

SUBMITTING THE APPLICATION

To submit an application using the **Express Application Process**:

Prior to Calling for an interview:

- Using **form A-MQ-07** (or your state version), pre-qualify the applicant.
- Have the applicant read and sign the **replacement form** (when applicable)
- Have the applicant review The Notice of Information Practices and Privacy policy and Life Buyer's Guide

The telephone interviewer will ask you for the following information:

1. Is this an Express or Regular application? (you'll reply "Express")
2. Your name and agent number.
3. Is there a splitting agent involved? If yes:
 - a. Splitting agent's name, agent number and percentage
4. Client's first, middle and last name
5. Product Information
 - a. Face amount
 - b. Plan applying for (LEGACY 1)
 - c. Optional benefits applied for:
Accidental Death or Nursing Home Waiver of Premium
 - d. Payment plan (single, 10-pay or continuous)
 - e. Will the automatic premium loan be included?

The policy must be paid by bank draft so be sure you know whether it is a checking or savings account. **DO NOT COLLECT PREMIUM OR A VOIDED CHECK.** Premiums will be deducted automatically for the first AND subsequent months. The initial premium will be drafted within 24 hours after the interview is completed. Subsequent premiums will be drafted on the day requested.

Please be sure your client has the following information readily available:

- If this policy will replace an existing life or annuity policy (if "yes", be sure the applicant has signed the replacement form.)
- Bank name, routing number and account number; draft date (between the 3rd and 28th of the month)
- Name and address for beneficiaries (Be sure the applicant knows if there are contingent beneficiaries)
- If the applicant is not the policyowner, the policyowner's name and address
- If an alternate payor is selected, the alternate payor's name, address and telephone number

Call **1-866-551-1781** for a Point-of-Sale Interview. You must call to have the Medical questions verified by one of our interviewers. Call times are 9:00 a.m. to 9:00 p.m. EST, Monday through Friday.

If your appointment is outside these hours, call and leave the following information:

- Your name and agent number. If there is a splitting agent, the splitting agent's name, agent number and the split percentage.
- Applicant's name
- Applicant's telephone number
- The best time to call the applicant
- Indicate what plan will be applied for (LEGACY 1)

To submit an application using the **Regular Application Process**:

- Using **Form A-MQ-07** (or your state version), pre-qualify the applicant.
- Complete the application without the medical questions (do not include the A-MQ-07 or your state version).
- Complete the **Health Information Authorization (HHA)**.
- Complete the **replacement form** if replacing any other Life or Annuity policy (if required in your state), and the **Disclosure Statement Regarding Accelerated Death Benefits**.
- Have the applicant review The Notice of Information Practices and Privacy Policy, and Life Buyer's Guide.
- The telephone interviewer will ask you for the following information:
 1. Is this an Express or Regular Application? (you'll reply "Regular")
 2. Your name and agent number.
 3. Is there a splitting agent involved? If yes:
 - a. Splitting agent's name and agent number; split percentage.
 4. Client information:
 - a. First, middle and last name
 - b. Date of birth
 - c. Social Security number
 - d. Street address, city, state and zip
 5. Product information:
 - a. Plan applying for (LEGACY 1)
 - b. Optional benefits applied for: Accidental Death or Nursing Home Waiver of Premium
- Call **1-866-551-1781** for a Point-of-Sale Interview. You must call to have the Medical questions verified by one of our interviewers. Call times are 9:00 a.m. to 9:00 p.m. EST, Monday through Friday.

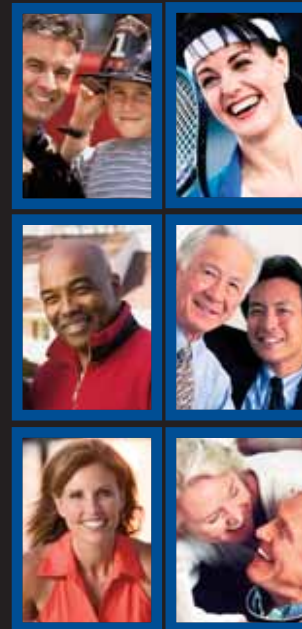
Once the interview is complete, submit the required forms and premium to the Home Office for processing. **These forms must be received within 14 days of the application date or commission will be charged back!** Mail or fax the application to the Home Office. The policy will be issued faster if you fax the application to 1-888-352-5126.

For either application, **DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay the issue process.

