

AXA Equitable's Variable Annuity Series

Authorization for Direct Deposit of Systematic Withdrawals, Scheduled Payments and Annuity Payments

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:

(816)-701-8040



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

Owner's Name (First, Middle, Last)	Owner's Daytime Phone Number
Joint Owner's Name (First, Middle, Last)*	Joint Owner's Daytime Phone Number*
Annuitant's Name (If other than Owner)	Certificate/Contract Number

*For AXA Equitable Retirement Income for LifeSM, complete this information for the Successor Owner if he/she is also a joint owner.

Financial Institution Information Please read the information below before completing this section.

Direct Deposit is an easy and convenient way to receive your withdrawal. Your bank or financial institution may take up to 2 or more business days to deposit the funds into your account.

Complete this section for direct payments to either your checking or savings account. Please read the information under the Direct Deposit Agreement before completing this section. Keep in mind that in order to take advantage of direct deposit, your financial institution MUST be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association. Please check with your bank to make sure they participate before completing this form.

Enter your bank account information on lines 1-4 below.

	<p>1 _____ Name as it appears on account</p> <p>2 _____ Name of Bank / Financial Institution</p> <p>_____ Bank Address</p> <p>_____ Bank - City, State & Zip Code</p> <p>3 _____ Bank ABA / Routing # (9 Digits)</p> <p>4 _____ Account #</p>
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Direct Deposit Agreement

By my signature below I consent to the following:

- By submitting the form without a voided check and signing below you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your financial institution prior to submitting the form to ensure that you have the correct information for direct deposit. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signor on each account and that the funds are being deposited to a financial institution within the US and will remain in a US bank. The funds will not be credited further into an international bank. I authorize AXA Equitable above to deposit the amount of my withdrawal automatically into my savings or checking account(s).
- Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.
- I hereby authorize AXA Equitable Life Insurance 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 and its processing office.
- In the event of an overpayment(s) should be credited to my account during or after my lifetime, I here authorize AXA Equitable to direct the bank/financial institution designated herein to debit my account for overpayment(s). It is understood that I will be notified by AXA when this condition occurs.
- The Owner's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.

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

*For AXA Equitable Retirement Income for LifeSM, the Successor Owner must sign if he/she is also a joint owner.