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 1345 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10105

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.

Mark Pearson
Chairman of the Board and Chief

Executive Officer

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 policy is convertible until the Final Conversion Date. This is a non-participating policy.

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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: proof satisfactory to us that the Insured Person died while this policy was in force.

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.

We will add interest to the resulting amount in accordance with applicable law. We will compute the interest at a rate we determine, but not less than the rate required by any applicable law in the state in which this policy is delivered.

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.

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REGISTER DATE INSURED PERSON JOHN H. DOE **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 -----

ANNUAL PREMIUM

PREMIUM PERIOD

LIFE INSURANCE \$XXX.XX 1 YEAR

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

ADMINISTRATIVE OFFICE:

BENEFITS

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

STANDARD NON-TOBACCO USER

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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. However, a change in the designation of an irrevocable beneficiary requires the prior written consent of such beneficiary. 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 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 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.

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.

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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 are 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 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.

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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 policy is convertible until the Final Conversion Date. This is a non-participating policy.

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