

EQUI-VEST® AND EQUI-VEST® EXPRESSSM REQUEST FOR CHANGE OF BENEFICIARY

Instructions for Completing the Attached Form

This form is to be used when requesting a beneficiary change on an EQUI-VEST, EQUI-VEST EXPRESS or EQUI-VEST Vantage Contract. For an owner change on an EQUI-VEST, EQUI-VEST Express Non-Qualified (NQ), EQUI-VEST Trusteed, or EQUI-VEST Vantage Contract, please use an EQUI-VEST and EQUI-VEST Express Request for Change of Owner Form (Cat. #125170).

FOR NON-TRUSTEED KEOGH (HR-10) AND CONTRACTS WHICH WERE FORMERLY TRUSTEED OWNED (NTAs) OR EMPLOYER-SPONSORED TSA PLANS (INCLUDING UNIVERSITY PLANS, TSA ADVANTAGE, VANTAGE), A MARRIED ANNUITANT REQUIRES WRITTEN CONSENT OF THEIR SPOUSE TO CHANGE THE BENEFICIARY TO SOMEONE OTHER THAN THE SPOUSE OR IF A NON-SPOUSE BENEFICIARY IS CHANGED.

(For Corporate and Keogh Trusteed contracts, the beneficiary is the employer who maintains each annuitant's individual beneficiary designation.)

Important: For Series 100, 200 and 300 contracts (Traditional IRA, Roth IRA, SEP, SARSEP, SIMPLE IRA or NQ), where the Successor Annuitant/Owner feature has been elected which requires the spouse to be the beneficiary, any beneficiary change to be other than the spouse will rescind the Successor Annuitant/Owner feature on the contract.

The form should be signed by the contract owner. If spousal consent or certification that the annuitant is not married applies, the appropriate statement should be completed and must be witnessed by the plan administrator, trustee, or a notary public.

Sample Beneficiary Designations

- Annuitant's executors or administrators (Annuitant's estate).
- Annuitant's wife, MARGARET H. ROE.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the annuitant, if not then living in equal shares to the annuitant's children who are then living and to the then living children of any deceased child of the annuitant, per stirpes.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the annuitant, if not then living to the annuitant's son, JOHN ROE.
- In equal shares to the annuitant's children who are living at the death of the annuitant, should none then be living in equal shares to the annuitant's parents, NANCY ROE and JAMES ROE, who are then living.
- Trustee(s) under Trust Agreement dated February 1, 1994.
- Trustee(s) of the Trust created in the instrument admitted to probate as the Last Will and Testament of the annuitant.
- Trustee(s) of the Trust created in the instrument admitted to probate as the Last Will and Testament of the annuitant dated February 1, 1994.

Mailing Instructions

If by: **Regular Mail:**

Send to: AXA Equitable, EQUI-VEST® Processing Office
P.O. Box 4956, Syracuse, NY 13221

If by: **Express Mail:**

Send to: AXA Equitable, EQUI-VEST® Processing Office
1 MONY Plaza, Syracuse, NY 13202

**EQUI-VEST® AND EQUI-VEST® EXPRESSSM REQUEST FOR
CHANGE OF BENEFICIARY
DO NOT RETURN THE CONTRACT WITH THIS REQUEST**

BEFORE COMPLETING THIS REQUEST, PLEASE READ THE INSTRUCTIONS ON THE COVER PAGE.

Owner's Name: _____ Contract Number: _____

Joint Owner's Name (if applicable): _____

BENEFICIARY DESIGNATION:

PLEASE INCLUDE FULL NAME OF NEW BENEFICIARY AND RELATIONSHIP TO ANNUITANT IF MULTIPLE BENEFICIARIES, SHOW ADDRESSES, ETC., IN SAME ORDER AS DESIGNATED. *If the proposed beneficiary is a Trust, the date of the Trust Agreement or the number of the Trust must be furnished. Our liability under the contract ceases when we make payment to a Trustee or succeeding designated payee.*

Name(s) and Relationship(s) of Primary Beneficiary: _____

Address(es): _____

Social Security #(s): _____

Name(s) and Relationship(s) of Contingent Beneficiary: _____

Address(es): _____

Social Security #(s): _____

Signature of Owner: _____ Date: _____

Signature of Joint Owner (if applicable): _____ Date: _____

For Non-Trusteed, Keogh (HR-10) and contracts which were formally Trusteed owned (NTAs) or employer-sponsored TSA Plans (including University plans and TSA Advantage), one of the following statements must be completed and witnessed:

1. I am the current spouse of the above-named annuitant who is completing this form and I hereby consent by my signature appearing below to such annuitant's designation of the above-named beneficiary who is someone other than myself. I further acknowledge that I understand that I have the right to be named as the annuitant's beneficiary and to receive the death benefits payable under the contract and that I hereby waive such right. I acknowledge that I understand the consequences of this consent and that I have the right to approve of any subsequent change in beneficiary.

X

Spouse's Signature

2. I am the above-named annuitant and I certify that I am not married.

X

Annuitant's Signature

Witness: (Must be Plan Administrator, Trustee or Notary Public; seal or expiration date must be indicated.)

Name/Title of Witness

X

Signature of Witness

Date:

X

Signature of Annuitant

FOR AXA EQUITABLE USE ONLY

AXA Equitable certifies that this change has been recorded.

Date: _____

By: _____

IMPORTANT: When this page is completed, send it to us at the address on the first page of this form. When we have recorded the change, we will return a copy of the form signed by us as evidence of the change.