# **CLIENT PROFILE**

PRINT FP NAME:	ID #:	DATE:
□ New □ Update		
1. Background Information		
Client/Owner	Joint Client/Owner. Check the Boil if applicable	ox if N/A □ and add Spousal Information
*First Name *Last Name	First Name I	_ast Name
*SSN/TIN	-     SSN/TIN	
*DOB	DOB	
*Street Address	Street Address	
*City *State *Zip	City Sta	te Zip
Please complete previous address if changed within last 12 months	Please complete previous address	·
Street Address	Street Address	
City State Zip	-   <u></u>	<b>7</b>
*Citizenship: ☐ US ☐ Resident Alien ☐ Non-Resident	City Sta	·
If non-US, specify:	Citizenship: ☐ US ☐ Resident	Alien ☐ Non-Resident
Daytime Phone:	If non-US, specify:	
Mobile Phone:	Daytime Phone:	Mobile Phone:
Email:	Email:	
*Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed	Status: □ Employed □ Self-Er	nployed □ Retired □ Unemployed
*Occupation:	Occupation:	
EmployerName:	_   '	
EmployerAddress:	Employer Name:	
	Employer Address:	
No. of Years:	No. of Years:	
Education:   HS Assoc.   BA/BS   Masters/Ph.D.	Education:   HS Assoc.	BA/BS ☐ Masters/Ph.D.
*Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ W	idowed   Domestic Partner	
*# of Dependents: Age(s)		
Name(s)		
Name(s)		

## 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) Gr	oup 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: C	ity, State, Zip:		
D. Assets. Cash/Bank Accts: CD/T-Notes:	Stocks:	Bond	ds:
Annuities: Mutual Funds: C	Other:	Combined Total Ass	sets:
E. Trust or Incorporation Date: State or Country of In	corporation or Trust Agreeme	ent:	
F. Type of Business:			
G. Employer Name: N	o. of Employees: $\square$ <10 $\square$	10-25 🗌 26-50 🔲 51	-75
H. Type of Plan: ☐ Startup/New Business ☐ Takeover/Rollover	Amount: \$		
The Plan is: ☐ Profit Sharing/Money Purchase Pension ☐ Pro	ofit Sharing with 401k feature	e 🗆 401k 🗀 Other:	
Type of Funding: ☐ Exclusive Employer Funding ☐ Pa	rtial (Split) Funding		
I. Important Considerations (includes existing insurance coverage, etc.):			
2. USA Patriot Act Information			
Owner Form of Identification (Please check one.)	Oriver's License ☐ Pa	assport   State	Issued ID
Identification Number	State/Country	Issue Date	Exp. Date
Joint Owner Form of Identification (Please check one.)	Oriver's License ☐ Pa	assport   State	Issued ID
Identification Number	State/Country	Issue Date	Exp. Date
Identinoation Mulliper	State/Country	1990E Dale	LAP. Date

							*CURRENT Complete all t	
Client/Owner Gross	HH Incon	ne (all so	urces): \$				a) Cash & Cash Equivalents:	
Joint Client/Owner G	iross HH	Income (	f separat	e HH): \$			(CDs, Money Market, etc.)	\$
= *Est. Gross Annu	al HH Inc	come(s):	\$				b) Stocks:	\$
							c) Bonds:	\$
Est. Monthly Fixed	І НН Ехр	enses: \$					d) Annuities:	\$
Fed. Marginal Tax	Bracket:		□ 12% □ 35%		□ 22%	□ 24%	e) Mutual Funds:	\$
*IN	VESTME	NT EXPE	RIENCE	(IN YEA	RS)		<li>f) Other Property(ies) Net Equity: (e primary residence)</li>	xcludes \$
	None	<1	1–4	5+			g) Retirement Accounts (401(k), 403	s(b), IRA): \$
a) *CDs							h) Other (529 plans, life policy cash v	
o) *Stocks							alternative investments, etc.):	\$
c) *Bonds							= i) *Total Assets (above):	\$
d) *Annuities e) *Mutual Funds							*Net Worth (modified: all assets mind	
							excludes primary residence and associate	,
							*Liquid Net Worth	\$
4. Insurance Co	verage							
ndicate issuer and p	oolicy cov	erage:						
			(	Client/Ow	ner		Joint Clie	ent/Owner or Spouse
_ife Insurance	-							
	_							
Disability Insurance	_							
	_							
Long-Term Care Ins	urance _							
	_							
Comments:								
	_							
	_							

