

# LOVE LETTER TO MY FAMILY FROM \_\_\_\_\_

(Effective \_\_\_\_\_, 20\_\_)

Dear Loved Ones:

In an attempt to simplify matters for you, I have written this letter to provide you with information that will be necessary when the time arises:

## SECTION ONE — Advisors & Financial Information

### MY ADVISORS

Having the right advisors is a critical part of my planning. Some of the people you will need to contact are listed below:

#### ACCOUNTANT

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### ATTORNEY

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### EMPLOYER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### FINANCIAL PLANNER

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

MORTGAGE HOLDER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

PENSION BENEFITS

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

PROPERTY AND CASUALTY INSURANCE ADVISOR

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

STOCKBROKER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

STOCKBROKER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

OTHER

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

MY ASSETS

Here is a list of all my stocks, bonds and other investments, including real property. I have listed a contact person and telephone number for each item, as well as the location of any documents. I  have  have not attached a financial statement.

Investment: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Investment: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing  Yes  No

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing  Yes  No

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing  Yes  No

Money is owed to us by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

This Loan is in a Signed Writing  Yes  No

I want the following loan(s) forgiven at the time of my death (NOTE: Your will or the promissory note should be changed to reflect this forgiveness and make it legally enforceable.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want the following loans to be forgiven as a part of the bequest I am leaving to the borrower at the time of my death (i.e., The debt will be one of the assets used to satisfy my bequest to such heir in my will.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  have  have not made any substantial deposits on certain accounts.

If applicable, the accounts are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LOANED AND STORED ASSETS

I have assets stored at the following locations:

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The key to the storage facility is at: \_\_\_\_\_

I have loaned the following personal property (furniture, art, collectibles etc.):

OBJECTS	PERSON HOLDING THEM

(If the loan of the assets are subject to a written agreement, I have attached a copy to this Family Love Letter.)

## MY LIABILITIES

Here is a list of my liabilities, including a contact name and phone number of each, as well as the location of any related documents.

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

I am also a guarantor of the following debt:

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

Liability: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

I presently carry the following credit cards:

CREDIT CARD	ACCOUNT NUMBER	WEB ADDRESS	ACCESS NAME	PASSWORD

I lease the following assets:

ASSET	LOCATION	PAYMENT	LESSOR	PHONE NUMBER
		\$		
		\$		
		\$		
		\$		
		\$		

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

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## SECTION TWO — Insurance & Benefits

### MY INSURANCE COVERAGE

Please make sure the premiums on these policies continue to be paid if I become disabled. Please note that premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

I have the following **life insurance** policies (including company-owned) on my life:

TYPE	OWNER	BENEFICIARY	FACE VALUE	LOANS	CASH VALUE	CARRIER	POLICY NUMBER	ANNUAL PREMIUM
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$

These life insurance policies can be found at: \_\_\_\_\_



I  have  have not attached a policy in force statement for the above life insurance policies.

If I am disabled, my life insurance policy  allows  does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy  allows  does not allow you to stop making premium payments.

I have the following **disability insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If I am disabled, my disability insurance policy  allows  does not allow you to stop making premium payments.

I have the following **long-term care insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following **health insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following other policies:

TYPE	CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM
Auto				\$
Umbrella				\$
Home				\$
Boat/Airplane				\$
Overhead Expenses				\$
Jewelry				\$
				\$
				\$
				\$

The following insurance premiums are paid automatically from my bank account. (Please make sure you do not close my account without making sure the premiums are still being paid.):

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## MY EMPLOYMENT BENEFITS

I have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plan(s): \_\_\_\_\_

Military Retirement Benefits: \_\_\_\_\_

Military Survivor Benefits: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Long-Term Care Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Deferred Compensation: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Stock Options: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

Flexible Spending Accounts: \_\_\_\_\_

Other: \_\_\_\_\_

I  am  am not entitled to military and/or governmental benefits. List the benefits:

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I  am  am not entitled to other benefits. List the benefits:

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With regard to my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know:

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## SECTION THREE — Documents & Other Information

### MY DOCUMENTS

I have executed each of the following documents and you can find them where noted:

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
Will			<input type="checkbox"/>
Living Will			<input type="checkbox"/>
Medical Power of Attorney			<input type="checkbox"/>
Medical Directive			<input type="checkbox"/>
General Power of Attorney			<input type="checkbox"/>
Living Trust			<input type="checkbox"/>
Insurance Trust			<input type="checkbox"/>
Charitable Trust			<input type="checkbox"/>
Minor's Trust			<input type="checkbox"/>
Custodial Account			<input type="checkbox"/>
Organ Donation			<input type="checkbox"/>
Children Adoption Papers			<input type="checkbox"/>
Section 529 Education Plan			<input type="checkbox"/>
Pre-Nuptial Agreement			<input type="checkbox"/>
Post-Nuptial Agreement			<input type="checkbox"/>
Divorce Decree or Settlement			<input type="checkbox"/>
Citizenship Papers			<input type="checkbox"/>
Burial Agreement			<input type="checkbox"/>

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
Retirement Plan Beneficiary Designation			<input type="checkbox"/>
Insurance Beneficiary Designation			<input type="checkbox"/>
Military Discharge Papers (DD214)			<input type="checkbox"/>
Employment or Independent Contractor Contract			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>

My important records can generally be found at:

- my home filing cabinet
- my safe deposit box
- my home safe
- my attorney's office
- my accountant's office
- my financial planner's office
- other: \_\_\_\_\_

My most recent personal and any business tax returns can be found at: \_\_\_\_\_

I  have  do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

I may receive an inheritance from: \_\_\_\_\_

The amount of the inheritance may be as much as \$ \_\_\_\_\_

Upon my death, my heirs  will  will not receive a distribution or benefits from a trust.

If yes, the trust instrument was created by : \_\_\_\_\_

The Trust instrument can be found: \_\_\_\_\_

I  am  am not currently the Trustee for a trust.

If I am a Trustee, the trust document is located at: \_\_\_\_\_

I  am  am not a beneficiary of a trust.

If I am a beneficiary, the trust document is located at: \_\_\_\_\_

I am currently Legal Guardian for the following person(s): \_\_\_\_\_

Documents appointing me can be found at: \_\_\_\_\_

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

BUSINESS	DATE SIGNED	LOCATION	PARTNER

I have buy-out insurance for the following businesses: \_\_\_\_\_

I have a buy-sell agreement for the following businesses: \_\_\_\_\_

### MY GENERAL INFORMATION

I  do  do not have a safe deposit box.

It can be found at: \_\_\_\_\_

The key can be found at: \_\_\_\_\_

The following people have signature authority on the box:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I  do  do not have a personal safe.

The combination is: \_\_\_\_\_

The safe can be found: \_\_\_\_\_

The Password to my Computer is: \_\_\_\_\_

My Email Address is: \_\_\_\_\_ Password: \_\_\_\_\_

Other Passwords: \_\_\_\_\_

My Internet Account is with: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other important Passwords Include:

ITEM, PROGRAM OR BANK	ACCESS NAME	PASSWORD

I  have  have not attached a list of the persons I want to receive my personal property when I die.

I  have  have not attached a list of important personal property which I own.

My Social Security number is: \_\_\_\_\_

My driver's license number is: \_\_\_\_\_

My Medicare number is: \_\_\_\_\_

My passport number is: \_\_\_\_\_

The passport can be found: \_\_\_\_\_

I am a member of the following religious group(s):

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I am a member of the following fraternal group(s):

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I have provided the following for the education of my family in the following manner:

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I have a special needs family member or friend who I take care of:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Special services they receive: \_\_\_\_\_

Primary Physician & Phone #: \_\_\_\_\_

Is there a Trust for such person?  Yes  No

Trust Documents are at: \_\_\_\_\_

I have been Appointed Legal Guardian for such person:  Yes  No

I believe the following person should take over this responsibility: \_\_\_\_\_

Information on any Accounts I handle for this person:

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With regard to my general information, the following is additional information which I think is important for my family and advisors to know:

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### IN THE EVENT OF MY INCAPACITY

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

Power of Attorney over my Assets: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Power of Attorney for Medical Decisions: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Property: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Guardian over my Person: 1st \_\_\_\_\_ 2nd \_\_\_\_\_

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I  do  do not want to be kept at home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

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### IN THE EVENT OF MY DEATH

I have the following final wishes:

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Funeral Home: \_\_\_\_\_

Location: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Plot/Drawer #: \_\_\_\_\_

I  have  have not prepaid:

my burial costs

for my burial plot

for my casket

Information can be found at: \_\_\_\_\_

I have a deceased  spouse  parent  child who is buried at: \_\_\_\_\_  
and I wish to be buried next to such person if I check here .