APPLICATION INSTRUCTIONS & ABBREVIATED RATE BOOK

Equitable

LEGACY® SERIES



**A Whole Life Plan That
Provides You With The Ability
To Tailor Your Coverage
To Your Needs**

 **Equitable & You**
... Committed To Caring

**Annual Premium Per \$1000 Face Amount - Continuous Pay
(Policy Fee Not Included)**

Age	Female					
	LEGACY 1		ADB Rider		NH WAIVER	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	14.95	18.77	0.99	0.99	0.16	0.19
19	15.23	19.36	0.99	0.99	0.16	0.20
20	15.49	19.97	0.99	0.99	0.16	0.20
21	15.76	20.57	0.99	0.99	0.16	0.21
22	16.03	21.17	0.99	0.99	0.17	0.21
23	16.30	21.77	0.99	0.99	0.17	0.22
24	16.58	22.37	0.99	0.99	0.17	0.22
25	16.86	22.97	0.99	0.99	0.17	0.24
26	17.15	23.58	0.99	0.99	0.18	0.24
27	17.45	24.18	0.99	0.99	0.18	0.25
28	17.77	24.78	0.99	0.99	0.18	0.26
29	18.10	25.38	0.99	0.99	0.18	0.26
30	18.44	25.99	0.99	0.99	0.19	0.27
31	18.80	26.59	1.01	1.01	0.19	0.27
32	19.18	27.20	1.01	1.01	0.19	0.28
33	19.55	27.79	1.02	1.02	0.20	0.28
34	19.95	28.40	1.03	1.03	0.20	0.29
35	20.33	28.99	1.04	1.04	0.20	0.29
36	20.72	29.57	1.05	1.05	0.21	0.30
37	21.10	30.16	1.06	1.06	0.21	0.30
38	21.48	30.73	1.07	1.07	0.22	0.31
39	21.84	31.30	1.08	1.08	0.22	0.31
40	22.18	31.85	1.10	1.10	0.22	0.32
41	22.51	32.40	1.13	1.13	0.22	0.32
42	22.83	32.94	1.15	1.15	0.24	0.33
43	23.17	33.50	1.17	1.17	0.24	0.33
44	23.53	34.09	1.19	1.19	0.24	0.35
45	23.96	34.74	1.21	1.21	0.25	0.36
46	24.45	35.44	1.25	1.25	0.26	0.37
47	25.02	36.21	1.27	1.27	0.27	0.38
48	25.70	37.06	1.29	1.29	0.28	0.40
49	26.49	38.02	1.30	1.30	0.30	0.43
50	27.43	39.10	1.32	1.32	0.33	0.48
51	28.52	40.30	1.34	1.34	0.38	0.52
52	29.74	41.63	1.35	1.35	0.42	0.59
53	31.08	43.09	1.37	1.37	0.48	0.66
54	32.53	44.68	1.38	1.38	0.54	0.75
55	34.06	46.39	1.40	1.40	0.62	0.84
56	35.66	48.23	1.43	1.43	0.69	0.93
57	37.31	50.19	1.47	1.47	0.77	1.04
58	38.98	52.28	1.51	1.51	0.85	1.15
59	40.67	54.48	1.58	1.58	0.95	1.28
60	42.35	56.81	1.65	1.65	1.06	1.42
61	44.03	59.26	1.74	1.74	1.19	1.60
62	45.74	61.89	1.85	1.85	1.34	1.81
63	47.55	64.72	1.97	1.97	1.49	2.03
64	49.50	67.80	2.12	2.12	1.68	2.29
65	51.66	71.17	2.25	2.25	1.86	2.57
66	54.09	74.88	2.40	2.40	2.07	2.88
67	56.85	78.98	2.56	2.56	2.31	3.22
68	59.99	83.49	2.71	2.71	2.60	3.62
69	63.56	88.48	2.88	2.88	2.95	4.11
70	67.64	93.98	3.03	3.03	3.38	4.70
71	72.26	100.02	3.18	3.18	3.93	5.44
72	77.41	106.58	3.34	3.34	4.59	6.32
73	83.07	113.65	3.51	3.51	5.35	7.32
74	89.19	121.19	3.70	3.70	6.22	8.45
75	95.77	129.18	3.90	3.90	7.19	9.70
76	102.78	137.58	4.14	4.14	8.23	11.03
77	110.17	146.39	4.42	4.42	9.40	12.49
78	117.95	155.57	4.72	4.72	10.72	14.14
79	126.05	165.07	5.09	5.09	12.27	16.08
80	134.48	174.90	5.50	5.50	14.13	18.37
81	143.19	185.01	5.98	5.98	16.34	21.11
82	152.13	195.36	6.51	6.51	18.95	24.33
83	161.25	205.88	7.07	7.07	21.91	27.97
84	170.48	216.51	7.66	7.66	25.19	31.99
85	179.78	227.20	8.25	8.25	28.77	36.36

For monthly direct bill, multiply by .1, quarterly by .265, semi-annual by .52. For monthly bank draft, divide by 12, semi-annual divide by 2, quarterly divide by 4. Then, for both direct bill and bank draft, add the policy fee of \$3 for monthly, \$9 for quarterly, \$18 for semi-annual, \$36 for annual.