## 5. Investment Goal

*What is the purpose of this investment/insurance?							
(Select Only One)							
Education Large	Purchase (new home or	other large investments)	Liquidity (near-term)	Tax Deferral/Relief			
Retirement (accumulati	ion/deferred/immediate)	Other (business plann	ing/estate preservation/cl	haritable/inheritance-lega	cy/death benefit)		
*What best describes yo	our investment objectiv	re?					
(Select Only One)							
Safety of Principal - onl	ly available for Equivest (C	Capital Preservation for LPL	) and AXN FAs Incor	ne	Growth		
Aggressive growth	Trading/Speculation (b	rokerage only)					
*After completing a Risl	k Tolerance Questionna	nire specific to this goal	, what is your Risk Toler	ance?			
(Select Only One)							
☐ Conservative ☐ Co	onservative Plus	derate Moderate Plus	s Aggressive				
Note to Financial Profess	ional: Please make sure	the Client's Investment O	bjective is in line with his/	her stated Risk Tolerance			
Safety of Principal/	Income	Income & Growth	Growth	Aggressive Growth	Trading/Chaquistian		
Capital Preservation	Income	income & Growth	Growin	Aggressive Growth	Trading/Speculation		
Conservative	Conservative	Conservative Plus	Moderate	Moderate Plus	Aggressive		
	Conservative Plus	Moderate	Moderate Plus	Aggressive	Aggressive Plus		
		Moderate Plus	Aggressive				
*What is your expected	investment time horizo	on for this goal?					
(Select Only One)							
□ 1 □ 2 □ 3 □ 4	<u></u>	8 9 10 >10					
*Are lifetime income or	principal guarantees im	portant to you?					
(Select Only One)							
☐ Yes ☐ No							
*In making investment of	decisions, what concer	ns you most that your Fi	nancial Professional car	n help you with?			
(Select Only One)							
Making emotional investment decisions Not meeting my financial goals Outliving my investment assets or the income from my investment							
Outspending my investment assets Tax consequences Other (use section 7)							
*What primary risk do you want addressed most with this investment?							
(Select Only One)							
Capitalization (large/mid/small) Concentration (under diversification) Inflation/Purchasing Power Interest Rate Liquidity							
Market Risk Volatility (includes fixed income markets)							
*How do you prefer interacting with your Financial Professional?							
(Select Only One)							
Ongoing advice and service Periodic consultation and service							
*I acknowledge that my Financial Professional will be compensated for the advice, recommendation and service provided.							
Note: Not all products allow for fee or commission based compensation. The Financial Professional will inform the client of their options and what products are available with the respective commission/fee structure.							
(Select Only One)							
I —	Where available by product lines; sales loads/commissions (front end/back-end or level) for each transaction or policy/contract as indicated in the product prospectus or product guide.						
Where available by product lines, a fee based account, (an annual fee will be assessed based on the value of the assets held in the account or other billing cycle as indicated in the product prospectus or product guide). N/A for Life insurance and RBG sales.							

