

## 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>HQ3-CMNB-ORH</b>
Order Created Date:	<b>02-06-2021</b>	Ownership Type:	<b>Custodial Owned</b>
Estimated Total Premium:	<b>\$25,000.00</b>	Solicitation State:	<b>North Carolina</b>
Annuity Plan Type:	<b>Roth IRA</b>	Resident State:	<b>North Carolina</b>
Client Account #:			
Commission Option Code:	<b>2</b>		

## PRODUCT INFORMATION

Carrier:	<b>Equitable Financial Life Insurance Company</b>	Product Type:	<b>Variable Annuity</b>
CUSIP #:	<b>00248C626</b>	Share Class:	<b>B Share</b>
Product:	<b>Structured Capital Strategies PLUS</b>	Order Date:	

## FUNDING

**QUALIFIED POLICY: 900012**

## QUALIFIED POLICY INFORMATION

Estimated Surrender Amount:	<b>\$25,000.00</b>	Liquidation Type:	<b>Full Cash Surrender.</b>
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Transfer After Date (immediately if blank):		Exchange Type:	<b>Between two different carriers</b>
Policy Number:	<b>900012</b>	Surrendering Company Name:	<b>Equitable</b>
Product Name:		Surrendering Company Address:	
Product Type:	<b>Variable Annuity</b>	Line 1:	
Estimated Policy Value:	<b>\$25,000.00</b>	Line 2:	
Policy Issue Date:		City:	
Policy Status:		State:	
Qualified Plan:	<b>Roth IRA</b>	Zip Code:	
Phone Type:		Phone #:	

**Policy State:**

Processing Location:

**POLICY VALUES**

Current Death Benefit:	<b>N/A or Unknown</b>	Market Value Adjustment (+/-):	<b>N/A or Unknown</b>
Current Living Benefit:	<b>N/A or Unknown</b>	Estimated Surrender Charge:	<b>N/A or Unknown</b>

**FEES & EXPENSES**

Mortality & Expense:	Upfront Sales Charge:
Admin Fee:	Average Fund Expense:

**RIDER COST**

n/a

**REASONS FOR SURRENDER**

Check all that apply:	Response
Higher Risk/Reward Potential	
Step Up in Death Benefit	
Higher Interest Rate Guarantee	
Reduce Market Risk	
Add an Enhanced Death Benefit	
Add/Replace a Living Benefit	
Take Advantage of Positive MVA	
Needs Immediate Income	
Access to a unique or individual investment strategy	
Other	

If the reason for the exchange is "Reduce Market Risk" and/or "Step Up in Death Benefit", did you review and discuss with the

client the option of moving his or her current variable annuity into the guaranteed rate alternative product offered by most companies?

Were you the original advisor on this purchase?

Did the in-force contract originate from an exchange from another annuity?

What date will the in-force contract be free of surrender charges?

Original investment plus additions less withdrawals?

N/A or Unknown

Can the riders selected in the rider cost comparison be added to the existing contract?

What is the primary source of this information?

PARTICIPANTS

Full Name:	Custodian	Role(s):	Owner / Beneficiary
Organization:	Corporation (general)	Relationship to Annuitant:	Employer
SSN/TaxID:	98-7654321	Beneficiary Interest:	100.00%
Irrevocable:	No		
Country of Domicile:	United States of America		
Address Type:	Business		
Address Line 1:	555 SW 12th Ave, Suite 202	Address Line 2:	
City:	Pompano Beach	State:	Florida
Country:	United States of America	Zip Code:	33069
Phone Type:	Business	Phone #:	(954) 999-8888

Full Name:	Primary Annuitant	Role(s):	Annuitant
		Relationship to Annuitant:	Self
SSN/TaxID:	123-45-0987	Date of Birth:	10-10-1956
Gender:	Male		
Citizenship:	United States of America		
Active Military:	No		

Address Type:	<b>Residence</b>	Address Line 2:	
Address Line 1:	<b>20 Drury Cres</b>	State:	<b>North Carolina</b>
City:	<b>Charlotte</b>	Zip Code:	<b>27007</b>
Country:	<b>United States of America</b>		
Phone Type:		Phone #:	

