

Life Underwriting Requirements

Face Amounts	ISSUE AGES										
	0-15	16-30	31-35	36-40	41-50	51-60	61-65	66-69	70-75	76-80	81 & over
\$0 to \$50,000	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med	Paramed	Paramed	Paramed	Paramed APS	Paramed APS	MD Exam APS
\$50,001 to \$75,000	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med	Paramed	Paramed	Paramed	Paramed APS	Paramed APS	MD Exam APS
\$75,001 to \$99,999	Non-Med	Non-Med	Non-Med	Non-Med	Non-Med	Paramed	Paramed	Paramed	Paramed APS	Paramed APS	MD Exam APS
\$100,000	Non-Med	Non-Med HOS, Blood	Non-Med HOS, Blood	Non-Med HOS, Blood	Non-Med HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood APS	Paramed HOS, Blood APS	MD Exam HOS, Blood APS
\$100,001 to \$249,999	Non-Med	Non-Med HOS, Blood	Non-Med HOS, Blood	Non-Med HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood	Paramed HOS, Blood APS	Paramed HOS, Blood APS	MD Exam HOS, Blood APS
\$250,000	Non-Med	Non-Med HOS, Blood MVR	Non-Med HOS, Blood MVR	Non-Med HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$250,001 to \$500,000	Non-Med	Non-Med HOS, Blood MVR	Non-Med HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$500,001 to \$1,000,000	Non-Med	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$1,000,001 to \$1,500,000	Non-Med	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$1,500,001 to \$1,999,999	Non-Med APS	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$2,000,000	Non-Med APS	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	Paramed HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR	MD Exam HOS, Blood EKG APS MVR
\$2,000,001 to \$5,000,000	Non-Med APS Inspection	Paramed HOS, Blood APS Inspection MVR	Paramed HOS, Blood APS Inspection MVR	Paramed HOS, Blood APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR
\$5,000,001 to \$7,500,000	Non-Med APS Inspection	Paramed HOS, Blood APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	Paramed HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR
\$7,500,001 to \$10,000,000	Non-Med APS Inspection	MD Exam HOS, Blood APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR
Over \$10,000,000	Non-Med APS Inspection	MD Exam HOS, Blood APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR	MD Exam HOS, Blood EKG APS Inspection MVR

NOTES:

- **Face amount** is defined as all life insurance in force and applied for or placed with AXA, MONY and/or its affiliates within the past 12 months from the date of the application.
- **Paramed Exam** is required if applicant seeks Term Preferred Elite NT, Term Preferred NT or Non-Term Preferred Plus rates. **Full Blood Profile and HOS** are required if applicant seeks any Preferred rate, including Term Standard Plus NT rate.
- For all ages including Juveniles (0-17), refer to the Product Guides for age and face amount limits or specific product guidelines for the preferred rating.
- 13 jurisdictions — CA, CT, DC, FL, GA, IL, MA, MD, NJ, NY, PA, PR, and TX — require a **Modified Blood Profile and HOS** for applicants over age 15 applying for \$50,000 to \$99,999.
- Abbreviations: **HOS** = Home Office Specimen or Urine specimen. **MVR** = Motor Vehicle Report
- **EKG** = An electrocardiogram made within six months may be borrowed in lieu of a current test. Actual tracings (not the EKG report) are required.
- **Treadmill EKG** — Do not request if there is a history of coronary disease, chest pain, or insulin-dependent diabetes.
- **APS** (Attending Physician Statement) is suggested as indicated in the above chart if the proposed insured had a checkup within 2 years of the date of the application. Your Underwriter has discretion to waive this requirement if circumstances warrant.
- A Financial Supplement is needed for face amounts of \$2 million or more.

AXA Equitable reserves the right to request additional requirements whenever these are deemed necessary. The requirements submitted do not guarantee any specific underwriting rate classification.

