

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 HOME OFFICE: 1290 AVENUE OF THE AMERICAS, NEW
YORK, NY 10104
(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 to you (or to an agent of the Company) by the 10th day after you receive it. If you do this, we will refund the premiums that were paid.

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

Countersignature: _____

A handwritten signature in black ink, appearing to read "Mark Pearson".

Mark Pearson
Chairman of the Board and Chief Executive Officer

A handwritten signature in black ink, appearing to read "Dave S. Hattem".

Dave S. Hattem, Senior Executive Director,
Secretary and General Counsel

This is a renewable term insurance policy. Coverage is renewable until the Final Term Expiry Date. **Premiums are level during the initial level premium period shown on Page 3, and then generally increase annually in subsequent policy years. All premiums are guaranteed.** Premiums are payable to the Final Term Expiry Date or until earlier death. This policy is convertible. This is a non-participating policy.

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Copies of the application for this policy and any additional benefit riders are attached to this policy.

In this policy:

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

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

Administrative Office:

The address of our Administrative Office is shown on Page 3. You should send correspondence to that office. Premium payments should be sent to the address listed on your billing notice.

Insurance Benefits

We will pay the insurance benefits of this policy to the Beneficiary when we receive: (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 other benefits then due from riders to this policy;
- *Plus or minus* any adjustments for the last premium as described in the Premiums section.

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 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 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 state and federal reporting requirements.

We will pay these benefits only if premiums have 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.

LIST OF STATE INSURANCE DEPARTMENTS

<p>Alabama Department of Insurance 201 Monroe Street, Suite 502 P. O. Box 303351 Montgomery, Alabama 36130-3351 Tel. 334-269-3550 Fax: 334-241-4192</p>	<p>Alaska Division of Insurance 333 Willoughby Avenue, 9th Floor State Office Bldg. Juneau, Alaska 99811-0805 Tel: 907-465-2515 Fax: 907-465-3422</p>	<p>Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201-1904 Tel. 501-371-2600 Fax. 501-371-2618</p>
<p>Arizona Department of Insurance 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Tel. 602-364-3100 Fax 602-364-3470</p>	<p>Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, Colorado 80202 Tel. 303-894-7499 Fax 303-894-7455</p>	<p>Georgia Department of Insurance 2 Martin Luther King, Jr. Drive Floyd Memorial Building 704 West Tower Atlanta, Georgia 30334 Tel. 404-656-2070 Fax 404-656-2298</p>
<p>Hawaii Insurance Division Dept. of Commerce & Consumer Affairs 335 Merchant Street, Room 213 Honolulu, Hawaii 96813 Tel. 808-586-2790 Fax 808-586-2806</p>	<p>Idaho Department of Insurance 700 West State Street P.O. Box 83720 Boise, Idaho 83720-0043 Tel: 208-334-4250 Fax: 208-334-4398</p>	<p>Illinois Department of Insurance 320 West Washington Street Springfield, Illinois 67267-0001 Tel. 217-782-4515 Fax. 217-782-5020</p>
<p>Indiana Department of Insurance 311 W. Washington Street, Suite 300 Indianapolis, Indiana 46204-2787 Tel. 317-232-2385 Fax 317-232-5251</p>	<p>Division of Insurance State of Iowa 330 Maple Street Des Moines, Iowa 50319-0065 Tel. 515-281-5705 Fax 515-281-3059</p>	<p>Kansas Department of Insurance 420 S.W. 9th Street Topeka, Kansas 66612-1678 Tel. 785-296-3071 Fax 785-296-2283</p>
<p>Kentucky Office of Insurance 215 West Main Street Frankfort, Kentucky 40601 Tel. 502-564-3630 Fax 502-564-5922</p>	<p>Louisiana Department of Insurance 1702 North 3rd Street Baton Rouge, Louisiana 70802 Tel. 225-342-5900 Fax. 225-342-8622</p>	<p>Maine Bureau of Insurance 34 State House Station Augusta, Maine 04333-0034 Tel. 207-624-8475 Fax 207-624-8599</p>
<p>Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, Maryland 21202 Tel. 410-468-2205 Fax 410-468-2020</p>	<p>Commonwealth of Massachusetts Divisions of Insurance Department of Banking and Insurance One South Station, 5th Floor Boston, Massachusetts 02110 Tel. 617-521-7794 Fax 617-521-7772</p>	<p>Michigan Office of Financial and Insurance Services Ottawa Building 611 W. Ottawa, 3rd Floor Lansing, Michigan 48933-1070 Tel. 517-373-0220 Fax 517-335-4978</p>
<p>Minnesota Department of Commerce 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 Tel. 651-297-3303 Fax 651-296-4328</p>	<p>Mississippi Insurance Department 501 North West Street, Suite 1001 Jackson, Mississippi 39201 Tel. 601-359-3569 Fax 601-359-2474</p>	<p>Missouri Department of Insurance Financial Institutes and Professional Registration P. O. Box 690 Jefferson City, Missouri 65102-0690 Tel. 573-751-4326 Fax 573-751-1165</p>

