

CLIENT PROFILE

- Client Profile *must be* completed prior to a product recommendation.
- For individuals, complete sections 1-8 only, and 10 if applicable. For entities, complete sections 7-9 only, and 10 if applicable. Section 5 is optional.
- Complete all fields in each section. If not applicable, use N/A. Bolded fields are required for "In Good Order" suitability and must be completed. Review form thoroughly for omissions prior to submission.
- After 90 days from client signature date, this form must be updated for each new recommendation.

New **FP NAME and ID NO.:** _____ **DATE:** _____
 Update

1. Background Information

Client/Owner	Joint Client/Owner (if N/A put line through area)
First Name _____ Last Name _____ SSN/TIN _____ DOB (Age > 74 requires Br Mgr callout for VA cases) _____ Street Address _____ City _____ State _____ Zip _____ Please complete previous address if changed within last 12 months Street Address _____ City _____ State _____ Zip _____ Citizenship: <input type="radio"/> US <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident If non-US, specify _____ Daytime Phone: _____ Evening Phone: _____ Email: _____ Status: <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Unemployed Occupation: _____ Employer Name: _____ Employer Address: _____ No. of Years: _____ Education: <input type="radio"/> HS <input type="radio"/> Assoc. <input type="radio"/> BA/BS <input type="radio"/> Masters/Ph.D.	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="radio"/> US <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident If non-US, specify: _____ Daytime Phone: _____ Evening Phone: _____ Email: _____ Status: <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Unemployed Occupation: _____ Employer Name: _____ Employer/Address: _____ No. of Years: _____ Education: <input type="radio"/> HS <input type="radio"/> Assoc. <input type="radio"/> BA/BS <input type="radio"/> Masters/Ph.D.
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Domestic Partner # of Dependents ___ Age(s) _____ Name(s) _____	

2. Financial Information

Client/Owner Income (all sources) \$ _____ Joint Client/Owner Income (all sources) \$ _____ = Est. Gross Annual Household Income: \$ _____ Est. Monthly Expenses \$ _____ Est. Net Monthly Income (post tax inc. minus est. monthly expenses) \$ _____ Fed. Tax Bracket: <input type="radio"/> 10% <input type="radio"/> 15% <input type="radio"/> 25% <input type="radio"/> 28% <input type="radio"/> 33% <input type="radio"/> 35%	<h3 style="text-align: center;">CURRENT HOLDINGS</h3> <p style="text-align: center;">Complete all that apply (a-i).</p> a) CDs: \$ _____ b) Stocks: \$ _____ c) Bonds: \$ _____ d) Annuities: \$ _____ e) Mutual Funds: \$ _____ f) Real Estate: (Mortgage/Equity) \$ _____ g) Retirement Accounts (401(k), 403(b), IRA): \$ _____ h) Other (529 plans, life policy cash values, etc.): \$ _____ i) Cash (checking, savings, money market): \$ _____ = j) Total Investment Assets (above) and Cash: \$ _____ Net Worth (all assets minus debts): \$ _____ Liquid Net Worth: \$ _____																														
INVESTMENT EXPERIENCE (IN YEARS)																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">None</th> <th style="width: 15%;"><1</th> <th style="width: 15%;">1-4</th> <th style="width: 15%;">5+</th> </tr> </thead> <tbody> <tr> <td>a) CDs</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b) Stocks</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c) Bonds</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d) Annuities</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>e) Mutual Funds</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>			None	<1	1-4	5+	a) CDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b) Stocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c) Bonds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d) Annuities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e) Mutual Funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	None	<1	1-4	5+																											
a) CDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
b) Stocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
c) Bonds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
d) Annuities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											
e) Mutual Funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																											

DEFINITIONS

Investment Experience - Includes all qualified and non-qualified experience within an asset class. Experience does not require there to be any current holdings within the referenced asset class.

