

# CLIENT PROFILE

PRINT FP NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

New  Update

## 1. Background Information

<b>Client/Owner</b> _____ <b>*First Name</b> <b>*Last Name</b> _____ <b>*SSN/TIN</b> _____ <b>*DOB</b> _____ <b>*Street Address</b> _____ <b>*City</b> <b>*State</b> <b>*Zip</b> _____ Please complete previous address if changed within last 12 months _____ Street Address _____ City                      State                      Zip _____ <b>*Citizenship:</b> <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident If non-US, specify: _____ Daytime Phone: _____ Mobile Phone: _____ Email: _____ <b>*Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <b>*Occupation:</b> _____ <b>Employer Name:</b> _____ 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. <b>*Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <b>*# of Dependents:</b> _____ 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: _____ <b>Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <b>Occupation:</b> _____ <b>Employer Name:</b> _____ <b>Employer Address:</b> _____ _____ 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/Bank Accts: \_\_\_\_\_ CD/T-Notes: \_\_\_\_\_ 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.): \_\_\_\_\_

**2. USA Patriot Act Information**

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

Identification Number \_\_\_\_\_ State/Country \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Joint Owner Form of Identification (Please check one.)**  Valid Driver's License  Passport  State Issued ID

Identification Number \_\_\_\_\_ State/Country \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_



## 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 (accumulation/deferred/immediate)  
  Other (business planning/estate preservation/charitable/inheritance-legacy/death benefit)

**\*What best describes your investment objective?**

**(Select Only One)**

- Safety of Principal - only available for Equivest (Capital Preservation for LPL) and AXN FAs  
  Income  
  Income & Growth  
  Growth  
 Aggressive growth  
  Trading/Speculation (brokerage only)

**\*After completing a Risk Tolerance Questionnaire specific to this goal, what is your Risk Tolerance?**

**(Select Only One)**

- Conservative  
  Conservative Plus  
  Moderate  
  Moderate Plus  
  Aggressive

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

Safety of Principal/ Capital Preservation	Income	Income & Growth	Growth	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 horizon for this goal?**

**(Select Only One)**

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

**\*Are lifetime income or principal guarantees important to you?**

**(Select Only One)**

- Yes  
  No

**\*In making investment decisions, what concerns you most that your Financial Professional can 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)**

- 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	✓	✓	✓
Mutual Fund/ Mutual Fund Only Account	✓	✓	✓	✓	✓	✓
529 Plan	✓	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended
Equities/ Exchange-Traded Funds/ Fixed Income	Depends on Strategy	✓	✓	✓	✓	✓
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 Strategy Time Horizon	Not Recommended	✓	✓	✓
Variable / Indexed Annuities	Not Recommended	Depends on Strategy Time Horizon	Not Recommended	✓	✓	✓
Alternative Investments	Not Recommended	Depends on Strategy Time Horizon	Not Recommended	✓	✓	✓

**\*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.



## 8. Additional Information/Acknowledgments

Yes  No **\*Is the Client/Owner/Authorized Person associated or registered with or employed 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: \_\_\_\_\_

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 AXA Advisors for this recommendation in the last 12 months? (Only check for NaviPlan Level 2 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. **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 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. **For IRA Owners/Plan Sponsors:** I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from federal and/or state regulations.

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: \_\_\_\_\_

**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 proper suitability. The client received an NAIC Buyer's Guide, if state required. **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. 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 AXA Advisors Compliance Manual.

Financial Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AXA Advisors, LLC (NY, NY 212-314-4600), member FINRA, SIPC, AXA Equitable Life Insurance Company (NY, NY), and AXA Network, LLC (AXA Network Insurance Agency of California, LLC in CA; AXA Network Insurance Agency of Utah, LLC, in UT; AXA Network of Puerto Rico, Inc. in PR) are affiliated companies and do not provide tax or legal advice or services.