

INSURED PERSON JOHN H DOE  
POLICY OWNER JOHN H DOE  
FACE AMOUNT \$250,000  
POLICY NUMBER SPECIMEN



**TERM LIFE  
INSURANCE POLICY**

---

***EQUITABLE FINANCIAL LIFE INSURANCE COMPANY  
A STOCK COMPANY: 1345 AVENUE OF THE AMERICAS  
NEW YORK, NEW YORK 10105  
(800) 777-6510***

**Agrees**

- **To pay** the insurance benefits of this policy to the Beneficiary upon receiving proof that the Insured Person died on or before the Final Term Expiry Date shown on Page 3; and
- **To provide** you (*the Policy Owner*) with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

**Right to Examine Policy.** You may examine this policy and if for any reason you are not satisfied with it, you may cancel it by returning this policy with a written request for cancellation to our Administrative Office or to the agent who sold it by the 10th day after you receive it. If you do this, we will refund the premium that was paid.

**Read your policy carefully.** It is a legal contract between you and Equitable Financial Life Insurance Company.

A handwritten signature in black ink that reads "Mark Pearson".

Mark Pearson  
Chairman of the Board and Chief  
Executive Officer

A handwritten signature in black ink that reads "Jose R. Gonzalez".

Jose R. Gonzalez,  
Chief Legal Officer and Secretary

**One Year Term Plan.** This is a Single Annual Premium Term Policy. Insurance is payable upon death on or before the Term Expiry Date. The premium is payable to the Term Expiry Date. This is a one year, convertible, non-renewable term policy. This is a non-participating policy.

## ***Contents***

Insurance Benefits	2
Term Expiry Date	2
Policy Owner and Beneficiary	4
The Premium	4
Conversion Privilege	4
General Provisions	5

### ***In this policy:***

“We”, “our” and “us” mean Equitable Financial Life Insurance Company.

“You” and “your” mean the Owner of the policy at the time an Owner’s right is exercised

A copy of the application for this policy is attached to this policy.

## ***Insurance Benefits***

We will pay the insurance benefits of this policy to the Beneficiary when we receive at our Administrative Office: (1) proof satisfactory to us that the Insured Person died while this policy was in force; (2) the policy or proof of its loss; and (3) proof of interest of the claimant.

These insurance benefits include the following amounts, which we will determine as of the date of the Insured Person’s death:

- The Face Amount of this policy shown on Page 3;
- *Plus* any adjustment for the annual premium.

Interest on the resulting amount shall accrue and be payable from the date of death. Interest shall accrue at a rate not less than the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

Interest shall accrue at the effective annual rate determined in above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items 1., 2. and 3.

1. The date that due proof of death is received by us;
2. The date the company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
3. The date of resolution of other situations that depend on the actions of parties other than the company. The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

We will pay the insurance benefit in one sum. We will pay these benefits only if the annual premium has been paid as required by this policy.

Payment of these benefits may also be affected by other provisions of this policy. See the “General Provisions” section where we specify our right to contest the policy, what happens if age or sex has been misstated, and the suicide exclusion. Additional exclusions or limitations (if any) are listed on Page 3.

## ***Term Expiry Date***

This term insurance policy expires at the end of the first policy year. The insurance benefit is payable upon death if the date of death of the Insured is on or before to the Term Expiry Date shown on Page 3.

The policy will end without value on the Term Expiry Date and may not be renewed.

INSURED PERSON	JOHN H. DOE	REGISTER DATE	JANUARY 1, 2008
POLICY OWNER	JOHN H. DOE	DATE OF ISSUE	JANUARY 1, 2008
FACE AMOUNT	\$250,000	ISSUE AGE, SEX	35, MALE
TERM EXPIRY DATE	DECEMBER 31,2008	FINAL CONVERSION DATE	DECEMBER 31, 2008
POLICY NUMBER	SPECIMEN	BENEFICIARY	JANE DOE

----- BENEFITS AND PREMIUM -----

BENEFITS	ANNUAL PREMIUM	PREMIUM PERIOD
LIFE INSURANCE	\$XXX.XX	1 YEAR

THE PREMIUM IS DUE ON OR BEFORE DELIVERY OF THE POLICY.

SPECIMEN

ADMINISTRATIVE OFFICE:

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY  
LIFE OPERATIONS  
8501 IBM DRIVE, SUITE 150, CHARLOTTE, NC 28262  
(800) 777-6510

**Contact for Contract State.** If you need to contact the state insurance department where your policy was purchased (contract state, as per the delivery receipt), please refer to the attached listing for phone numbers and addresses.