**Annual Premium Per \$1000 Face Amount - Continuous Pay
(Policy Fee Not Included)**

Age	Male					
	LEGACY 1		ADB Rider		NH WAIVER	
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco
18	15.59	20.88	1.76	1.76	0.08	0.10
19	16.06	21.67	1.76	1.76	0.08	0.11
20	16.54	22.48	1.76	1.76	0.09	0.11
21	17.01	23.28	1.76	1.76	0.09	0.13
22	17.48	24.07	1.76	1.76	0.09	0.13
23	17.96	24.88	1.76	1.76	0.09	0.13
24	18.43	25.66	1.76	1.76	0.09	0.14
25	18.91	26.44	1.76	1.76	0.10	0.14
26	19.39	27.22	1.76	1.76	0.10	0.14
27	19.88	27.97	1.76	1.76	0.10	0.15
28	20.37	28.71	1.76	1.76	0.10	0.15
29	20.86	29.44	1.76	1.76	0.10	0.15
30	21.37	30.16	1.76	1.76	0.11	0.16
31	21.87	30.85	1.78	1.78	0.11	0.16
32	22.39	31.52	1.80	1.80	0.11	0.16
33	22.91	32.19	1.81	1.81	0.11	0.17
34	23.41	32.84	1.82	1.82	0.13	0.17
35	23.93	33.50	1.83	1.83	0.13	0.17
36	24.42	34.16	1.84	1.84	0.13	0.18
37	24.92	34.82	1.85	1.85	0.13	0.18
38	25.39	35.50	1.86	1.86	0.14	0.18
39	25.87	36.18	1.87	1.87	0.14	0.18
40	26.31	36.90	1.87	1.87	0.14	0.19
41	26.73	37.64	1.87	1.87	0.14	0.19
42	27.16	38.42	1.89	1.89	0.14	0.19
43	27.63	39.25	1.89	1.89	0.15	0.20
44	28.13	40.15	1.89	1.89	0.15	0.20
45	28.70	41.14	1.90	1.90	0.15	0.21
46	29.39	42.24	1.90	1.90	0.16	0.22
47	30.19	43.47	1.92	1.92	0.17	0.25
48	31.13	44.81	1.93	1.93	0.18	0.27
49	32.25	46.31	1.95	1.95	0.20	0.29
50	33.55	47.99	1.98	1.98	0.22	0.31
51	35.07	49.83	2.02	2.02	0.25	0.35
52	36.78	51.87	2.07	2.07	0.28	0.39
53	38.66	54.08	2.13	2.13	0.31	0.43
54	40.69	56.48	2.18	2.18	0.35	0.49
55	42.84	59.06	2.26	2.26	0.39	0.53
56	45.09	61.82	2.34	2.34	0.43	0.59
57	47.43	64.76	2.42	2.42	0.48	0.64
58	49.81	67.89	2.52	2.52	0.52	0.71
59	52.23	71.19	2.63	2.63	0.58	0.77
60	54.65	74.67	2.75	2.75	0.63	0.86
61	57.08	78.35	2.89	2.89	0.70	0.96
62	59.58	82.28	3.02	3.02	0.79	1.08
63	62.23	86.55	3.16	3.16	0.88	1.23
64	65.11	91.23	3.32	3.32	0.99	1.39
65	68.33	96.39	3.48	3.48	1.13	1.60
66	71.93	102.12	3.65	3.65	1.29	1.83
67	76.04	108.48	3.83	3.83	1.48	2.12
68	80.71	115.56	4.01	4.01	1.71	2.45
69	86.04	123.44	4.21	4.21	1.98	2.84
70	92.11	132.18	4.40	4.40	2.30	3.30
71	98.98	141.85	4.61	4.61	2.69	3.85
72	106.64	152.42	4.83	4.83	3.14	4.49
73	115.04	163.85	5.10	5.10	3.67	5.23
74	124.15	176.09	5.39	5.39	4.27	6.07
75	133.92	189.09	5.76	5.76	4.95	7.00
76	144.32	202.81	6.18	6.18	5.74	8.06
77	155.31	217.21	6.68	6.68	6.64	9.28
78	166.84	232.24	7.28	7.28	7.69	10.71
79	178.89	247.86	7.98	7.98	8.97	12.43
80	191.40	264.00	8.80	8.80	10.53	14.52
81	204.34	280.64	9.75	9.75	12.42	17.07
82	217.62	297.68	10.80	10.80	14.67	20.07
83	231.16	315.00	11.92	11.92	17.25	23.50
84	244.86	332.52	13.11	13.11	20.13	27.34
85	258.66	350.15	14.30	14.30	23.28	31.52

For monthly direct bill, multiply by .1, quarterly by .265, semi-annual by .52. For monthly bank draft, divide by 12, semi-annual divide by 2, quarterly divide by 4. Then, for both direct bill and bank draft, add the policy fee of \$3 for monthly, \$9 for quarterly, \$18 for semi-annual, \$36 for annual.