Financial Underwriting Chart

Purpose	Requirements	Amounts
Personal		
Income Replacement	Working Individual — Earned plus unearned income	Growth Potential
	Non-Working Spouse, Co-breadwinner, and Other Dependent Adults — To determine if any amount is available, require income information and amount of insurance on breadwinner	Maximum Ages 25 x income 18-45 20 x income 46-55 15 x income 56-60
	Unemployed — To determine if any amount is available, require information regarding past earnings, current assets, past, and future occupation contemplated	10 x income 61-65 5 x income 66-70 1-4 x income 71-79
		Individual 80 and up Consideration
Estate Planning	Need clear figure of net worth	Generally, 10-year projection at 7% annual growth rate
Juvenile	Equal Amounts on all Children: Provide Coverage Information on Application — Total life insurance in force or pending in all companies on the juvenile and on the applicant or child's parent AND reason if there are any other children in the family insured for a lesser amount	1/4 to 1/2 amount on parent or payor Special rules apply in NY
Debt Repayment	Copy of loan agreement	Loan duration at least 5 years — 100% of loan amount
Business	Insured's percentage of ownership in business. Current balance sheet/cover letter	
Buy-Sell	Confirmation that buy-sell agreement has been executed, information regarding business partners applied in like manner	Percent ownership x market value of business
Key Person	Cover letter describing how amount was determined	10 x Compensation (salary plus bonus)
Employee Benefit	Cover letter describing how amount was determined, who is covered, formula for determining coverage amount, and size of company	Individual Consideration
Debt Repayment	Cover letter regarding amount of loan, loan duration, date loan committed, name of lender and collateral pledged to secure loan	Loan duration at least 5 years — 100% of loan amount x percent ownership of business
Charitable	Cover letter explaining past interest in the charity and how the amount was determined	Replacement of past contributions

Reminder: Financial Supplement is required for face amounts of \$2 million or more.

Approved Examiners

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IU-40294 ADL (10/07)

Cat. #135202 (11/07)

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Life Underwriting Condensed Guide