<p>Montana Office of the Commissioner Securities and Insurance 840 Helena Avenue Helena, Montana 59601 Tel. 406-444-2040 Fax 406-444-3497</p>	<p>Nebraska Department of Insurance Terminal Building 941 'O' Street, Suite 400 Lincoln, Nebraska 68508-3639 Tel. 402-471-2201 Fax 402-471-4610</p>	<p>Nevada Division of Insurance 1818 E. College Parkway, Suite 103 Carson City, Nevada 89706 Tel. 775-687-0700 Fax 775-687-0787</p>
<p>New Hampshire Department of Insurance 21 Fruit Street, Suite 14 Concord, New Hampshire 03301 Tel. 603-271-2261 Fax 603-271-1406</p>	<p>New Jersey Department of Banking and Insurance P. O. Box 325 Trenton, New Jersey 08625 Tel. 609-292-7272 Fax 609-777-0508</p>	<p>New Mexico Division of Insurance Life and Health Filing PERA Building, 4th Floor 1120 Paseo de Peralta Santa Fe, New Mexico 87501 Tel. 505-827-4601 Fax 505-827-4734</p>
<p>North Carolina Dept. of Insurance Dobbs Building 430 N. Salisbury Street 1201 Mail Service Center Raleigh, North Carolina 27699-1201 Tel. 919-733-2032 Fax 919-733-0085</p>	<p>Ohio Department of Insurance 50 W. Town Street Third Floor – Suite 300 Columbus, Ohio 43215 Tel. 614-644-2658 Fax 614-644-3743</p>	<p>Oklahoma Insurance Department 2401 NW 23rd Street, Suite 28 Oklahoma City, Oklahoma 73152- 3408 Tel. 405-521-2828 Fax 405-521-6652</p>
<p>Oregon Insurance Division Consumer Advocacy Unit P. O. Box 14480 Salem, Oregon 97309-0405 Tel. 503-947-7984</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 Office of the Commissioner of Insurance B5 Calle Tabonuco, Suite 216 PMB 356 Guaynabo, Puerto Rico 00968-3029 Tel. 787-304-8686 Fax 787-723-6082</p>
<p>Rhode Island Insurance Division Department of Business Regulation 1511 Pontiac Avenue, Building 69-2 Cranston, Rhode Island 02920 Tel. 401-462-9520 Fax 401-222-5475</p>	<p>South Carolina Department of Ins. Capitol Center 1201 Main Street, Suite 1000 Columbia, South Carolina 29201 Tel. 803-737-6160 Fax 803-737-6229</p>	<p>Tennessee Dept. of Commerce & Ins. Davy Crockett Tower, Fifth Floor 500 James Robertson Parkway Nashville, Tennessee 37243-0565 Tel. 615-741-6007 Fax 615-532-2788</p>
<p>Texas Department of Insurance Hobby Building, Tower I, 13th Floor 333 Guadalupe Street Austin, Texas 78701 Tel. 512-463-6169 Fax 512-436-6141</p>	<p>Utah Department of Insurance State Office Building, Room 3110 Salt Lake City, Utah 84114-6901 Tel. 801-538-3800 Fax 801-538-3829</p>	<p>Vermont Department. of Banking, Ins., Securities & Health Care Admin. Division of Insurance 89 Main Street, Drawer 20 Montpelier, Vermont 05620-3101 Tel. 802-828-3301 Fax 802-828-3306</p>
<p>Commonwealth of Virginia Bureau of Insurance 1300 East Main Street, 5th Floor Richmond, Virginia 23219 Tel. 804-371-9741 Fax 804-371-9873</p>	<p>Washington State Office of the Insurance Commissioner Insurance Building 5000 Capitol Boulevard Tumwater, Washington 98501 Tel. 360-725-7000 Fax 360-586-2017</p>	<p>West Virginia Department of Ins. 1124 Smith Street Charleston, West Virginia 25305-0540 Tel. 304-558-3029 Fax 304-558-1610</p>
<p>Wisconsin Department of Insurance GEF 3, Second Floor 125 South Webster Street Madison, Wisconsin 53702 Tel. 608-266-3583 Fax 608-266-9935</p>	<p>Wyoming Department of Insurance 106 East 6th Avenue Cheyenne, Wyoming 82002 Tel. 307-777-7401 Fax 307-777-5895</p>	

