class	None	No	Registered	Launch		
Direct Independent Access Line (DIAL) 2022.	Online Class	None	No	Registered	Launch		
Agency Compliance Essentials Assessment 2022	Test	None	No	Pending Prior Training	None		None

Commission annualizations



EQUITABLE

Audience: Farmers Financial Solutions (FFS)

Re: Annualization announcement

From: Equitable Life Distribution

Date: June 1, 2020

What:

As you know, life insurance companies sometimes calculate commission payments based upon the first year premiums expected from the client and pay the first-year commission payments to the advisor upfront. This practice is called “annualized commission”. Equitable is pleased to announce that we will now annualize your commission payments for all Level Term, IUL, & VUL contracts issued May 11, 2020 or later.*

When:

Effective immediately for contracts issued May 11, 2020 or later*


How:

The commission annualization will be automatic. It will not require any attention on your part.

*Non-EFT direct billing not included. Max limit is \$100,000 in compensation. If chargeback occurs within 13 months of policy issue, or you terminate employment during that timeframe, Equitable will request any unearned commission to be forfeited back to the company. Failure to do so will result in collection action.

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (NY, NY); Equitable Financial Life Insurance Company of America, an AZ stock company; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

Temporary insurance agreement (TIA)



☐ **Equitable Financial Life Insurance Company**
☐ **Equitable Financial Life Insurance Company of America**
Mailing Address: PO Box 1047, Charlotte, NC 28201-1047

Section C - Limited Temporary Insurance Agreement and Questionnaire
Forming a Part of the Application for Life Insurance

Name of Proposed Insured _____ **Date of Birth (mm/dd/yyyy)** _____
Name of Proposed 2nd Insured _____ **Date of Birth (mm/dd/yyyy)** _____

If any of the questions below are answered "Yes" or left blank with respect to any Proposed Insured(s), no representative of the Company is authorized to accept money, and NO COVERAGE will take effect under this Agreement with respect to such Proposed Insured(s).

1. The questions below apply to all Proposed Insured(s).

- Is any Proposed Insured less than 15 days or over 70 years of age? ☐ Yes ☐ No
- Within the past 24 months has any Proposed Insured been attended by a care provider or been seen at a medical facility for heart condition or disease, stroke or cancer? ☐ Yes ☐ No
- Within the past 10 years has any Proposed Insured been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) by a member of the medical profession? ☐ Yes ☐ No
- Within the past 12 months has any Proposed Insured: been admitted, or advised by a medical professional to be admitted, to a hospital or other licensed health care facility; had surgery performed or recommended by a medical professional; or been advised by a medical professional to have any diagnostic test (excluding AIDS-related test) that was not completed? ☐ Yes ☐ No
- Within the past 24 months has any Proposed Insured been declined for a life, health or Long-Term Care Policy? ☐ Yes ☐ No

Instructions
If the full initial premium is paid with the Application, and all the questions listed above are answered "No," one original Temporary Insurance Agreement/Receipt is to be returned with the application. The other original Temporary Insurance Agreement/Receipt is to be given to the Proposed Owner(s).
In this Agreement, "we," "our," and "us" mean the insurance company checked above. We will pay an insurance benefit, upon receipt of all claim documents that we may require at that time, to the beneficiary named in the Application if a person proposed for insurance dies while temporary insurance is in effect. For the joint survivorship life insurance policies, the insurance benefit is payable upon the death of the second of the Proposed Insureds. Any coverage provided under this Agreement is subject to the conditions stated below. The temporary insurance will be in the amount described below and in accordance with the terms of the policy we would issue.

Conditions
If any of the following applies, no financial professional is authorized to accept payment and no insurance will take effect under this agreement.

- Any of the questions above are answered "Yes" or left blank.
- Any material misstatement made in any part of the Application, any application supplement, questionnaire or in this Agreement.
- The amount paid with this Agreement is less than the full initial premium required for the policy, or a properly signed approved payment authorization is not submitted.
- The check, withdrawal authorization, electronic or other commercially accepted debit transaction made or submitted with this Agreement is dishonored when first presented for payment.

Date Temporary Insurance Agreement Begins
Temporary insurance under this Agreement shall not take effect until (1) we receive the full initial premium, and (2) a signed Application, and (3) the later of (a) or (b) has occurred.

