Exhibit II

☐ **AXA Equitable Life Insurance Company**
☐ **MONY Life Insurance Company of America (MLOA)**

Information Supplement

1. Proposed Insured *(Please print in ink.)*

First Name *Middle Initial* *Last Name*

Has the Proposed Insured: YES NO

2. a. Ever had a driver's license suspended or revoked or, within the last three years, been convicted of two or more moving violations or driving under the influence of alcohol or drugs? (Give full details — including dates, types of violations, and reason for license suspension or revocation.) ☐ ☐

   b. Any other life insurance now in effect or application now pending? (State companies and amounts.) ☐ ☐

   c. Been disabled for two weeks or more within the last two years? ☐ ☐

3. a. In the last year flown other than as passenger or plan to do so? ☐ ☐
   If "Yes": total flying time at present: _____ Hours;
   Last 12 months _____ Hours;
   Next 12 months _____ Estimated Hours.
   (Complete Aviation Supplement for pilot instruction; competitive, test or military flying; or crop dusting.)

   b. Engaged within the last year, or any plans to engage in motor racing on land or water, underwater diving, skydiving, ballooning, hang-gliding or parachuting or flying ultra-light aircraft? (If "Yes," complete Avocation Supplement.) ☐ ☐

   c. Ever had an application for life or health insurance declined, that required an extra premium or was otherwise modified? (Give full details.) ☐ ☐

   d. Replaced or changed any existing insurance or annuity (or any plan to do so) assuming the insurance applied for will be issued? (State companies, plans and amounts.) ☐ ☐

4. Details. For each "Yes" answer give question number and full details.

Question No.	Details

The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application for insurance or request for policy change or reinstatement, as the case may be. The Insurer may rely on them in acting on the application or request for the policy change or reinstatement.

Date _____ Signature of Proposed Insured _____

Signature of Witness (Examiner) _____