Current Holdings - All qualified/retirement holdings should be listed under "Retirement Accounts." Assets used to fund this recommendation/purchase should be included in this section.

Other - All financial investment assets, liquid and non-liquid, that are not included in the remaining listed categories. This can include business interests, but should exclude the primary residence. Only those assets that fit the Liquid Net Worth definition above should be marked as liquid.

Liquid Net Worth - Includes all assets that can be liquidated within 30 days, exclusive of real estate holdings. This includes, but is not limited to: checking, savings and money market accounts, IRA, 403b, 401k, annuities, all marketable securities, etc. Liquid asset value with current surrender and early withdrawal penalties (annuities, CDs etc.) can be adjusted down to reflect the current charges.

3. Insurance Coverage

Indicate issuer and policy coverage:

	Client/Owner	Joint Client/Owner
Life Insurance	_____	_____
Disability Insurance	_____	_____
LT Care Insurance	_____	_____
Comments:	_____	

4. Patriot Act Information

Owner Form of Identification (Please check one.) Valid Drivers License Passport State Issued ID

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

Joint Owner Form of Identification (Please check one.) Valid Drivers License Passport State Issued ID

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

5. Additional Client Notes and Important Considerations (Inheritance/windfall, planned retirement date, special care needs, wills, trusts, etc.)

a) _____

b) _____

6. Current Financial Goals (Rank all that apply in priority using 1, 2, 3, etc.)

	Additional Comments:
___ Managing Risk: (e.g., Diversification, Replacement Income, Protect Assets, Death Benefits, Living Benefits, etc.)	_____
___ Accumulation: (e.g., Retirement, Large Purchase, etc.)	_____
___ Retirement Income: (e.g., Financial Independence, Systematic Savings, Annuitization, etc.)	_____
___ Wealth Preservation: (e.g., Estate Planning, Family Business, etc.)	_____
___ Tax Relief: (e.g., Tax-Deferral, Small Business, Charitable Giving, etc.)	_____
___ Education Funding:	_____
___ Near Term Liquidity: (e.g., Emergency Fund, Large Purchase, etc.)	_____

7. Product Recommendation The information you provide in this section should be specific to the product identified below.

Specify Product _____ **Tax Type (Qual/NQ)** _____ **Amount: \$** _____

(e.g. Accumulator 9.0)

Primary Purpose (Select only One): Managing Risk Accumulation Retirement Income Wealth Preservation Tax Relief Education Funding
 Near-Term Liquidity

Investment Obj. (Select Only One)*: Safety of Principal (TSA GIO) Income Income and Growth Growth Aggressive Growth
 Trading/Speculation

(brokerage only)

Risk Tolerance (Select Only One)* Conservative Conservative Plus Moderate Moderate Plus Aggressive

Please make sure the Client's Investment Objective is in line with his/her stated Risk Tolerance per the completed Risk Tolerance Questionnaire (RTQ) for this purchase.

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

(# Years Contract to remain in force)

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: _____ %
- Borrowing: Mortgage, Personal Loan, Credit: _____ %
- Annuity or Life Insurance: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
- Sale of 401k Mutual Fund Shares, Existing Pension Plan Assets, Stocks, Bonds, CDs (non-investment advisory): _____ %
- Sale of Other Qualified (i.e., Non-401k) or Non-Qualified Mutual Fund Shares (Non-Investment Advisory): _____ %
- Sale of Investment Advisory Assets (Qualified or Non-Qualified): _____ %
- Other: Sale of (i) Car, (ii) Home, (iii) Business, or (iv) Other Asset (specify: _____),
 (v) Legal Settlement, (vi) Lottery/Gaming Proceeds, (vii) Other: _____ : _____ %

(For additional Recommendations, attach additional copy of this page)

* Though variations may apply, your Investment Objective and Risk Tolerance should generally coincide as follows:

Safety of Principal (TSA GIO)	Income	Income & Growth	Growth	Aggressive Growth
Conservative	Conservative	Conservative Plus	Moderate	Moderate Plus
	Conservative Plus	Moderate	Moderate Plus	Aggressive
		Moderate Plus		

8. Additional Information/Acknowledgements

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

If yes, name of member: _____

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-US 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 AXA Advisors for this recommendation in the last 12 months?

