

# AUTOMATIC INVESTMENT PROGRAM ACCEPTANCE FORM

*Client: Use this form for the automatic monthly transfer of monies from your bank checking or savings account, money market checking or savings account, or credit union checking or savings account into a new or existing EQUI-VEST® or EQUI-VEST® Express<sup>SM</sup> Traditional or Roth IRA or NQ program, or into an EQUI-VEST SEP or KEOGH (HR-10 Annuitant Owned) single life unit provided that the single life in the unit is the employer who sponsors the Plan. For more information, contact your financial professional, or call our Customer Service Representatives toll-free at 1-800-628-6673. (All references to Annuitant & Contract include Participant & Certificate, respectively.)*

## 1. TELL US ABOUT YOU *(Contract or Application number must be provided to process this request)*

ANNUITANT _____	OR	CONTRACT NUMBER _____	APPLICATION NO. _____ <i>(IF AVAILABLE)</i>
ADDRESS _____		SOCIAL SECURITY NUMBER _____	
CITY/STATE/ZIP _____		DAYTIME PHONE NUMBER _____	
OWNER, IF DIFFERENT FROM ANNUITANT _____			

## 2. IS THIS A CHANGE TO AN EXISTING AIP?

Yes\*       No

*\*Note: 7 days' notice is required for changes/stops.*

## 3. TELL US HOW TO START

FINANCIAL INSTITUTION _____	Select One:
ADDRESS _____	<input type="checkbox"/> CHECKING OR SAVINGS ACCOUNT NUMBER _____
CITY/STATE/ZIP _____	<input type="checkbox"/> MONEY MARKET CHECKING OR SAVINGS ACCOUNT NUMBER _____
NAME OF ACCOUNT IF DIFFERENT FROM ABOVE _____	<input type="checkbox"/> CREDIT UNION CHECKING OR SAVINGS ACCOUNT NUMBER _____

On the \_\_\_\_\_ day (1st – 28th) of each month, transfer \$ \_\_\_\_\_ from my checking or savings account, money market checking or savings account, or credit union checking or savings account into my EQUI-VEST or EQUI-VEST Express program.

For EQUI-VEST, the minimum amount for all markets – Traditional IRA, Roth IRA, NQ, SEP or KEOGH (HR-10 Annuitant Owned) – is \$20.

For EQUI-VEST Express, the minimum amount for all markets – Traditional IRA, Roth IRA and NQ – is \$20.

## 4. SIGN HERE, ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP, AND MAIL

*(We need the voided check or savings account deposit slip for identification.)*

- Please enroll me in the Automatic Investment Program. I have read and understand the *Terms and Conditions* on the reverse side of this form.
- Please terminate my AIP election.

BANK DEPOSITOR/CREDIT UNION MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SECONDARY SIGNATURE (IF JOINT ACCOUNT) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF CERTIFICATE OWNER (IF NOT DEPOSITOR) \_\_\_\_\_ DATE \_\_\_\_\_

Please return this signed form to AXA Equitable, EQUI-VEST® Processing Office, P.O. Box 4956, Syracuse, NY 13221.

## TERMS AND CONDITIONS

1. Your institution will debit the amount you choose from your bank checking or savings account, money market checking or savings account, or credit union checking or savings account, and transfer it to AXA Equitable.
2. Contributions will be credited to your EQUI-VEST Express IRA or NQ, or your EQUI-VEST IRA, NQ, SEP or KEOGH program as described in the Prospectus and will be made in accordance with the allocation instructions currently on AXA Equitable's records.
3. You can change the way your retirement savings are invested at any time by sending us the *Request For Service* form or by using TOPS or EQAccess (on line), our automated telephone and internet services.
4. You can discontinue this program at any time by sending us a written request or by checking off the termination box in Section 4.
5. Financial transactions will be verified by a confirmation notice. If you do not receive a notice within 14 days of the transaction, please notify us immediately.
6. *For IRA participants only:* The amount you contribute annually should not exceed what you are permitted by law to contribute to an IRA. Contact your financial professional for these limits. For tax purposes, all contributions will be tracked and reported in the calendar year in which they are received.

*For more information, see your EQUI-VEST or EQUI-VEST Express Prospectus and any supplements, or contact our Service Representatives, toll-free, at 1-800-628-6673.*

