

Accumulator[®] Variable Annuity Series

Authorization for Direct Deposit of Systematic Withdrawals and Annuity Payments

Express Mail:

AXA Equitable Life Insurance Company
Accumulator Series
200 Plaza Drive, 4th Floor
Secaucus, NJ 07094

**AXA EQUITABLE****Regular Mail:**

AXA Equitable Life Insurance Company
Accumulator Series
P.O. Box 1547
Secaucus, NJ 07096-1547

**AXA Advisors, LLC
AXA Distributors, LLC****For Assistance Call 800-789-7771**

_____ Owner's Name (First, Middle, Last)	_____ Owner's Social Security No./TIN	_____ Owner's Daytime Phone Number
_____ Joint Owner's Name (First, Middle, Last)	_____ Joint Owner's Social Security No.	_____ Joint Owner's daytime phone number
_____ Annuitant's Name (If other than Owner)	_____ Certificate/Contract Number	

Financial Institution Information

Please attach a **VOID** check (Not a deposit slip) and complete the following information.

Please check one:

- Bank Checking Bank Money Market Credit Union Checking

Name of Bank/Financial Institution

Address (street, city, state, zip code)

Account Name

Account Number

Special Handling Instructions: _____

Signatures

I hereby authorize AXA Equitable Life Insurance Company to credit my account for any future withdrawals or annuity payments at the above named bank/financial institution. This authorization will remain active until I notify AXA Equitable otherwise. This authorization will become effective only upon acceptance by AXA Equitable at its processing office.

In the event an overpayment(s) should be credited to my account during or after my lifetime, I hereby authorize AXA Equitable to direct the bank/financial institution designated herein to debit my account for the overpayment(s). It is understood that I will be notified by AXA Equitable when this condition occurs.

Please attach a **VOID** check (**Not a deposit slip**) and complete the following information.

X _____
Bank Depositor/Credit Union Member Signature Date

X _____
Signature of Owner (If not Depositor) Date

X _____
Signature of Joint Owner (If not Depositor) Date