

# REQUEST FOR SERVICE/DISBURSEMENT FORM FOR SPDA IRA AND NQ MARKETS

Client: Use this form for change(s) in name, address, Successor Owner, or to request a partial withdrawal from or surrender of your contract.

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

OWNER

CONTRACT NUMBER

ADDRESS

SOCIAL SECURITY NUMBER OF OWNER

CITY/STATE/ZIP CODE

DAYTIME PHONE NUMBER

ANNUITANT, IF OTHER THAN OWNER

AGENT

## 2. CHANGE NAME FOR: OWNER ANNUITANT

**Note: This section is for change of name by marriage, court decree, or correction. A change of beneficiary or Owner must be submitted on a "Request for Change of Beneficiary or Request for Change of Owner" Form. A change of the original Annuitant is not permitted.**

CURRENT NAME

NEW NAME

## 3. CHANGE MAILING ADDRESS

NEW ADDRESS

DAYTIME PHONE NUMBER

CITY/STATE/ZIP

## 4. CHANGE SUCCESSOR OWNER

**(For Non-Qualified Contracts Only – Provide information for new Successor Owner)**

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY/STATE/ZIP CODE

## 5. PARTIAL WITHDRAWAL (Select one)

THE AMOUNT WITHDRAWN WILL INCLUDE APPLICABLE WITHDRAWAL CHARGES WHICH ARE DEDUCTED, IN ADDITION TO THE PARTIAL WITHDRAWAL REQUESTED, FROM YOUR TOTAL ANNUITY VALUE. IF 90% OR MORE OF THE ANNUITY VALUE IS REQUESTED, IT WILL BE CONSIDERED AS A REQUEST FOR THE ENTIRE CASH VALUE.

\$ \_\_\_\_\_  10% of Annuity Value  \_\_\_\_\_ % of Annuity Value

## 6. TOTAL SURRENDER REQUEST

YOUR CONTRACT WILL BE TERMINATED AND YOU WILL RECEIVE THE TOTAL CASH VALUE; APPLICABLE WITHDRAWAL CHARGES WILL BE ASSESSED. PLEASE RETURN YOUR CONTRACT WITH THIS REQUEST, OR COMPLETE THE STATEMENT BELOW.

I WOULD LIKE TO SURRENDER MY CONTRACT.

LOST CONTRACT: THIS CONTRACT WAS \_\_\_ LOST \_\_\_ STOLEN \_\_\_ DESTROYED ON OR ABOUT (DATE) \_\_\_\_\_.

## 7. NOTICE OF TAX WITHHOLDING ON NON-PERIODIC DISTRIBUTIONS

***(Complete if you have requested a partial withdrawal from or surrender of your contract)***

We will automatically withhold 10% federal income tax from the taxable portion of your withdrawal or surrender unless you check the box below. Some states also require us to withhold state income tax. Please consult your tax advisor for rules that apply to you.

I do not want federal income taxes (and state, if applicable) withheld from my partial withdrawal or surrender. I have provided my U.S. resident address and Social Security number in Section 1 of this form. I understand that I am responsible for the payment of any estimated taxes, and that I may incur penalties if my payments are not enough. Under penalty of perjury, I certify that the following Taxpayer Identification Number (Social Security Number) is correct:

-   -

If your address of record is not a U.S. residence address, you must certify, in a separate statement, your U.S. residence address or complete the following statement:

(Check One)  I am a U.S. citizen.  I am not a U.S. citizen. I reside in \_\_\_\_\_.

## 8. AUTHORIZATIONS

The information on this form is correct and complete to the best of my knowledge. I authorize AXA Equitable to make the change(s) I have requested in Sections 2-4 or to make a partial withdrawal from or surrender of my contract. I understand that any change(s) or the partial withdrawal or surrender will be effective on the date that this form, properly completed and signed, is received at AXA Equitable's Processing Office.

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

## 9. MAIL THIS FORM:

**AXA Equitable  
SPDA Division  
PO Box 4700  
Syracuse, NY 13221**

## For Overnight Delivery Mail To:

**AXA Equitable  
SPDA Division  
100 Madison St., Mail Drop 37-4  
Syracuse, NY 13202  
Fax Number: (855) 268-6371**

FOR MORE INFORMATION, CONTACT YOUR FINANCIAL PROFESSIONAL OR OUR CUSTOMER SERVICE REPRESENTATIVES, TOLL-FREE, AT 1-800-628-7789.

