

Express Mail:

AXA Equitable Life Insurance Company
Retirement Service Solutions
500 Plaza Drive, 6th Floor
Secaucus, NJ 07094

Regular Mail:

AXA Equitable Life Insurance Company
Retirement Service Solutions
P.O. Box 1547
Secaucus, NJ 07096-1547

Fax Number:

(816)-701-8040



AXA Advisors, LLC
AXA Distributors, LLC

For Assistance Call (800) 789-7771
Monday - Friday 8:30 am - 5:30 pm EST

This form is used to elect a One-time, Automatic Customized, or Automatic Annual reset of the Roll-Up benefit base to equal the Annuity Account Value on the contract date anniversary, or to cancel your existing election. The Annual Reset form is only to be used if you elected the Guaranteed Minimum Income Benefit (GMIB) at issue and your contract has an annual reset provision. **Exercising the annual reset provision may extend your first eligible date to exercise the GMIB. The last eligible date to reset will be the contract anniversary following the Owner's age 75, 80, or 85 depending on the terms of your contract. This form must be received by AXA Equitable's processing office within 30 days following your contract anniversary in the years you are eligible for a reset in order to reset your benefit base(s) on that contract date anniversary. You may only make one election on this form.**

1. Owner's Information

(Please print)

Owner's Name *(First, Middle, Last)*

Certificate/Contract Number

Joint Owner's Name *(First, Middle, Last) (if applicable)*

Owner's/Joint Owner's Daytime Phone Number(s)

Annuitant's Name *(if other than Owner)*

2. Reset Election

Please choose only one:

A. One-time Reset Option

- Reset my Roll-Up Benefit Base(s) on my contract date anniversary. I understand that if my request is received at the AXA Equitable processing office more than 30 days following the contract date anniversary, my Roll-Up benefit base will be reset, if eligible, on the next contract date anniversary. If my benefit base is not eligible for a reset, my one-time reset request will be terminated.

B. Automatic Annual Reset Program

- Reset my Roll-Up Benefit Base(s) every year that I am eligible. I understand that if my request is received at the AXA Equitable processing office more than 30 days after my contract date anniversary, my reset program will begin on the next contract date anniversary if it is eligible for a reset.

C. Automatic Customized Reset Program

- Reset my Roll-Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible. I understand that if my request is received at the AXA Equitable processing office more than 30 days after my contract date anniversary, my reset program will begin on the next contract date anniversary if it is eligible for a reset.

3. Reset Cancellation

- Please cancel my enrollment in the Reset Program. I understand that any request to terminate my Reset Program must be received at the AXA Equitable processing office at least 30 days prior to my contract anniversary to terminate my Reset Program for such contract anniversary. Cancellation requests received after this 30-day period will be applied the following year.

4. Terms and Conditions

- A. I understand that a new 10-year waiting period to exercise the GMIB may be started beginning on each contract date anniversary that the Roll-Up Benefit Base is reset. The waiting period to exercise the GMIB will be the later of 10 years from the last Reset or the original exercise date but will never be later than the contract date anniversary following age 80 or 85, depending on the terms of my contract.
- B. I understand that the charge for both the "greater of" GMDB and the GMIB may increase depending on the terms of my contract as of the contract anniversary following each reset and I will be notified of any such fee increase at least 90 days before my contract anniversary. Please note that even if there is no increased charge, the total dollar amount charged on future contract date anniversaries may increase as a result of the reset since the GMIB fee may be applied to a higher benefit base than would have been otherwise applied.
- C. **For One-Time Reset Requests Only:** I understand that if my request is received within 30 days following the contract date anniversary, my Roll-Up benefit base will be reset, if eligible, as of that contract date anniversary. If my benefit base was not eligible for a reset on that contract date anniversary, my one-time reset request will be terminated.
- I understand that if my request is received more than 30 days following the contract date anniversary, the Roll-Up benefit base will be reset, if eligible, on the next contract date anniversary. If my benefit base is not eligible for a reset, my one-time reset request will be terminated and I will be required to complete a new reset election form in order to reset my benefit base thereafter.
- D. I understand that in order to cancel my automatic or customized reset program, I must sign and complete the reset cancellation (section 3) of this form. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the contract date anniversary to which the cancellation applies. Cancellation requests received after this 30-day period will be applied the following year.
- E. I understand that I am not able to cancel a reset after it has occurred.
- F. I understand that if my Annuity Account Value does not exceed my GMIB Roll-Up benefit base on any contract anniversary, no reset will occur.
- G. I understand that for jointly owned contracts, eligibility to reset the Roll-Up benefit base is based on the age of the older owner.
- H. I understand that my GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 80th or 85th birthday, depending on the terms of my contract. There will be no further ratchets, Roll-Ups or resets to my GMIB benefit base after that time.

5. Signatures

- **Please consult your contract and prospectus for restrictions, limitations, fees and other applicable information relating to your request.**

Owner (If owned by an entity, show title) Date

Joint Owner (if applicable) Date

Beneficial Owner (if Custodial IRA) Date

Joint Owner (if applicable) Date