STANDARD NON-TOBACCO USER

**LIST OF STATE INSURANCE DEPARTMENTS**

Alaska Division of Insurance 550 West 7 <sup>th</sup> Avenue, Suite 1560 Anchorage, Alaska 99501-3567 Tel. 907-269-7900 Fax 907-269-791	Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, Colorado 80202 Tel. 303-894-7499 Fax 303-894-7455	Georgia Department of Insurance 2 Martin Luther King, Jr. Drive Floyd Memorial Bldg., 704 West Tower Atlanta, Georgia 30334 Tel. 404-656-2056 Fax 404-656-4688
Hawaii Insurance Division Dept. of Commerce & Consumer Affairs 335 Merchant Street, Room 213 Honolulu, Hawaii 96813 Tel. 808-586-2790 Fax 808-586-2806	Idaho Department of Insurance 700 West State Street P.O. Box 83720 Boise, ID 83720-0043 Tel: 208-334-4250 Fax: 208-334-4398	Indiana Department of Insurance 311 W. Washington Street, Suite 300 Indianapolis, Indiana 46204-2787 Tel. 317-232-2385 Fax 317-232-5251
Division of Insurance State of Iowa 330 E. Maple Street Des Moines, Iowa 50319 Tel. 515-281-5523 Fax 515-281-3059	Kansas Department of Insurance 420 S.W. 9 <sup>th</sup> Street Topeka, Kansas 66612-1678 Tel. 785-296-3071 Fax 785-296-7805	Kentucky Office of Insurance 215 West Main Street Frankfort, Kentucky 40601 Tel. 502-564-6027 Fax 502-564-1453
Maine Bureau of Insurance Dept. of Professional & Financial Reg. 124 Northern Avenue Gardiner, Maine 04345 Tel. 207-624-8401 Fax 207-624-8599	Maryland Insurance Administration 525 St. Paul Place Baltimore, Maryland 21202-2272 Tel. 410-468-2090 Fax 410-468-2019	Commonwealth of Massachusetts One South Station, 5th Floor Boston, Massachusetts 02110 Tel. 617-521-7794 Fax 617-521-7758
State of Michigan Office of Financial and Insurance Services Ottawa Bldg 3rd Floor 611 W. Ottawa Lansing, Michigan 48933 Tel. 517-373-0220 Fax 517-373-4870	Minnesota Department of Commerce 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 Tel. 651-296-5769 Fax 651-282-2568	Nebraska Department of Insurance Terminal Building, Suite 400 941 'O' Street Lincoln, Nebraska 68508 Tel. 402-471-2201 Fax 402-471-4610
New Hampshire Department of Insurance 21 South Fruit Street, Suite 14 Concord, New Hampshire 03301 Tel. 603-271-2261 Fax 603-271-1406	North Carolina Dept. of Insurance Department of Insurance State of North Carolina Dobbs Building 430 N. Salisbury Street Raleigh, North Carolina 27603 Tel. 919-733-3058 Fax 919-733-6495	Ohio Department of Insurance 2100 Stella Court Columbus, Ohio 43215-1067 Tel. 614-644-2658 Fax 614-644-3743

<p>Oklahoma Department of Insurance 2401 NW 23rd St., Suite 28 Oklahoma City, Oklahoma 73107 Tel. 405-521-2828 Fax 405-521-6635</p>	<p>Pennsylvania Insurance Department 1326 Strawberry Square, 13th Floor Harrisburg, Pennsylvania 17120 Tel. 717-783-0442 Fax 717-772-1969</p>	<p>Puerto Rico Dept of Insurance B5 Tabonuco St. Suite 216 PMB 356 Guaynabo, Puerto Rico 00968-3029 Tel. 787-722-8686 Fax 787-722-4400</p>
<p>Rhode Island Insurance Division Dept. of Business Regulation 233 Richmond Street, Suite 233 Providence, Rhode Island 02903-4233 Tel. 401-222-5466 Fax 401-222-5475</p>	<p>Tennessee Dept. of Commerce &amp; Ins. Davy Crockett Tower, Fifth Floor 500 James Robertson Parkway Nashville, Tennessee 37243-0565 Tel. 615-741-6007 Fax 615-532-6934</p>	<p>Texas Department of Insurance 333 Guadalupe Street Austin, Texas 78701 Tel. 512-463-6464 Fax 512-475-2005</p>
<p>Utah Department of Insurance 3110 State Office Building Salt Lake City, Utah 84114-1201 Tel. 801-538-3800 Fax 801-538-3829</p>	<p>Vermont Division of Insurance Dept. of Banking, Ins. &amp; Securities 89 Main Street, Drawer 20 Montpelier, Vermont 05620-3101 Tel. 802-828-3301 Fax 802-828-3306</p>	<p>Virginia Bureau of Insurance State Corporation Commission Bureau of Insurance Commonwealth of Virginia 1300 East Main Street Richmond, Virginia 23219 Tel. 804-371-9694 Fax 804-371-9873</p>
<p>Washington State Office of the Insurance Commissioner Insurance 5000 Building 5000 Capitol Way Tumwater, Washington 98501 Tel. 360-725-7000 Fax 360-586-3109</p>	<p>West Virginia Offices of the Insurance Commissioner State of West Virginia 1124 Smith Street Charleston, West Virginia 25301 Tel. 304-558-3354 Fax 304-558-0412</p>	<p>Wyoming Department of Insurance 106 East 6th Avenue Cheyenne, Wyoming 82002 Tel. 307-777-7401 Fax 307-777-5895</p>

## ***Policy Owner and Beneficiary***

**OWNER.** The Owner of this policy is the Insured Person unless otherwise stated in the application, or later changed. As Owner, you can exercise all the rights in this policy while the Insured Person is living. You do not need the consent of anyone who has only a conditional or future ownership interest in this policy.