### 5. Investment Goal (Continued)

Accounts and Products Grid	The following is based on Primary Investment Goals and Objectives							
	Education	Large Purchase	Liquidity (near term)	Tax Deferral/ Relief	Retirement/ Income/ Wealth Preservation Managing Risk Accumulation	Other		
Life Index/Universal/ Whole	Depends on Strategy	✓	Not Recommended	Depends on Strategy	✓	✓		
Life Variable	Depends on Strategy	✓	Not Recommended	Depends on Strategy	✓	✓		
Corporate Owned Life Insurance	Depends on Strategy	✓	✓	Depends on Strategy	✓	✓		
Group Retirement Account	Not Recommended	Not Recommended	Not Recommended	✓	✓	✓		
Brokerage	✓	✓	~	✓	✓	✓		
Brokerage IRA	Not Recommended	Depends On Time Horizon	Depends On Time Horizon	<b>√</b>	<b>√</b>	<b>√</b>		
Mutual Fund/ Mutual Fund Only Account	<b>√</b>	✓	✓	✓	<b>√</b>	<b>√</b>		
529 Plan	<b>√</b>	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended		
Equities/ Exchange-Traded Funds/ Fixed Income	Depends on Strategy	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>		
Advisory Accounts	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response		
Third Party Asset Management	Not Recommended	<b>√</b>	<b>√</b>	<b>√</b>	✓ Depends on Response	✓ Depends on Response		
Fixed / Immediate Annuities	Not Recommended	Depends on Strategy Time Horizon	Not Recommended	<b>√</b>	<b>√</b>	<b>√</b>		
Variable / Indexed Annuities	Not Recommended	Depends on Strategy Time Horizon	Not Recommended	✓	✓	<b>√</b>		
Alternative Investments	Not Recommended	Depends on Strategy Time Horizon	Not Recommended	✓	<b>√</b>	<b>√</b>		

*Client Acknowledgment
(Select Only One)
☐ I wish to follow the personal investment strategy and product recommendations outlined in the Account and Products Grid.
I appreciate the care provided by AXA Advisors and my Financial Professional to help me determine a personal investment strategy along with product recommendation(s) pursuant to the Account and Products Grid. However, I prefer to employ my own strategy and product decisions understanding that they may be considered non-recommended and/or counter to the advice given.

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

6. Product Purchase		
Solicited Unsolicited (NOTE: no	ot applicable to annuity and life products)	
Unsolicited Transaction(s):		
If applicable, recommended hold(s):		
*Product:	*Tax Type (Qual/NQ):	*Amount: \$
(e.g. Retirement Cornerstone)	Only	
AXA Network and Association Individual Purcha This section is completed for the client's purchase		
☐ AXA Network non-proprietary group annu	uity / 401k product:	
Other:		
I am familiar with this product and approve the s	uitability of this transaction.	
Branch Manager (BM) Signature:	Print Name:	Date:
Branch Manager signature is NOT required for A AXA Network Fixed Deferred and Immediate An	Association 300+ Series, AXA Network Variable Life and unuity and AXA Equitable Fixed Annuity sales.	Annuity, AXA Network Indexed Life and Annuity
Branch Manager signature is always required fo	r:	
AXA Network Group Annuities/401k Product		
• ` `	ox <b>and</b> circle sub-item(s)). If more than one box is checked	,
	Checking, Savings, Money Market, Payroll Deduct	
	erse Mortgage), Personal Loan, Credit: placement, Surrender/Exchange, Policy Loan, Divid	
	urrender/Exchange, Policy Loan, Dividend, Withdra	•
401K, Pension Plans, Other Group		/o
	Assets, Mutual Fund Shares, UIT Shares, Stocks of	or Bonds:%
Qualified: Brokerage, ERISA Plan, Inv	vestment Advisory Assets, Mutual Funds Shares, UIT	Γ Shares, Stocks or Bonds: %
Employer Contribution:	%	
Other: Sale of Car, Home, Business,	or Other Asset (specify:	),
Legal Settlement, Lottery/Gaming Pro	oceeds, Other:	:%
*[California Only]		
Do you intend to apply for means-tested and attendance benefit?	I government benefits, including, but not limited	d to, Medi-Cal or the veterans' aid
□Yes		
□No		
7. Additional Client Notes and Import trusts, etc.)	tant Considerations (Inheritance/windfall, planne	ed retirement date, special care needs, wills,

