

PPH Exam

fact finder



Change happens. Be confident both you and your life insurance policy are prepared as your Purpose, Product and Health (PPH) evolve. Order the PPH Exam today.

Providing the information on this form will assist in creating a profile of your current planning situation so you can better understand your evolving needs and goals. The original illustration and/or contract, when available, should also be reviewed. Is the policyowner a Trust, Business or Charity? This fact finder should be answered while considering policyowner-specific purposes, including those outlined in the PPH Exam materials.

Name _____

Age _____

Marital Status _____

Number of Children _____

purpose

Recent lifestyle and family changes, such as a new hobby or residence?

Has your marital status changed?

Has your income changed, including salary or investment income?

Has your net worth changed, including receipt of an inheritance or increased value of a business interest?

Do you need to fund retirement or a college education?

Did you purchase or sell a home?

Have you started or sold a business?

Have any children been added to or left the household?

Are you caring for a special needs child?

Are you the caretaker for a parent or relative?

Other information

product policy details

Carrier	_____	Date of issue	_____
Carrier financial rating	_____	Insured medical rating	_____
Face amount	_____	Cash value	_____
Original interest rate	_____	Current interest rate	_____
Policy type (term or permanent)	_____	Product type (Whole Life, Universal Life, Variable Life)	_____
Premium	_____	Payment mode (Annual, Semi-annual, Quarterly, Monthly)	_____
Outstanding loan amount	_____	Loan interest paid in cash or borrowed from policy	_____
Most recent premium paid	_____	Years to pay	_____
Riders	_____	Source of premium funds	_____
Surrender penalty period, if any	_____	Purpose of insurance	_____
Insured	_____	Relationship to you	_____
Owner	_____	Relationship to you	_____
Beneficiary	_____	Relationship to you	_____
Date of last review	_____		_____
Other information	_____		_____
	_____		_____
	_____		_____

health

Has your health changed since coverage was purchased?

If so, provide details separately.

Were you a smoker or use tobacco products?

If so, when did you stop?

Recent health-related lifestyle changes?

Other information

The PPH Exam is based on assumptions and data provided by you, the client. The more accurate the data you provide, the more valuable this analysis will be.

This review is restricted to the above-listed policy or policies and is not meant to be part of a financial plan.



This presentation is based on the assumptions and data provided by you, the client. The more accurate the data you provide, the more valuable this analysis will be. This review is restricted to the above-listed policy or policies and is not meant to be part of a financial plan.

AXA Equitable does not provide tax or legal advice, and you should consult with your attorney and/or tax advisor before making final investment or planning decisions.

Please be advised that this document is not intended as legal or tax advice. Accordingly, any tax information provided in this document is not intended or written to be used, and cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer. The tax information was written to support the promotion or marketing of the transaction(s) or matter(s) addressed, and you should seek advice based on your particular circumstances from an independent tax advisor.

Life products are issued by AXA Equitable Life Insurance Company (New York, NY) and co-distributed by affiliates AXA Distributors, LLC and AXA Network, LLC and its subsidiaries.

1290 Avenue of the Americas, New York, NY 10104,

© 2011 AXA Equitable Life Insurance Company. All rights reserved.

1290 Avenue of the Americas, New York, NY 10104, (212) 554-1234

GE-63523 (8/11)

G27326
Cat. #147972 (8/11)