**BENEFICIARY.** The Beneficiary is as stated in the application, unless later changed. The Beneficiary designation as stated in the application is effective upon issue. If two or more persons are named, those surviving the Insured Person will share equally unless otherwise stated.

We will pay any benefit for which there is no stated Beneficiary living at the death of the Insured Person to the children of the Insured Person who then survive, in equal shares. If none survive, we will pay the estate of the Insured Person.

**CHANGES.** While the Insured Person is living, you may change the Owner or Beneficiary by submitting written notice in a form satisfactory to us. You can get such a form from your agent or by writing to our Administrative Office. The change will take effect on the date you sign the notice, except that it will not apply to any payment we make or other action we take before we receive the notice in our Administrative Office.

**ASSIGNMENT.** You may assign this policy, however, we will not be bound by an assignment unless we have received it in writing. Your rights and those of any other person referred to in this policy will be subject to the assignment. We assume no responsibility for the validity of any assignment. An absolute assignment will be considered as a change of ownership to the assignee. The assignment, unless otherwise specified by you, will take effect on the date you sign the assignment notice, except that it will not apply to any payment we make or other action we take before we receive the notice in our Administrative Office.

---

## ***The Premium***

**AMOUNT AND DUE DATE.** Page 3 shows the amount of the premium. The premium is payable on or before the Register Date at our Administrative Office. We will furnish you with a premium receipt, signed by one of our officers, upon request.

**PREMIUM ADJUSTMENT.** We will add to the insurance benefits any part of the premium paid that applies to a period beyond the policy month in which the Insured Person dies.

## ***Conversion Privilege***

You may exchange this policy for a new policy, as defined in The New Policy provision, as applicable, on the life of the Insured Person without evidence of insurability. This exchange is subject to the requirements stated below.

You may exchange this policy provided that (1) the written request for exchange is made on or before the Final Conversion Date shown on page 3; (2) the premium for this policy has been duly paid; and (3) the premium for the new policy accompanies the application.

**The New Policy** - The new policy may be on any plan of life insurance, except for term insurance, that we or an affiliate of ours offer on the date of exchange subject to our or our affiliate's rules then in effect as to plan, age and class of risk.

The new policy will have a maximum insurance amount equal to the amount of insurance in effect on this policy. You may choose any lower amount allowed by our or our affiliate's rules in effect on the date of exchange.

The Register Date of the new policy will be the date of exchange. Premiums and charges for the new policy will be based on our or our affiliate's rates in effect on that date. They will be for the Insured Person's then attained insurance age and for the same class of risk as for this policy, or the closest comparable class. Except as to any new additional benefit riders included in the new policy, the suicide exclusion and incontestability periods of the new policy will be determined from the date of issue of this policy instead of from the date of issue of the new policy. If additional benefit riders are included in the new policy, the insured will be subject to our underwriting rules in effect at the time of conversion.

## *General Provisions*

**THE CONTRACT.** We provide this insurance in consideration of payment of the required premium. This policy, any riders or endorsements, and the attached copy of the application for it make up the entire contract.

Only our Chairman of the Board, our President or one of our Vice Presidents can modify this contract or waive any of our rights or requirements under it. The person making these changes must put them in writing and sign them.

**INCONTESTABILITY.** We have the right to contest the validity of this policy based on material misstatements made in the initial application for this policy.

We also have the right to contest the validity of any policy change based on material misstatements made in any application for that change.

No statement shall be used to contest a claim unless contained in an application.

All statements made in the application, in the absence of fraud, are deemed representations and not warranties.

**AGE AND SEX.** If the Insured Person's age or sex has been misstated, any benefits will be those that the premium paid would have purchased at the correct age and sex.

**SUICIDE EXCLUSION.** If the Insured Person commits suicide, while sane or insane, after the earlier of the Register Date and the Date of Issue and on or before the Term Expiry Date shown on Page 3, our liability will be limited to the payment of a single sum equal to the premium paid.

**POLICY PERIODS.** Policy months and the premium period are measured from the Register Date. Each policy month begins on the same day in each calendar month as the Register Date.

**CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS.** This policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of this policy that on the provision's effective date is in conflict with the Interstate Insurance Product Regulation Commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

**TERM LIFE  
INSURANCE  
POLICY**

**Equitable Financial Life Insurance Company  
1345 Avenue of the Americas, New York, NY 10105**

**One Year, Convertible, non-Renewable Term Plan. This is a Single Annual Premium Term Policy. Insurance is payable upon death on or before the Term Expiry Date. The premium is payable to the Term Expiry Date. This is a non-participating policy.**

ICC07-148-51

SPECIMEN