

Accumulator[®] Variable Annuity Series

Express Mail:
AXA Equitable Life Insurance Company
Accumulator Processing Office
500 Plaza Drive, 6th floor
Secaucus, NJ 07094

Regular Mail:
AXA Equitable Life Insurance Company
Accumulator Processing Office
P.O. Box 1547
Secaucus, NJ 07096-1547

Fax Number:
(201) 583-2226



**AXA Advisors, LLC
AXA Distributors, LLC**

For Assistance Call 800-789-7771

Service Request

1. Owner's Information

(Please print)

Owner's Name (First, Middle, Last) Owner's Taxpayer Identification No. (TIN): Social Security No. EIN Other 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

2. Name Change or Correction

Change the name of: Owner* Annuitant Other _____

From (former name, please print) _____

To (new name, please print) _____

Reason for Change (attach copy of legal evidence of the name change) _____

* If this is a name change for the owner, please make sure to sign both old and new names in the signature section on page 2.

3. Address Change

Change the address of: Owner Annuitant Other _____

New Address (Street, City, State, Zip Code) _____

4. Ownership Change

(Only for NQ contracts) For all Series 06, 07 and 8.0 contracts if ownership changes, all benefits terminate. If ownership changes from a non-natural owner to an individual, benefits will continue based on the life of the original annuitant.

Transfer ownership of the Certificate/Contract to:

Name of New Owner (First, Middle, Last) _____

Male Female Entity

Address (Street, City, State, Zip Code) _____

Date of Birth (Month, Day, Year) _____

Relationship to Current Owner* _____

Telephone Number _____

New Owner's TIN: Social Security Number EIN Other

* For those contracts issued beginning 12/10/2004, all optional riders and benefits that are subject to a separate charge will be terminated if the new owner is not 1) a family member or 2) a trust established for the benefit of a family member or 3) a trust qualified under Section 501(c) of the Internal Revenue Code or 4) a successor by operation of law, such as an executor or guardian. Please see your contract or prospectus for further information.

5. Beneficiary Change

Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke all prior beneficiary(ies) designation(s) and make the following new designation(s):

(a) Primary Beneficiary(ies)* (If more than one, indicate %)**	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) Contingent Beneficiary(ies) (If more than one, indicate %)**	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Your spouse must be named the sole primary beneficiary in order for him/her to become the successor owner/annuitant at your death.

** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

6. Successor Owner Change (Pre Series 06)

This only applies to NQ certificates/contracts where Owner and Annuitant are different persons. Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke the prior Successor Owner designation and make the following new designation:

Name (First, Middle, Last)

Male Female

Address (Street, City, State, Zip Code)

Date of Birth (Month, Day, Year)

Home Telephone Number

TIN: Social Security Number EIN Other

7. Successor Owner/Joint Annuitant Change (For Contracts with GWBL)

- A. I am electing to **drop** the Successor Owner/Joint Annuitant (as applicable).

I understand that the Successor Owner's signature is required in *Section 10* if he/she is also a joint owner. I understand that if no withdrawal has been taken from the contract specified in *Section 1*, the charge will be adjusted prospectively to reflect the charge for a Single Life contract.

For contracts with individual owners: I also understand that payments are guaranteed for my life only and that my age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Successor Owner after this transaction is processed.

For contracts with non-natural Owners: I also understand that payments are guaranteed for the remaining Annuitant's life only, whose age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Joint Annuitant after this transaction is processed.

For all Contracts: I also understand that if a withdrawal has already been taken, the charge will not be adjusted and the Applicable Percentage will remain at its current level.

- B. I am electing to **change** the Successor Owner/Joint Annuitant (as applicable). **(This option is not available if a withdrawal has already been taken from the contract.)**

For contracts with individual owners: I understand that the signature of the current Successor Owner who is currently designated in the contract is required in *Section 10* if he/she is also a joint owner and is currently living. I also understand that the new Successor Owner must be my current spouse. I also understand that the age of the younger of the two of us will determine the Applicable Percentage when I first take a withdrawal from the contract.