G19178

AXA Equitable Underwriting Criteria — Preferred Guidelines

TERM RATE CLASS	PREFERRED ELITE NT	PREFERRED NT	STANDARD PLUS NT
NON-TERM RATE CLASS	N/A	PREFERRED PLUS	PREFERRED NON-TOBACCO
Total Cholesterol & Cho/HDL Ratio	210 and 4.5	230 and 5.0 If Ratio ≤ 4.5, then total Chol can be 250	270 and 6.0 If Ratio ≤ 5.0, then total Chol can be 300
Tobacco Use	No nicotine use past 5 years	No nicotine use past 3 years	No nicotine use for past 12 months to qualify for Preferred (Select) non-tobacco use rates
Alcohol and/or Substance Abuse	No history	No history of abuse for 8 years	No history of abuse for 5 years
Citizenship/Residence	US Citizen/FT Perm Resident	No criteria	No criteria
Aviation, Private	Permanent flat extra up to \$3.50 per thousand allowed	Individual consideration in non-ratable situations. No ratable participation in aviation activities except on Term, Athena UL SM -LPR, Athena UL SM -DB and Athena UL SM -ESLI — permanent flat extra up to \$3.50 per thousand allowed	No ratable participation in aviation activities except on Term, Athena UL SM -LPR, Athena UL SM -DB and Athena UL SM -ESLI — permanent flat extra up to \$3.50 per thousand allowed
Avocation and Occupation	Permanent flat extra up to \$3.50 per thousand allowed for participation in an avocation, sport or occupation	No ratable participation in an avocation or sport. No employment requiring flat extra or feature modification except on Term, Athena UL SM -LPR, Athena UL SM -DB and Athena UL SM -ESLI — permanent flat extra up to \$3.50 per thousand allowed for participation in an avocation, sport or occupation	No ratable participation in an avocation or sport. No employment requiring flat extra or feature modification except on Term, Athena UL SM -LPR, Athena UL SM -DB and Athena UL SM -ESLI — permanent flat extra up to \$3.50 per thousand allowed for participation in an avocation, sport or occupation
Medication	No Rx for HTN (no exceptions)	No Rx for HTN	All Rx is considered
Family History	No deaths from CAD, CVD, or Ca for M or F or Sib < 65	No deaths from CAD or Ca for M & F < 60	No more than 1 death from CAD for M & F < 60
Blood Pressure	145/80 (150/90 ages 60-69)	145/90 (150/90 ages 60-69)	No criteria
Driving History mv = moving violations	No DWI, Reckless Driving No mv past 2 years ≤ age 44 No > 1 mv past 2 years ages 45-69	No DWI or Reckless Driving in 5 years No > 1 mv past 2 years ≤ age 44 No > 2 mv past 2 years ages 45-69	No DWI or Reckless Driving in 3 years No > 2 mv past 2 years ≤ age 44 for Term No > 3 mv past 2 years ages 45-69 for Permanent Plans
Medical History/ Physical Condition	No personal history of cancer or heart disease, even if not ratable (except certain skin cancers)	No personal history of cancer or heart disease, even if not ratable (except certain skin cancers)	No personal history of cancer or heart disease, even if not ratable (except certain skin cancers)
Medication	All BP and cholesterol Rx considered	All BP and cholesterol Rx considered	All BP and cholesterol Rx considered
Family History	No criteria	No criteria	No criteria
Blood Pressure	150/90	150/90	150/90
Driving History	No DWI, Reckless Driving No moving violations in 2 years	No DWI, Reckless Driving in 5 years No moving violations in 2 years	No DWI, Reckless Driving in 3 years No moving violations in 2 years
Medical History/ Physical Condition	No personal history of cancer (except certain skin cancers), diabetes or heart disease	No personal history of cancer (except certain skin cancers), diabetes or heart disease	No personal history of cancer (except certain skin cancers), diabetes or heart disease

Elderly is defined as ages 70 and above, no ratable disorder.

Abbreviations are as follows:
 Coronary Artery Disease (CAD), Cerebrovascular Disease (CVD), Cancer (Ca), Mother (M), Father (F), Siblings (S), Individual Consideration (IC), Hypertension (HTN),
 Blood Pressure (BP), Medication (Rx).

Issue Ages 0-69 Additional Criteria
 Elderly Additional Criteria

BMI Charts

Standard Plus NT	Preferred Non-Tobacco	Preferred Elite NT	Preferred Plus	Preferred NT
Height	BMI 31	Height	BMI 28	
4'6"	129	4'6"	116	
4'7"	133	4'7"	121	
4'8"	138	4'8"	125	
4'9"	143	4'9"	130	
4'10"	148	4'10"	134	
4'11"	154	4'11"	139	
5'0"	159	5'0"	144	
5'1"	164	5'1"	148	
5'2"	170	5'2"	153	
5'3"	175	5'3"	158	
5'4"	181	5'4"	163	
5'5"	186	5'5"	168	
5'6"	192	5'6"	174	
5'7"	198	5'7"	179	
5'8"	204	5'8"	184	
5'9"	210	5'9"	190	
5'10"	216	5'10"	195	
5'11"	222	5'11"	201	
6'0"	229	6'0"	207	
6'1"	235	6'1"	212	
6'2"	241	6'2"	218	
6'3"	246	6'3"	224	
6'4"	255	6'4"	230	
6'5"	261	6'5"	236	
6'6"	268	6'6"	242	
6'7"	275	6'7"	249	
6'8"	282	6'8"	255	
6'9"	289	6'9"	261	
6'10"	296	6'10"	268	
6'11"	304	6'11"	274	
7'0"	311	7'0"	281	

SMBMI = Body Mass Index
 Note: Chart is unless, maximum weight is in pounds.