

AXA Equitable

Drop Ticket

Agent Questions and Attestation

Questions Needed to Start a Drop Ticket Application

Is the proposed Insured the owner?

Does the proposed insured have existing life insurance?

Proposed Insured Info:

- Name
- Social Security Info
- Email address
- Address
- Best time to call

Beneficiary Info:

- Name
- Relationship
- Share %

Do you have any life insurance/annuities currently inforce, including any policy that has been sold, settled or assigned to or with a settlement or viatical company or any other person?

Will the coverage applied for replace, change or affect any existing policies or contracts?

Do you have any formal life insurance pending?

Including this application, what is the total amount of life insurance pending on the insured?

Life Insurance products are co-distributed by AXA Network, LLC and AXA Distributors, LLC, 1290 Avenue of the Americas, New York, NY 10104, (212) 554-1234. All guarantees are on the claims-paying ability of AXA Equitable.

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Plan Confirmation

- Plan Type
- Face
- Riders

Financial Professional/ Broker Certification

- Agency Code
- Last four digits of Social Security Number
- Rate class quoted
- Will policy be owned by a Captive Insurance Company?
- Will there be more than one financial professional on this application?
- Do you want to attach the illustration?

Attestation: In order to complete your drop ticket, you need to attest to the following four paragraphs.

TestLastName, TestFirstName AXA EQUITABLE Level Term 10 Series 151X Case Notes Case Actions...

Case Information Return to AEGIS Application

AXA Equitable Navigation Tree

- Application Type
- Proposed Insured
- Beneficiary Information
- Other Insurance
- Other Insurance (Cont)
- Plan Confirmation
- Financial Professional Cert.
- Agent Remarks
- Attestation

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Attestation

By checking the boxes and clicking on the I agree/submit button below, I state the following

- I am a duly licensed life insurance agent in the state in which the proposed policy owner resides. The plan and amount of insurance is suitable for the proposed policy owner's insurance needs and financial objectives. The policy is being procured primarily for the purpose of protecting the proposed insured's family or business from an actual risk of loss. There is no intention to use or transfer the policy for any pre-death financial settlement, such as a viatical settlement, senior settlement, life settlement, or for any other settlement in the secondary market. The premium for this policy will be paid by the proposed policy owner. The policy being applied for is not the subject of prohibited premium financing program and neither I nor, to my knowledge, any other producer or other third party will pay any portion of the premium for the policy or otherwise engage in any rebating associated with this policy. I have inquired about the source of the proposed policy owner's assets and incomes. All forms required to be delivered at the time of solicitation, have been delivered to the policy owner.
- I authorize Hooper Holmes's call center to obtain information necessary to complete a life insurance application resulting from my submission of this Drop Ticket. Any information requested or other questions raised by the proposed insured and policy owner will be handled by a trained call center representative or a properly licensed individual in the Hooper Holmes call center as necessary. I have confirmed that the proposed insured and owner/applicant or family member is not of or associated with a foreign military, government or political official. I have obtained sufficient information about the prospective policy owner to mitigate the risk of money laundering, terrorist activity and/or any associated funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I have verified the identity of the proposed insured and owner by reviewing the appropriate document(s) such as driver's license, passport or other Government ID. I am not aware of any information that would adversely affect the Proposed Insured or Owner's eligibility, acceptability or insurability. I, or another appropriately licensed employee or staff member in my office, will personally review the application created from this data and information provided by the proposed insured and owner and contact him or her or them concerning any incomplete or inconsistent information, and I will not deliver the policy unless I have completed a review and am satisfied that the policy, application and all attached papers, if any, are complete and accurate to the best of my knowledge.
- I acknowledge and agree that clicking the "I Agree/Submit" button below constitutes my signature on this form and has the same effect as if I personally signed my name by hand in agreement with (i) the information provided in the summary form and (ii) all of the attestations set forth above. I authorize Hooper Holmes's call center employees to affix my signature to the life insurance application and all other forms required to be completed during the application process by AXA Equitable or its affiliates.

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For more information, please contact the Life Sales Desk.

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