- The date that the Medical Information Questionnaire is completed, if initially required as to any Proposed Insured(s) by our published underwriting rules (see below).
To be completed by Financial Professional/Insurance Broker: A Medical Information Questionnaire
☐ Is required for Proposed Insured 1 ☐ Is NOT required for Proposed Insured 1 and
☐ Is required for Proposed Insured 2 ☐ Is NOT required for Proposed Insured 2

OR

- The date that Part 2 (Paramedical or Medical exam) is completed, if initially required as to the Proposed Insured(s) by our published underwriting rules (see below).
To be completed by Financial Professional/Insurance Broker: An Application Part 2(Paramedical or Medical Exam)
☐ Is required for Proposed Insured 1 ☐ Is NOT required for Proposed Insured 1 and
☐ Is required for Proposed Insured 2 ☐ Is NOT required for Proposed Insured 2

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Temporary insurance agreement (TIA)

COMPANY COPY

Date Temporary Insurance Agreement Begins (Continued)

If any Proposed Insured(s) dies as a result of accidental bodily injury, directly or independently of all other causes, before a required Medical Information Questionnaire or Application Part 2 (Paramedical or Medical Exam) for that person is completed, then the temporary insurance will be in effect subject to the conditions contained in this Agreement, unless it terminated earlier.

Limited Amount

The amount of temporary insurance is the amount of insurance applied for on the life of any Proposed Insured and in effect under all Temporary Insurance Agreements/Receipts issued by the company checked above, and its subsidiaries or affiliates, not to exceed \$2,000,000 in total.

Date Coverage Ends/Terminates

Date Temporary Insurance Coverage Ends—90-Day Maximum Coverage Period: Temporary insurance under this Agreement will end upon the earliest of:

- (1) The date we offer insurance other than as applied for on any Proposed Insured; and
- (2) The date the policy takes effect, which is the date the policy and all amendments are delivered to the Owner(s) and all delivery requirements have been completed; and
- (3) The date any policy issued under the Application is refused by the Owner(s); and
- (4) Five days after we mail a notice declining the Application and enclosing a refund on any premium paid; and
- (5) The 90th day after the date Part 1 of the Application is signed by the Proposed Insured(s) and Owner(s).

Coverage Not Provided

- No Coverage is provided under this Agreement for a policy or benefit applied for under the terms of a guaranteed insurability option or a conversion privilege.
- No coverage is provided under this Agreement if Section 1035 paperwork is received without the full initial premium with the Application for the Exchange Contract.
- There is no coverage under this Agreement for any death resulting from suicide (while sane or insane). Our liability is limited to return of premium paid.

Premium Checks

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY CHECKED ON PAGE ONE. DO NOT MAKE A CHECK PAYABLE TO THE FINANCIAL PROFESSIONAL OR LEAVE THE PAYEE BLANK.

Receipt: Received from X _____

\$ _____, which is at least the full initial premium required for the policy. The payment indicated above will be refunded (without interest) if any temporary insurance under this Agreement ends, other than because of death or because the policy has taken effect.

Affirmations


I (we) agree that I (we) have reviewed all parts of the Application and, as of date below, I (we) affirm that the statements and answers made in parts of that Application continue to be true and complete to the best of my (our) knowledge and belief. I (We) understand that if the conditions listed in the Agreement are not met, no temporary insurance will take effect. I (We) also understand the provisions contained in this Agreement regarding: (1) the limitation on the amount of temporary coverage provided; (2) when temporary coverage will begin and end; and (3) the coverage that is not provided under this Agreement. I (We) explicitly agree to all of the terms and conditions contained in this Agreement as written and understand that no financial professional, insurance broker or agent has the authority to modify the Application, its supplements or questionnaires or this Agreement, or to bind the company by making any promise or representation contrary to the terms and conditions contained in the Application or this agreement.

Signature of Licensed Professional/Insurance Broker

I am not aware of any other information that would adversely affect the Proposed Insured's eligibility for insurance coverage. On the date of this Agreement, I received the premium amount indicated above. This Agreement bears the same date as the Application Part 1. I have explained the terms of the Agreement to the Proposed Insured(s) and the Proposed Owner(s) who has (have) stated to me that she/he (they) understand and accept them.

