

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THE AMOUNT WITHDRAWN WILL INCLUDE APPLICABLE WITHDRAWAL CHARGES WHICH ARE DEDUCTED, IN ADDITION TO THE PARTIAL WITHDRAWAL REQUESTED, FROM YOUR TOTAL ANNUITY VALUE.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:

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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
Suite 1000
100 Madison Street
Syracuse, NY 13202

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