If yes, plan # or tool name: _____

Client/Owner/Authorized Person. By signing below, I acknowledge that the above information is true and correct. **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 variable annuities:** I did receive a copy of the AXA 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 AXA Equitable variable annuity any checks accompanying my application should be made payable to "AXA Equitable". AXA 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 AXA 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.

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-US 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: _____

Financial Professional: I am familiar with the product(s) being sold and have determined proper suitability. **For deferred variable annuity purchases only:** I have reasonable grounds for believing that the recommendations for this customer to purchase/exchange an annuity is suitable on the basis of the facts disclosed by the customer as to his/her investments, insurance products and financial situation and needs.

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.

Financial Professional Signature: _____ Date: _____

9. Client/Owner Profile for Entities

Corporation (complete A-E) Trust (complete A-E) Partnership (complete A-D) Estate (complete A-D) Group Plan (complete A-I)

A. Name: _____ TIN #: _____

B. Authorized Person(s) to transact business:

Name: _____ Title/Trustee: _____

Name: _____ Title/Trustee: _____

Does Authorized Person have a Driver's License? Yes No

If yes, complete the following: License No.: _____ State: _____ Exp. Date: _____

If no, complete the following: Gov't Issued ID type: _____ ID Number: _____ Country/State: _____

Exp. Date: _____

C. **Current Financial Goals** (Rank all that apply in priority using 1, 2, 3, etc.)

- ___ Managing Risk: (e.g., Diversification, Replacement Income, Protect Assets, Death Benefits, Living Benefits, etc.) Additional Comments: _____
- ___ Accumulation: (e.g., Retirement, Large Purchase, etc.) _____
- ___ Retirement Income: (e.g., Financial Independence, Systematic Savings, Annuitization, etc.) _____
- ___ Wealth Preservation: (e.g., Estate Planning, Family Business, etc.) _____
- ___ Tax Relief: (e.g., Tax-Deferral, Small Business, Charitable Giving, etc.) _____
- ___ Education Funding: _____
- ___ Near Term Liquidity: (e.g., Emergency Fund, Large Purchase, etc.) _____

D. Street Address: _____

City, State, Zip: _____

E. Assets. Cash/Bank Accts: _____ CD/T-Notes: _____ Stocks: _____
 Bonds: _____ Annuities: _____ Mutual Funds: _____ Other: _____
 Combined Total Assets: _____

F. Trust or Incorporation Date: _____ State or Country of Incorporation or Trust Agreement: _____

G. Type of Business: _____

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

I. 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

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

10. For AXA Network, AXA Equitable Fixed and Variable Immediate Annuity and Association Individual Purchases Only

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

- The following AXA Network non-proprietary variable life product: _____
- The following AXA Network non-proprietary variable annuity product: _____
- The following AXA Network non-proprietary fixed annuity product: _____
- The following AXA Network non-proprietary group annuity / 401k product:* _____
- The following AXA Network non-proprietary equity indexed product: _____
- The following AXA Equitable fixed annuity product: _____
- The proprietary AXA Equitable Variable Immediate Annuity: _____
- The proprietary AXA Equitable Association 300+ Series IRA: _____
- Other: _____

* Requires completion of sections 7-9 only.

I am familiar with this product and approve the suitability of this transaction.

Branch Manager (BM) Signature: _____ Print Name: _____ Date: _____

Branch Manager signature is not required for Association and AXA Equitable Fixed Annuity sales.

Branch Manager signature is *always* required for:

- AXA Equitable Variable Immediate Annuities
- AXA Network Variable Life
- AXA Network Fixed Annuities
- AXA Network Indexed Annuities
- AXA Network Group Annuities/401k products