I  do  do not want to be cremated. Crematory: \_\_\_\_\_

Minister/Rabbi to Perform Service: \_\_\_\_\_

Pallbearers:

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**SPECIAL REQUESTS:**

Obituary Reading: \_\_\_\_\_

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Tombstone Engraving: \_\_\_\_\_

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Organs for Donation: \_\_\_\_\_

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In lieu of flowers, please ask for donations to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like the following songs, music, poetry, etc. at my funeral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I currently have the following pets: \_\_\_\_\_

I ask that \_\_\_\_\_ take care of my pets and receive as a debt of my estate the sum of \$\_\_\_\_\_ for taking care of such pets for the rest of their lives.

In the event of my death, the following is additional information which I think is important for my family and advisors to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION FOUR — Family History & Ethical Will

### MY FAMILY HISTORY

I was born in \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_\_.  
*City, State* *Month, Day*

My parents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

My maternal grandparents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

My paternal grandparents are/were \_\_\_\_\_ and \_\_\_\_\_.  
*Full Name* *Full Name*

I have the following brothers and sisters (including step and half-siblings):

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

My children are:

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_

I have no children.

I was adopted and my birth mother and father are/were: \_\_\_\_\_

I  have  do not have detailed information on my family's history. It is located at:

\_\_\_\_\_  
\_\_\_\_\_

Some important facts about my family history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





I have signed this Family Love Letter this \_\_\_\_\_ day of \_\_\_\_\_.

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each heir, family member, Power Holder, Executor, Trustee and Guardian will use this Family Love Letter and the other documents signed by me in making any discretionary decisions for me and my family.

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Signature

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Print Name

Copies of this document were delivered to:

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I have attached the following documents to my Family Love Letter:

- my current financial statement
- a copy of my current life insurance
- a policy in force statement for my life insurance policies
- a personal property ownership list
- a personal property disposition list
- a more detailed ethical will
- personal property agreements

## CAUTION

Identity theft has become a major problem in the United States. The Family Love Letter is purposely designed to provide your family and advisors as much information as possible about you and your personal financial situation. It is also information, which in the wrong hands, could help someone steal your identity and/or your assets. We strongly advise you to (1) keep all copies of the Family Love Letter in a locked location which is only accessible by people you fully trust and (2) provide copies of the Family Love Letter only to persons who you are confident can be trusted to maintain the secrecy of your information.

Author: John J. Scroggin, AEP, J.D., LL.M. is a graduate of the University of Florida and is a nationally recognized speaker and author. Mr. Scroggin has written over 300 published articles and outlines, and three books. To be added to his free blast email system on estate and income tax planning, contact [Luann@scrogginlaw.com](mailto:Luann@scrogginlaw.com). Mr. Scroggin can be contacted at [Jeff@scrogginlaw.com](mailto:Jeff@scrogginlaw.com).

Additional copies of this Family Love Letter can be obtained at [www.axaenterprise.com](http://www.axaenterprise.com).

## THE FAMILY LOVE LETTER

John J. Scroggin, J.D., LL.M., practices as a tax and estate planning attorney in Roswell, Georgia and is a graduate of the University of Florida. He is a nationally recognized speaker and author and has been quoted in *The Wall Street Journal*, *Forbes*, *Fortune*, *Journal of Financial Services Professionals*, *National Underwriter*, *Kiplinger's Personal Finance*, *Financial Planning*, *Registered Representative*, *Life Association News*, *Advisor Today*, *Dow Jones Investment Advisor*, *Medical Economics*, *SmartMoney Magazine*, *Active Times Magazine*, *South China Morning Post*, *The Los Angeles Times*, *The Atlanta Journal/Constitution*, *Secured Retirement* and *Money*.



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