For contracts with non-natural owners: I understand that the new Joint Annuitant must be the current spouse of the Annuitant. I also understand that the age of the younger of the two Annuitants will determine the Applicable Percentage when I first take a withdrawal from the contract.

For all contracts: Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract referenced in *Section 1*, I hereby revoke the prior Successor Owner designation and make the following new designation:

Name (First, Middle, Last)

Male Female Entity

Address (Street, City, State, Zip Code)

Date of Birth (Month, Day, Year)

Home Telephone Number

TIN: Social Security Number

I elect to designate the new Successor Owner as a joint owner.

8. Notification of Death for Joint Life Contracts (For Contracts with GWBL)

Death of Owner:

- This serves as official notification of the death of the Owner of the contract listed in *Section 1*. As the Successor Owner, I understand that I am now the Sole Owner of this contract. If the Owner was also the Annuitant, or the Annuitant is also deceased, I understand that I will become the new Annuitant. I understand that a death benefit is not payable at this time. I also understand that I cannot add a new Successor Owner to the contract.

If no withdrawals have been taken, I understand that the Applicable Percentage will be based on my age when I first take a withdrawal from the contract (on or after age 59½). I understand that the charge for the AXA Equitable Guaranteed Withdrawal Benefit for Life Benefit will be adjusted prospectively to reflect the charge for a Single Life contract.

If a withdrawal has already been taken, I understand that the charge will not be adjusted and the Applicable Percentage will remain at its current level.

Notification of Death for Joint Life Contracts (continued)

Death of Successor Owner (select A or B):

- A. Owner was married to the deceased on the date of death: This serves as official notification of the death of the Successor Owner of the contract listed in Section 1. As the Owner, I understand that I can either name a new Successor Owner or drop my deceased spouse as the designated Successor Owner from the contract at this time. **I have made my election in Section 7 above.**
- B. Applicable only if the Successor Owner was also a joint owner and the Owner was not married to the deceased on the date of death: This serves as official notification of the death of the Successor Owner (who was also a joint owner) of the contract listed in Section 1. I understand that since I was no longer married to the deceased at the time of death, the cash value of the contract must be distributed to me within 5 years. I have made my election on how to receive the proceeds of the contract in the *How to Claim Annuity Benefits form*.

Death of Annuitant or Joint Annuitant (if applicable) (select A or B):

- A. For contracts with individual Owners: This serves as official notification of the death of the Annuitant of the contract listed in Section 1. As the Owner, I understand that I will become the new Annuitant and the contract will continue with its current terms. I understand that a death benefit is not payable at this time.
- B. For contracts with non-natural Owners: This serves as official notification of the death of the Annuitant of the contract listed in Section 1. I understand that the remaining Joint Annuitant will be the sole Annuitant of this contract. I understand that a death benefit is not payable at this time. I also understand that I cannot add a new Joint Annuitant to the contract.
- If no withdrawals have been taken, I understand that the Applicable Percentage will be based on the age of the remaining Annuitant when I first take a withdrawal from the contract. I understand that the charge for the AXA Equitable Guaranteed Withdrawal Benefit for Life will be adjusted prospectively to reflect the charge for a Single Life contract.*
- If a withdrawal has already been taken, I understand that the charge will not be adjusted and the Applicable Percentage will remain at its current level.*

9. Duplicate Certificate/Contract

- Issue a summary annuity Certificate/Contract. I certify that the original Certificate/Contract and any duplicate Certificates/Contracts thereof have been lost or destroyed.

10. Other Transactions

11. Signatures

Effective Date: After receipt and approval by AXA Equitable Life Insurance Company, the change(s) shall be effective as of the date of signing below but without prejudice to AXA Equitable on account of any payment made or action taken before receipt of this request. AXA Equitable may require additional signatures or information.

X

Owner* (if owned by an entity, show title; if name change, sign new name)

Date

X

Joint Owner

Date

X

New Owner (if ownership change is indicated in Section 4)

Date

X

Witness

Date

X

Witness

Date

*If there are joint owners, both must sign