POLICY INFORMATION

INSURED PERSON	JOHN H. DOE	REGISTER DATE	JULY 22, 2015
POLICY OWNER	JOHN H. DOE	DATE OF ISSUE	JULY 22, 2015
FACE AMOUNT	\$250,000	ISSUE AGE, SEX	35, MALE
		FINAL CONVERSION DATE	JULY 21, 2025
POLICY NUMBER	SPECIMEN	FINAL TERM EXPIRY DATE	JULY 21, 2075

----- BENEFITS AND PREMIUMS -----

BENEFITS	ANNUAL PREMIUM	INITIAL LEVEL PREMIUM PERIOD
LIFE INSURANCE	\$255.00	10 YEARS

THE FIRST PREMIUM IS \$255.00 AND IS DUE ON OR BEFORE DELIVERY OF THE POLICY. SUBSEQUENT PREMIUMS ARE DUE ON JULY 22, 2016 AND ANNUALLY THEREAFTER.

INFORMATION ON PREMIUMS FOR OTHER PAYMENT MODES IS SHOWN ON PAGE 4. THE MODAL FACTORS ARE:

SEMI-ANNUAL: .5090 QUARTERLY: .2565 SPECIAL MONTHLY: .0855

MODAL PREMIUMS INCLUDE THE FOLLOWING POLICY FEES:
 \$75.00 FOR EACH ANNUAL PAYMENT, \$39.00 FOR EACH SEMI-ANNUAL PAYMENT,
 \$23.00 FOR EACH QUARTERLY PAYMENT, OR \$9.00 FOR EACH SPECIAL MONTHLY
 PAYMENT.

OTHER MODES OF FIRST YEAR PREMIUMS ARE AS FOLLOWS:

SEMI-ANNUAL: \$130.62 QUARTERLY: \$69.17 SPECIAL MONTHLY: \$24.39

----ANNUAL RENEWAL PREMIUMS PAYABLE AFTER INITIAL LEVEL PREMIUM PERIOD----

RENEWAL DATE	ANNUAL LIFE INSURANCE RENEWAL PREMIUMS
JULY 22	
2025	\$1,677.50
2026	\$1,827.50
2027	\$1,992.50
2028	\$2,090.00
2029	\$2,200.00
2030	\$2,357.50
2031	\$2,542.50
2032	\$2,797.50
2033	\$3,072.50
2034	\$3,422.50
2035	\$3,857.50
2036	\$4,297.50
2037	\$4,770.00
2038	\$5,177.50
2039	\$5,645.00
2040	\$6,207.50
2041	\$6,895.00
2042	\$7,735.00

NON-TOBACCO USER

POLICY INFORMATION

THIS PAGE 3 - CONTINUED IS A PART OF POLICY NUMBER SPECIMEN

-----ANNUAL RENEWAL PREMIUMS PAYABLE AFTER INITIAL LEVEL PREMIUM PERIOD-----

RENEWAL DATE	ANNUAL LIFE INSURANCE RENEWAL PREMIUMS
JULY 22	
2043	
2044	\$8,630.00
2045	\$9,585.00
2046	\$10,640.00
2047	\$11,770.00
2048	\$12,842.50
2049	\$13,997.50
2050	\$15,192.50
2051	\$16,645.00
2052	\$18,267.50
2053	\$20,397.50
2054	\$22,645.00
2055	\$25,010.00
2056	\$27,595.00
2057	\$30,415.00
2058	\$33,687.50
2059	\$37,510.00
2060	\$41,922.50
2061	\$46,735.00
2062	\$51,335.00
2063	\$56,335.00
2064	\$61,970.00
2065	\$68,130.00
2066	\$74,675.00
2067	\$81,475.00
2068	\$88,470.00
2069	\$95,520.00
2070	\$102,720.00
2071	\$110,170.00
2072	\$117,995.00
2073	\$126,450.00
2074	\$135,890.00
2075	\$147,900.00

POLICY INFORMATION

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.

CONVERSION NOT DURING DISABILITY. You may exchange this policy provided that (1) the written request for exchange is made on or before the Final Conversion Date shown above; (2) all premiums for this policy have been duly paid; and (3) if there is a Disability Premium Waiver rider in effect under this policy, the Insured Person is not then totally disabled as defined in that rider (for conversion during disability see provision below).

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 an insurance amount equal to the amount of insurance in effect on this policy. Or, you may choose any lower amount allowed by our or our affiliate's rules in effect on the date of exchange.

