

# EQUI-VEST<sup>®</sup> Variable Annuity Series 201

## Request for Service Form

Mail completed form to:

**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



**AXA EQUITABLE**

**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.**  
**Fax Number (201) 583-2827**

Client: Complete Section 1 and any other appropriate section(s). Contact your financial professional whose telephone number is on your Confirmation Notice, or call our Service Representatives for information toll-free at 1-800-628-6673. (Note: References to Annuitant and Contract also include Participant and Certificate, respectively.)

<b>1. Annuitant Information</b> (Contract number must be provided to process this request)		
ANNUITANT	CONTRACT NUMBER	
FINANCIAL PROFESSIONAL	DAYTIME PHONE NUMBER	S.S.N. (last 4 digits only)

<b>2. CHANGE NAME</b>	
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	

<b>3. CHANGE ALLOCATION OF FUTURE CONTRIBUTIONS</b>																																																														
This allocation change applies to future contributions <i>only</i> . (Note: You can use TOPS, our automated telephone operated program support service, or Online Account Access, to process this transaction. Speak to your financial professional for details.)																																																														
<b>The following percentages must be in whole numbers and add up to 100%.</b>																																																														
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		<b>Total of all Investment Options chosen must be 100%</b>																																																												

\* The number in parenthesis is shown for data input only.  
<sup>1</sup> Available on or about September 18, 2009.  
<sup>2</sup> This will be the investment option's new name on or about September 18, 2009.  
<sup>3</sup> This investment option will be available on or about September 25, 2009.



**5. CHANGE MAILING ADDRESS**

NEW ADDRESS

DAYTIME PHONE NUMBER

CITY

STATE/ZIP

**6. AUTHORIZATION / TERMS and CONDITIONS**

**If you have requested a one-time transfer of funds and are currently enrolled in an Asset Rebalancing program, we will process the transfer as requested; however, the Rebalancing program will remain in effect unless you request that it be cancelled. Please check the box below if you wish to have your Asset Rebalancing program cancelled.**

**By checking this box and my signature below, I authorize the termination of my Asset Rebalancing program.**

ANNUITANT'S SIGNATURE

DATE

1. Address changes and financial transactions will be verified by a confirmation notice. If you do not receive a notice within 14 days of making a request, please notify us immediately.
2. Transactions are effective on the business day this form, properly completed and signed, is received at the EQUI-VEST Processing Office.

*FOR MORE INFORMATION, SEE YOUR EQUI-VEST OR EQUI-VEST EXPRESS PROSPECTUS AND ANY SUPPLEMENTS, OR CONTACT OUR CUSTOMER SERVICE REPRESENTATIVES, TOLL-FREE, AT 1-800-628-6673.*