



PRODUCER INFORMATION

Producer's Name: _____
 Agency Name: _____ Contact: _____ Date: _____
 Address: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Broker: _____ MONY Career FP: _____ Other: _____

CLIENT INFORMATION

Employer Name: _____ State: _____
 Business Form: Corporation Sub "S" Corp. LLP LLC FLP Sole Proprietorship
 Partnership Prof. Corp. Other _____
 Requested Policy Effective Date: _____ Fiscal year ends: _____
 Does the Employer or any family member of the Employer have any ownership interest in any other business?
 Yes No (See note below)
 Principal(s): _____ Number of Employees: _____
 Are you aware of any insurability issues of key employees? Yes No
 If yes, explain: _____
 Corporate tax bracket: _____

412(i) Plan Illustration Specifications:

Design plan for max. benefits/max contribution? Yes No
 If no, contribution amount? _____ Do you wish to use Life insurance? Yes No
 Max retirement age based on years of plan participation: _____ OR Anticipated Retirement Age _____
 (indicate number e.g., 5 yrs) (e.g., 60 or 62)
 Does the Employer currently have or did they previously have a Qualified Retirement Plan: Yes No (See note below)
 If yes, what type of Retirement Plan: _____

EMPLOYEE CENSUS (INCLUDE ALL ELIGIBLE EMPLOYEES)

| Employee | Sex | Number of Hours Worked Per Week | Smoker or Non Smoker | Risk Classes Standard, Select, Ult. Select | Date of Birth | Date of Hire | Annual Compensation |
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Note: If employer, or owner, or any family member of the owner has ownership in other companies or contributes to other employer or union pension or welfare benefit plans, producer should complete the "Comprehensive Retirement & Employee Benefit Questionnaire" for each employer.

Life Insurance and Annuities issued by MONY Life Insurance Company of America outside New York (in New York issued by MONY Life Insurance Company). Both companies are members of The MONY Group, Inc. and are located at 1740 Broadway, New York, NY 10019.