If additional benefit riders are in effect under this policy on the date of exchange, you may choose that the new policy contain similar riders, if available, subject to 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 and for the same class of risk as for this policy, or the closest comparable class. They will be for the Insured Person's then attained insurance age. The first premium for the new policy must be paid on or within 31 days before the date of exchange.

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.

CONVERSION DURING DISABILITY. You may exchange this policy if there is a Disability Premium Waiver rider in effect under this policy and the Insured Person is then totally disabled as defined in that rider. You may do this provided that (1) the written request for exchange is made on or before the Final Conversion Date shown above; and (2) all premiums for this policy have been duly paid or are being waived under the terms of that rider. If the request is made on or after the policy anniversary nearest the Insured Person's 65th birthday, the new policy will not be permitted to contain a rider providing disability waiver benefits.

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 an insurance amount equal to the amount of insurance in effect on this policy. Or, you may choose any lower amount allowed by our or our affiliate's rules in effect on the date of exchange.

If additional benefit riders are in effect under this policy on the date of exchange, you may choose that the new policy contain similar riders, if available, subject to our or our affiliate's rules in effect on the date of exchange. If you exchange this policy before the policy anniversary nearest the Insured Person's 65th birthday and while the Insured Person is totally disabled as defined in a Disability Premium Waiver rider in effect under this policy, we will issue the new policy with a Disability Premium Waiver rider, if available. If that specific rider is not available, we will issue the new policy with another rider that provides disability waiver benefits, if available. Waiver benefits under the new policy due to total disability of the Insured Person will be provided according to the terms of the rider issued.

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 and for the same class of risk as for this policy, or the closest comparable class. They will be for the Insured Person's then attained insurance age. The first premium for the new policy must be paid on or within 31 days before the date of exchange.

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.

We will waive premiums for the new policy as stated in its Disability Premium Waiver rider while total disability continues. We will not waive premiums on and after the policy anniversary nearest the Insured Person's 65th birthday for a total disability that began on or after the policy anniversary of this policy nearest the Insured Person's 60th birthday.

POLICY INFORMATION

ADMINISTRATIVE OFFICE:

FOR INFORMATION OR TO MAKE A COMPLAINT:

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

We will notify you of any change in our address. Correspondence you send to us is not received by us unless and until we receive it at our Administrative Office.

Contact for Contract State. Please use the contact information on the attached listing if you need to contact the state insurance department where your policy was purchased.

NON-TOBACCO USER

Specimen

Policy Owner and Beneficiary

OWNER. The Owner of this policy is the Insured Person unless otherwise stated in the application, or later changed. Changes in the Owner, unless otherwise specified by you, shall take effect on the date the notice of change is signed by you, subject to any payments made or actions taken by us prior to receipt of this notice. 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. If there are multiple owners, consent of all owners is required to exercise the rights in this policy.

BENEFICIARY. The Beneficiary is as stated in the application, unless later changed. Changes in the Beneficiary, unless otherwise specified by you, shall take effect on the date the notice of change is signed by you, subject to any payments made or actions taken by us prior to receipt of this notice. If two or more persons are named, those surviving the Insured Person will share equally unless otherwise stated.

If there is no stated Beneficiary living at the death of the Insured Person, we will pay the insurance benefits 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 us. The change will take effect on the date you sign the notice, unless otherwise specified by you, except that it will not apply to any payment we make or other action we take before we record the notice.

ASSIGNMENT. You may assign this policy, except as restricted by applicable law or regulation; however, we will not be bound by an assignment unless we have recorded it. 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 record the notice.

Premiums

AMOUNTS AND DUE DATES. Page 3 shows the amounts and due dates of the premiums payable until the Final Term Expiry Date. Premiums are level during the initial level premium period shown on Page 3. After the initial level premium period, premiums generally increase annually on each policy anniversary. Each premium is payable on or before its due date. We will furnish you with a premium receipt, signed by one of our officers, upon request.

You may write and ask us to change the frequency of your premium payment. A premium payment change is subject to our rules in effect at the time of change. If you pay your premium other than annually, the total amount of premiums you pay each year will be more than if you paid the premium annually. Premiums for modes other than annual (semi-annual, quarterly or monthly) are calculated by applying the modal factor shown on Page 3 to the basic annual rate per \$1,000 of face amount, times the face amount divided by 1,000 and adding the modal policy fee also shown on Page 3.

GRACE PERIOD. We allow a grace period of 31 days for payment of each premium, after the first premium. The insurance will continue during the grace period.

LAPSE. If a premium is not paid by the end of its grace period, the policy will lapse as of the premium due date. If this occurs, all insurance ends at the end of the grace period.