Consents:

This prompt is for Electronic Signature consent for Forms. Select Yes to sign electronically.	<b>No</b>
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Electronic Policy Delivery

<i>Do you consent to receive all documents electronically?</i>	<b>No</b>
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FEATURES

Living Benefits	Marketing Name
No Living Benefits Selected	
Death Benefits	Marketing Name
Death Benefit	<b>Return of Premium</b>
Programs	Marketing Name
Asset Allocation	<b>Individual Segment Selection: DCA</b>
Dollar Cap Averaging	<b>DCA 6 months to Individual Segment Selection</b>
Surrender Charges	<b>Surrender Charge Schedule - 6/6/5/5/4/3/0</b>

FEATURE DETAILS

Living Benefits			
No Living Benefits Selected			
Death Benefits			
Feature Selected:	<b>Death Benefit</b>	Feature Opt Selected:	<b>Return of Premium</b>
Fees:	<b>0.20% Annually</b>	Duration:	

Programs

Feature Selected:

Surrender Charges

Feature Opt Selected:

Surrender Charge Schedule - 6/6/5/5/4/3/0

Duration:

Asset Allocation

Plan Name:

Individual Segment Selection: DCA

Destination Allocation Type:

Dollar Cost Averaging

Plan Name:

DCA 6 months to Individual Segment Selection

Frequency of Payment:

Monthly

Day of Month:

Start Date:

Total Number of Occurrences:

6

Amount Per Occurrence:

Percentage: 100.00%

Source Allocation Type:

Percentage

Destination Allocation Type:

Percentage

SUB ACCOUNTS				
Fund Manager	Fund Name	Initial Premium	DCA Source	DCA Destination
		Allocation		
BNY Mellon Investment Adviser, Inc.	DCA EQ/Money Market	100.00%	100.00%	
S&P 500 Step Up	S&P 500 Step Up 1 Yr -10% Buffer			25.00%
Russell 2000 Step Up	Russell 2000 Step Up 1 Yr -10% Buffer			30.00%
MSCI EAFE ETF Step Up	MSCI EAFE ETF Step Up 1 Yr -10% Buffer			45.00%

FEES

POLICY LEVEL FEES					
Fee Type	Fee Mode	ChargeBasedOn		Fees	
Base M&E Charges	Annually			1.15%	

FEATURE LEVEL FEES					
Feature Name	Feature Opt Name	Fee Type	Fee Mode	ChargeBasedOn	Fees
Death Benefit	Return of Premium	Rider M&E Charge	Annually		0.20%

## FUND LEVEL FEES

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

Question	Response
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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?

## FULFILLMENT

### Replacement Questions

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

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

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. **Yes**

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? **Yes**

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? **Yes**

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. **Yes**

## 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? **Yes**

### NC Suitability - All Questions Must Be Answered

Do you understand and acknowledge:

• the contract applied for contains variable investment options, which means that any benefits, values or payments based upon performance of the investment options may vary? **Yes**

• any benefits, values or payments based upon performance of the investment options are not guaranteed by any insurance company, the FDIC, Federal Reserve Board or any other agency, Federal or State? **Yes**

• the contract values may increase or decrease, depending on investment options, investment experience and applicable charges and certain expenses? **Yes**

Do you believe this purchase transaction is in accordance with your investment objectives and anticipated financial needs? **Yes**

## 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

I certify that I have truly and accurately recorded on the application the information provided by the Proposed Owner. **Yes**

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**

## NAIC - REQUIREMENTS QUESTIONNAIRE

Are you considering using funds from your existing policies or contracts to pay the premiums due on the new policy or contract? **Yes**

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? **Yes**

The existing policy or contract is being replaced because **NA**

Does the Applicant want the Notice About the Right to Cancel a New Policy or Contract read aloud? **Yes**

- Sales Materials: (You Must Select at Least One)

Sales Kit **True**

Illustrations **False**

Optional Benefits Brochure **False**

Investments Brochure **False**

Product Brochure **False**

Other Company approved materials **False**

No sales materials, illustration or proposal as used in this transaction **False**

