

**ACKNOWLEDGEMENT AND DISCLOSURE FOR
EMPLOYER-OWNED LIFE INSURANCE POLICIES***

In connection with the purchase of life insurance policies from AXA Equitable Life Insurance Company and/or one of its affiliates on the following insured(s) *(attach extra pages if necessary)*:

Name of Insured

Policy No. (if existing policy)

_____	_____
_____	_____
_____	_____
_____	_____

On behalf of the Policy Owner, the undersigned authorized representative acknowledges that the Policy Owner named below has received the document entitled "**Important Information Regarding Employer-Owned Life Insurance Policies**" and it is understood that the Policy Owner is solely responsible for ensuring that it complies with all legal requirements of IRC 101(j) related to life insurance it purchases on its employees. In addition, the representative confirms either

- The Policy Owner has provided notice to the employee and obtained the employee's signed consent to purchase life insurance on their life; or
- The Policy Owner has determined, whether individually or with the advice of their counsel, that the provisions of IRC 101(j) do not apply to this situation and does not intend to obtain the employee's signed consent.

(Check the box that applies)

Policy Owner

*Signature of Authorized Business Representative of the
Policy Owner*

*Name and Title of Authorized Business Representative of the
Policy Owner (Please Print)*

Date

**For the purpose of this form, the term employer refers to the actual employer or a "related person" as described in IRC Section 101(j)(3)(B)(ii)]*

Producers: This form must be filed with the life insurance application for Employer Owned Life Insurance in all states but Washington state.