PREMIUM REFUND UPON CANCELLATION OF POLICY. You may cancel this policy by sending us a written request for cancellation, in a form acceptable to us. Insurance coverage ends on the date we receive your written request. Upon cancellation of this policy, you are entitled to a refund of premiums for the remainder of the period for which premiums were paid.

REINSTATEMENT. You may reinstate this policy within five years after lapse, but not later than the Final Term Expiry Date, if: (1) you provide evidence of insurability for the Insured Person satisfactory to us; and (2) if the policy is reinstated during the initial level premium period shown on Page 3, you pay all overdue premiums with interest at 6% per year compounded annually; if the policy is reinstated after the initial level premium period has ended, you pay one month's premium to cover the grace period with interest at 6% per year compounded annually.

PREMIUM ADJUSTMENT. We will add to the insurance benefits any part of the last premium paid that applies to a period beyond the policy month in which the Insured Person dies. If the Insured Person dies during the grace period of an unpaid premium, we will deduct from the benefits the overdue premium covering one policy month. These are the adjustments for the last premium referred to on Page 2.

General Provisions

THE CONTRACT. We provide this insurance in consideration of payment of the required premiums. 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. However, in the absence of fraud, subject to state law, we will not contest the validity of this policy after it has been in effect during the lifetime of the Insured Person for two years from the Date of Issue shown on Page 3.

We also have the right to contest the validity of any policy change or reinstatement based on material misstatements made in any application for that change or reinstatement. In the absence of fraud, subject to state law, we will not contest any policy change that requires evidence of insurability, or any reinstatement of this policy, after the change or reinstatement has been in effect for two years during the lifetime of the Insured Person.

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

All statements made in the application are representations and not warranties.

See any additional benefit riders for modifications of this provision that apply to them.

FRAUD EXCEPTION. As used in the INCONTESTABILITY and CHANGE IN RISK CLASSIFICATION provisions, fraud shall mean false statements, representations and warranties knowingly and intentionally provided, or caused to be provided, by any person involved in the procurement of any coverage provided under the policy, for the purpose of inducing the company to accept a risk or assume a hazard it would otherwise not have so accepted or assumed.

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, within two years after the Date of Issue shown on Page 3, our liability will be limited to the payment of a single sum equal to the premiums paid. If the Insured Person commits suicide, while sane or insane, within two years after the effective date of any policy reinstatement, our liability will be limited to the payment of a single sum equal to the premiums paid on and after the effective date of reinstatement.

POLICY PERIODS AND ANNIVERSARIES. Policy years, policy months, policy anniversaries and premium periods are measured from the Register Date. Each policy month begins on the same day in each calendar month as the Register Date.

POLICY CHANGES. You may add additional benefit riders or make other changes, subject to our approval and rules at the time of change.

CHANGE IN RISK CLASSIFICATION. Any Insured Person may be eligible for a more favorable risk classification, if available, including a change from tobacco user premiums to non-tobacco user premiums. Upon request made to us, we will provide forms and instructions as to how you may apply for such a change. The change will be based upon our general underwriting rules in effect at the time of application, which may be different from those which applied at the time this policy was issued. An application for a change in tobacco user status may be evaluated based on other underwriting criteria as well as tobacco use, and may include a definition of tobacco use different from that which applied at the time this policy was issued. Currently, a non-tobacco user is an insured person who tests negative for nicotine use and meets our regular underwriting rules. The change, if approved, may result in lower future premiums starting on the effective date of the change.

The change in risk classification, if approved, will take effect on the next premium due date that coincides with or next follows the date we approve your request. A copy of your application for the change will be attached to the new "Policy Information" section that we will issue when the change is made. The new section and the application for change will become part of this policy. We may require you to return this policy to us to make the change.

The change in risk classification will be contestable; however, in the absence of fraud, we will not contest the change after it has been in effect for two years during the lifetime of the Insured Person. In the event of a successful contest, the death benefit and any benefits provided by riders to this policy shall be those which would be purchased by the most recent premium, and the cost of any benefits provided by riders, at the premiums for the prior risk classification.

HOW BENEFITS ARE PAID. The insurance benefits are paid immediately in one sum. Amounts paid will not be subject to the claims of creditors or to legal process, to the extent permitted by law.

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
A Stock Life Insurance Company
1290 Avenue of the Americas, New York, NY 10104**

This is a renewable term insurance policy. Coverage is renewable until the Final Term Expiry Date.

Premiums are level during the initial level premium period shown on Page 3, and then generally increase annually in subsequent policy years. All premiums are guaranteed.

Premiums are payable to the Final Term Expiry Date or until earlier death. This policy is convertible. This is a non-participating policy.

Specimen