

# EQUI-VEST®

## Non-Financial Change

Variable Annuity Series

**Return:**

**Express Mail:**

AXA Equitable  
EQUI-VEST Processing Office  
100 Madison St., Suite 1000  
Syracuse, N.Y. 13202

**Regular Mail:**

AXA Equitable  
EQUI-VEST Processing Office  
P.O. Box 4956  
Syracuse, N.Y. 13221-4956

**Fax Number:**

(201) 583-2683

**For Assistance:**

**Call:**

(800) 628-6673  
Monday – Thursday  
8:00 a.m. – 7:00 p.m.  
Friday 8:00 a.m. – 5:00 p.m.

**To Sign Up For eDelivery:**

Visit us at  
[www.axa-equitable.com](http://www.axa-equitable.com)

**1. Type of Request**

Please complete all of the sections listed below if you are requesting a:

- Name Change — sections 2, 3, and 6
- Address Change — sections 2, 4, and 6
- Billing Change — section 2, 5, and 6

**2. Annuitant Information** (Contract number must be provided to process this request)

Contract Number

Annuitant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street

Apt. / Suite / Floor

City

State

Zip Code

Please check if this is an address change.

Daytime Phone Number:  -  -

Owner's Email Address \_\_\_\_\_

S.S.N. (last 4 digits only)

**3. Change Name For:**

Annuitant                       Owner

Note: This section is for change of name by marriage, court decree, or correction. (Attach a copy of the marriage license or court decree.)

Current Name \_\_\_\_\_

New Name \_\_\_\_\_

Relationship to Annuitant \_\_\_\_\_