8. Additional Information/Acknowledgments	
☐ Yes ☐ No *Is the Client/Owner/Authorized Person associated or registered with or empl	loyed by a member of FINRA?
If yes, name of member:	
☐ Yes ☐ No Are you a Politically Exposed Person?	
If Yes, please provide position and country:	
$\square$ Yes $\square$ No $\square$ N/A The plan sponsor acknowledges receipt of the ERISA Section of services reasonably in advance of opening this account.	408(b)(2) fee disclosure and description
☐ I acknowledge receipt and review of applicable prospectuses and/or ADV's prior to the inthe recommended strategies, tools, and products. Further, I agree that if the strategy set that I understand that withdrawals of income that exceed dividend and or similar amount basis, or in the case of certain types of annuities, the annual roll-up or withdrawal benefit aggressive method of obtaining income and could cause greater likelihood and risk of decisions.	elected is for retirement income purposes ts, or in the case of life insurance cost it that such withdrawals constitute and
☐ Yes ☐ No Is the Client/Owner/Authorized Person with an interest in the account eit political official in a Non-U.S. country or (2) closely associated with or an immediate fam If yes, identify the official, office held and country.	ily member of such official?
$\square$ Yes $\square$ No *Has a financial plan been prepared by AXA Advisors for this recomme (Only check for NaviPlan Level 2 non-fee and fee-based plans.)	endation in the last 12 months?
If yes, plan # or tool name:	
Client/Owner/Authorized Person. By signing below, I acknowledge that the above information and fixed annuity purchases only: I understand that the annuity for which I am applying may value adjustment (MVA) charges and that taxes may apply if I withdraw money. For deferred or purchases: I did receive a copy of the NAIC Buyer's Guide, if state required. For deferred variance AXA Advisors annuities disclosure brochure and reviewed it with my Financial Professional. I use a qualified retirement plan account, any tax deferral features do not provide additional benefit a features and/or benefits other than tax deferral. I also understand that if I am purchasing an AX accompanying my application should be made payable to "AXA Equitable". AXA Equitable will I non-interest bearing "Special Bank Account for the Exclusive Benefit of Customers" until my ap returned by AXA Advisors. I may request the full return of my payment at any time prior to the is Financial Professional. For IRA Owners/Plan Sponsors: I acknowledge receipt of the Disclosing guidance from federal and/or state regulations.	have surrender charges and/or market r immediate variable or fixed annuity iable annuities: I did receive a copy of the nderstand that if this purchase is for and that my purchase is for the product's (A Equitable variable annuity any checks hold the funds for my benefit in a oplication is approved, not approved or ssuance of the contract by contacting my
Client/Owner/Authorized Person Signature:	Date:
Is the Joint Client/Owner/Authorized Person with an interest in the account either (1) a so official in a Non-U.S. country or (2) closely associated with or an immediate family members are a No If yes, identify the official, office held and country.	per of such official?
Joint Client/Owner/Authorized Person Signature:	
Financial Professional: I have reviewed all sections of the Client Profile with the Clie Owner and acknowledge the information is accurate and current. This includes information and any subsequent sales. I am familiar with the product(s) being sold and have deter received an NAIC Buyer's Guide, if state required. For deferred variable annuity purgrounds for believing that the recommendations for this customer to purchase/exchanged the facts disclosed by the customer as to his/her investments, insurance products a	ation collected at the initial point of sale rmined proper suitability. The client rchases only: I have reasonable ge an annuity is suitable on the basis
For individuals, I have verified the identity of the client/owner(s) by reviewing the drive mail, a copy of the driver's license is in the file. I have also confirmed how the client/owner(s) funds used to make this purchase. For entities, I have verified the identity of the client articles of incorporation, business license, partnership agreement or trust agreement of funds. I understand that I have primary responsibility for customer identity verification a copy of the documentary proof of the entity's existence and authorized persons in the Advisors Compliance Manual.	vner(s) acquired or accumulated the t/owner by reviewing certified and also determined the source on for non-natural owners, and retained the client's file as required by the AXA
Financial Professional Signature:	Date:

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