



**AXA EQUITABLE**  
BENEFIT PAYMENTS SERVICES GROUP  
P.O. BOX 4993  
SYRACUSE, NY 13221

Fax to (315) 477-2823  
Call us at (800) 245-1230

**AUTHORIZATION FOR DIRECT DEPOSIT OF ANNUITY CHECKS**

**PART 1 – TO BE COMPLETED BY PAYEE**

POLICY IDENTIFICATION NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER 

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PAYEE NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

IS THIS A NEW ADDRESS? YES \_\_\_\_ NO \_\_\_\_ EFFECTIVE DATE OF CHANGE \_\_\_\_\_

I AM THE PAYEE UNDER THE ABOVE POLICY IDENTIFICATION NUMBER AND I HEREBY REQUEST THAT UNTIL FURTHER WRITTEN NOTICE FROM ME IS FILED WITH AXA EQUITABLE, ALL PAYMENTS BE DIRECTLY DEPOSITED IN MY ACCOUNT AT THE BANK DESIGNATED BELOW. I AUTHORIZE THE BANK DESIGNATED TO DEBIT MY ACCOUNT AND TO REFUND ANY OVERPAYMENTS TO AXA EQUITABLE.

PAYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT PAYEE SIGNATURE \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

**ACCOUNT TYPE:**

**CHECKING** (Attach a VOIDED Check) BANK NAME \_\_\_\_\_

**SAVINGS** (Complete PART 2) BANK ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**PART 2 – TO BE COMPLETED BY BANK (Complete PART 2 only if you are using a SAVINGS ACCOUNT or NOT ATTACHING A VOIDED CHECK)**

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BANK REPRESENTATIVE \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

Please return this completed Enrollment Form along with a **VOIDED** check in the envelope provided. AXA Equitable will process this request and directly deposit your payments within 45 days of receipt of this form unless further information is needed. When writing to us please use the address at the top of this form and always include your Policy Identification Number.

Please provide 30 days advance written notice of your intent to change this arrangement.