X _____
Signature of Licensed Professional/Insurance Broker Dated on (mm/dd/yyyy)
Print Financial Professional's Name: _____ License #: _____

Temporary insurance agreement (TIA)

 EQUITABLE	OWNER COPY <input type="checkbox"/> Equitable Financial Life Insurance Company <input type="checkbox"/> Equitable Financial Life Insurance Company of America Mailing Address: PO Box 1047, Charlotte, NC 28201-1047
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Section C - Limited Temporary Insurance Agreement and Questionnaire
Forming a Part of the Application for Life Insurance

Name of Proposed Insured	Date of Birth (mm/dd/yyyy)
Name of Proposed 2nd Insured	Date of Birth (mm/dd/yyyy)

If any of the questions below are answered "Yes" or left blank with respect to any Proposed Insured(s), no representative of the Company is authorized to accept money, and NO COVERAGE will take effect under this Agreement with respect to such Proposed Insured(s).

1. The questions below apply to all Proposed Insured(s).

- a) Is any Proposed Insured less than 15 days or over 70 years of age? ☐ Yes ☐ No
- b) Within the past 24 months has any Proposed Insured been attended by a care provider or been seen at a medical facility for heart condition or disease, stroke or cancer? ☐ Yes ☐ No
- c) Within the past 10 years has any Proposed Insured been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) by a member of the medical profession? ☐ Yes ☐ No
- d) Within the past 12 months has any Proposed Insured: been admitted, or advised by a medical professional to be admitted, to a hospital or other licensed health care facility; had surgery performed or recommended by a medical professional; or been advised by a medical professional to have any diagnostic test (excluding AIDS-related test) that was not completed? ☐ Yes ☐ No
- e) Within the past 24 months has any Proposed Insured been declined for a life, health or Long-Term Care Policy? ☐ Yes ☐ No

Instructions

If the full initial premium is paid with the Application, and all the questions listed above are answered "No," one original Temporary Insurance Agreement/Receipt is to be returned with the application. The other original Temporary Insurance Agreement/Receipt is to be given to the Proposed Owner(s).

In this Agreement, "we," "our," and "us" mean the insurance company checked above. We will pay an insurance benefit, upon receipt of all claim documents that we may require at that time, to the beneficiary named in the Application if a person proposed for insurance dies while temporary insurance is in effect. For the joint survivorship life insurance policies, the insurance benefit is payable upon the death of the second of the Proposed Insureds. Any coverage provided under this Agreement is subject to the conditions stated below. The temporary insurance will be in the amount described below and in accordance with the terms of the policy we would issue.

Conditions

If any of the following applies, no financial professional is authorized to accept payment and no insurance will take effect under this agreement.

- Any of the questions above are answered "Yes" or left blank.
- Any material misstatement made in any part of the Application, any application supplement, questionnaire or in this Agreement.
- The amount paid with this Agreement is less than the full initial premium required for the policy, or a properly signed approved payment authorization is not submitted.
- The check, withdrawal authorization, electronic or other commercially accepted debit transaction made or submitted with this Agreement is dishonored when first presented for payment.

Date Temporary Insurance Agreement Begins

Temporary insurance under this Agreement shall not take effect until (1) we receive the full initial premium, and (2) a signed Application, and (3) the later of (a) or (b) has occurred.

- a. The date that the Medical Information Questionnaire is completed, if initially required as to any Proposed Insured(s) by our published underwriting rules (see below).
To be completed by Financial Professional/Insurance Broker: A Medical Information Questionnaire

<input type="checkbox"/> Is required for Proposed Insured 1	<input type="checkbox"/> Is NOT required for Proposed Insured 1 and
<input type="checkbox"/> Is required for Proposed Insured 2	<input type="checkbox"/> Is NOT required for Proposed Insured 2
- OR
- b. The date that Part 2 (Paramedical or Medical exam) is completed, if initially required as to the Proposed Insured(s) by our published underwriting rules (see below).
To be completed by Financial Professional/Insurance Broker: An Application Part 2(Paramedical or Medical Exam)

<input type="checkbox"/> Is required for Proposed Insured 1	<input type="checkbox"/> Is NOT required for Proposed Insured 1 and
<input type="checkbox"/> Is required for Proposed Insured 2	<input type="checkbox"/> Is NOT required for Proposed Insured 2

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Temporary insurance agreement (TIA)

OWNER COPY

Date Temporary Insurance Agreement Begins (Continued)

If any Proposed Insured(s) dies as a result of accidental bodily injury, directly or independently of all other causes, before a required Medical Information Questionnaire or Application Part 2 (Paramedical or Medical Exam) for that person is completed, then the temporary insurance will be in effect subject to the conditions contained in this Agreement, unless it terminated earlier.

