

## ORDER SUMMARY REPORT

## FINANCIAL ADVISOR

Financial Advisor's Name	SSN	Financial Advisor's ID	CRD Number	National Producer Number	Carrier Assigned Agent ID	Split Percent
Moore, Susan	123-45-6789	LPLC009PDB				100.00%

## Authorizations:

**Authorized for fund transfer (one time or automatic for investment or policy) by phone.**

## ORDER INFORMATION

Order Description:		Affirm Order ID:	<b>HQU-CNSS-DBB</b>
Order Created Date:	<b>01-30-2021</b>	Ownership Type:	<b>Individually Owned</b>
Estimated Total Premium:	<b>\$25,000.00</b>	Solicitation State:	<b>Florida</b>
Annuity Plan Type:	<b>Non-Qualified</b>	Resident State:	<b>Florida</b>
Client Account #:		County (if Florida):	<b>Alachua</b>
Commission Option Code:	<b>3</b>		

## PRODUCT INFORMATION

Carrier:	<b>Equitable Financial Life Insurance Company</b>	Product Type:	<b>Variable Annuity</b>
CUSIP #:	<b>29450H700</b>	Share Class:	<b>B Share</b>
Product:	<b>Investment Edge 21</b>	Order Date:	

## FUNDING

## FUNDING TYPE: CHECK WITH APPLICATION

Amount From This Source:	\$25,000.00	Check Number:	112989
Is this a Contribution			

or a Qualified Fund Rollover?

Tax Year:

EQUITY, BONDS & CASH

Amount From This Source: \$25,000.00

Type:

PARTICIPANTS

Full Name:	NQ   Test	Role(s):	Owner / Annuitant
Relationship to Owner:	Self		
SSN/TaxID:	123-45-6789	Date of Birth:	10-10-1956
Gender:	Male		
Citizenship:	United States of America		
Active Military:	No		
Address Type:	Residence		
Address Line 1:	20 Drury Cres	Address Line 2:	
City:	Miami	State:	Florida
Country:	United States of America	Zip Code:	35001
Phone Type:		Phone #:	
Consents:			
This prompt is for Electronic Signature consent for Forms. Select Yes to sign electronically.			No
Electronic Policy Delivery			
Do you consent to receive all documents electronically?			No

Full Name:	Bene   Lname	Role(s):	Beneficiary
Relationship to Owner:	Spouse		
SSN/TaxID:	098-76-5432	Date of Birth:	01-01-1960
Gender:	Male	Beneficiary Interest:	100.00%
Citizenship:			
Irrevocable:	No		

Address Type:	<b>Residence</b>		
Address Line 1:	<b>20 Drury Cres</b>	Address Line 2:	
City:	<b>Miami</b>	State:	<b>Florida</b>
Country:	<b>United States of America</b>	Zip Code:	<b>35001</b>
Phone Type:		Phone #:	

#### FEATURES

Living Benefits	Marketing Name
No Living Benefits Selected	
Death Benefits	Marketing Name
Death Benefit	<b>Return of Premium Death Benefit</b>
Programs	Marketing Name
Asset Allocation	<b>Self Directed Allocation</b>
Surrender Charges	<b>Surrender Charge Schedule - 6/6/5/4/3/0</b>

#### FEATURE DETAILS

Living Benefits				
No Living Benefits Selected				
Death Benefits				
Feature Selected:	<b>Death Benefit</b>	Feature Opt Selected:	<b>Return of Premium Death Benefit</b>	Duration:
Fees:	<b>0.30%Annually</b>			
Programs				
Feature Selected:	<b>Surrender Charges</b>	Feature Opt Selected:	<b>Surrender Charge Schedule - 6/6/5/4/3/0</b>	Duration:
Asset Allocation				
Plan Name:	<b>Self Directed Allocation</b>	Destination Allocation Type:	<b>Percentage</b>	

#### SUB ACCOUNTS

#### Asset Allocation: Self Directed Allocation

Structured Investment Option - Standard Segment Types		100.00%
NASDAQ 100	<b>NASDAQ 100 1 Year -10% Buffer</b>	50.00%
MSCI EM	<b>MSCI EM 1 Year -10% Buffer</b>	50.00%

#### F E E S

##### POLICY LEVEL FEES

Fee Type	Fee Mode	ChargeBasedOn	Fees
Policy Fee	<b>Annually</b>		<b>\$50.00</b>
Base M&E Charges	<b>Annually</b>		<b>1.00%</b>

##### FEATURE LEVEL FEES

Feature Name	Feature Opt Name	Fee Type	Fee Mode	ChargeBasedOn	Fees
Death Benefit	<b>Return of Premium Death Benefit</b>	Rider M&E Charge	<b>Annually</b>		<b>0.30%</b>

##### FUND LEVEL FEES

Fund Manager	Fund Name	Fee Type	Fee Mode	ChargeBasedOn	Fees
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#### SUITABILITY

Question	Response
Does your client need tax deferral?	
The client intends to hold this investment for how many years?	
Is the person purchasing this product a natural person?	
What is the client's total investment in all annuities?	
Is your client willingly purchasing a bonus annuity if applicable?	
What is the client's Federal Income Tax Bracket?	

#### F U L F I L L M E N T

## Replacement Questions

### Question

### Response

Does the client have any existing life insurance policies or annuity contracts with this or any other company?

**No**

Is the client considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating their existing policy or contract?

**No**

Is the client considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract? This includes taking withdrawals or loans and using these funds to pay premium(s) on a new policy or contract.

**No**

To the best of my knowledge as the representative, the applicant has existing life insurance policies or annuity contracts with this or any other company?

**No**

To the best of my knowledge as the representative, the applicant is considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating their existing policy or contract?

**No**

To the best of my knowledge as the representative, the applicant is considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract? This includes taking withdrawals or loans and using these funds to pay premium(s) on a new policy or contract.

**No**

## INSURANCE COMPANY QUESTIONNAIRE

### GENERAL QUESTIONS

I affirm that: 1) I have verified and documented with my Broker/Dealer that the Owner(s) or beneficial Owner is a legal US resident; 2) a form of identification and ID number (driver's license, passport, or state issued identification) for each Owner or the beneficial Owner has been recorded with my Broker/Dealer; and 3) this information will be made available to Equitable when requested within a reasonable period of time.

**Yes**

### REPLACEMENT

Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the certificate/contract applied for will be issued?

**No**

### CD PROSPECTUS / E-DELIVERY

Yes. By checking this box and signing the application, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in Equitable's Electronic Delivery Service.

**No**

### FINANCIAL ADVISOR QUESTIONS

Moore, Susan Florida License Number

**AXA92839**

Did you verify the identity and age by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official?

**Yes**

Is the Proposed Owner/Annuitant, or is their family member or close associate, a government, political official or foreign military official?

**No**