Limited Amount

The amount of temporary insurance is the amount of insurance applied for on the life of any Proposed Insured and in effect under all Temporary Insurance Agreements/Receipts issued by the company checked above, and its subsidiaries or affiliates, not to exceed \$2,000,000 in total.

Date Coverage Ends/Terminates

Date Temporary Insurance Coverage Ends—90-Day Maximum Coverage Period: Temporary insurance under this Agreement will end upon the earliest of:

- (1) The date we offer insurance other than as applied for on any Proposed Insured; and
- (2) The date the policy takes effect, which is the date the policy and all amendments are delivered to the Owner(s) and all delivery requirements have been completed; and
- (3) The date any policy issued under the Application is refused by the Owner(s); and
- (4) Five days after we mail a notice declining the Application and enclosing a refund on any premium paid; and
- (5) The 90th day after the date Part 1 of the Application is signed by the Proposed Insured(s) and Owner(s).

Coverage Not Provided

- No Coverage is provided under this Agreement for a policy or benefit applied for under the terms of a guaranteed insurability option or a conversion privilege.
- No coverage is provided under this Agreement if Section 1035 paperwork is received without the full initial premium with the Application for the Exchange Contract.
- There is no coverage under this Agreement for any death resulting from suicide (while sane or insane). Our liability is limited to return of premium paid.

Premium Checks

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Receipt: Received from X _____

\$ _____, which is at least the full initial premium required for the policy. The payment indicated above will be refunded (without interest) if any temporary insurance under this Agreement ends, other than because of death or because the policy has taken effect.

Affirmations

I (we) agree that I (we) have reviewed all parts of the Application and, as of date below, I (we) affirm that the statements and answers made in parts of that Application continue to be true and complete to the best of my (our) knowledge and belief. I (We) understand that if the conditions listed in the Agreement are not met, no temporary insurance will take effect. I (We) also understand the provisions contained in this Agreement regarding: (1) the limitation on the amount of temporary coverage provided; (2) when temporary coverage will begin and end; and (3) the coverage that is not provided under this Agreement. I (We) explicitly agree to all of the terms and conditions contained in this Agreement as written and understand that no financial professional, insurance broker or agent has the authority to modify the Application, its supplements or questionnaires or this Agreement, or to bind the company by making any promise or representation contrary to the terms and conditions contained in the Application or this agreement.

Signature of Licensed Professional/Insurance Broker

I am not aware of any other information that would adversely affect the Proposed Insured's eligibility for insurance coverage. On the date of this Agreement, I received the premium amount indicated above. This Agreement bears the same date as the Application Part 1. I have explained the terms of the Agreement to the Proposed Insured(s) and the Proposed Owner(s) who has (have) stated to me that she/he (they) understand and accept them.

X _____
Signature of Licensed Professional/Insurance Broker Dated on (mm/dd/yyyy)

Print Financial Professional's Name: _____ License #: _____

The Long-Term Care ServicesSM Rider is paid as an acceleration of the death benefit. There is an additional charge for the rider and it does have restrictions and limitations. A client may qualify for the life insurance, but not the rider.

Life insurance products are issued by Equitable Financial Life Insurance Company (NY, NY) or Equitable Financial Life Insurance Company of America and are co-distributed by Equitable Network, LLC (Equitable Network Insurance Agency of California in CA; Equitable Network Insurance Agency of Utah in UT; Equitable Network of Puerto Rico, Inc. in PR) and Equitable Distributors, LLC. Variable life insurance products are co-distributed by

Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN) and Equitable Distributors, LLC. When sold by New York state-based (i.e., domiciled) Equitable Advisors Financial Professionals, life insurance products are issued by Equitable Financial Life Insurance Company (NY, NY).

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (NY, NY); Equitable Financial Life Insurance Company of America, an AZ stock company; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

Life Insurance: • Is Not a Deposit of Any Bank • Is Not FDIC Insured • Is Not Insured by Any Federal Government Agency
• Is Not Guaranteed by Any Bank or Savings Association • Variable Life Insurance May Go Down in Value

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