



redefining / standards®

AXA Equitable Life Insurance Company
MONY Life Insurance Company of America
AXA Equitable Life and Annuity Company

Life Insurance Disbursement

Traditional and Variable Life Series

1. Type of Request

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

- Policy Loan — sections 2, 3, 6, 7
Disbursement or Application of Dividends — sections 2, 4, 6, 7
Surrender — sections 2, 5, 6, 7

2. Owner's Information (Please Print)

Please check if this is an address change.

Policy Number(s) (Required):

Grid of boxes for entering policy numbers

Insured's Name: Last, First, Middle Initial

Owner's Name (if other than insured): Last, First, Middle Initial
or Name of Entity If Corporation, Partnership or Trust Owned

Owner's Daytime Telephone Number: [] [] [] - [] [] [] - [] [] [] []

Owner's Email Address:

Joint Owner's Name: Last, First, Middle Initial (if applicable)

Owner's Address: Number and Street Apt. / Suite / Floor

City State Zip

For Addresses Outside the United States:

Country: Country Postal Code:

Return:

Express Mail: AXA Equitable Life Insurance Company National Operations Center 10840 Ballantyne Commons Parkway Charlotte, NC 28277

Regular Mail: AXA Equitable Life Insurance Company National Operations Center P.O. Box 1047 Charlotte, NC 28201-1047

Toll-free Fax Number: (855) 268-6377

For Assistance:

Call: (800) 777-6510 Monday-Friday 8:00 a.m. - 7:00 p.m. ET

To Sign Up For eDelivery:

Visit us at www.axa-equitable.com

3. Policy Loan

- All loans accrue interest and could have a permanent effect on the policy.
- The use of policy loan values may be a transaction covered under your state's replacement regulation. We suggest you contact your financial professional to determine if additional requirements may be necessary.
- This loan will be made in accordance with the Loan Provision in your policy.
- Please consult your tax advisor before implementing any changes to an employer owned policy.

- Issue Check in the Amount of \$ _____
- Maximum Loan
- Maximum Loan with Dividends
- Pay Premium due on Policy Number _____ in the Amount of \$ _____ *

* Required for Variable Life insurance policies only.

4. Disbursement or Application of Dividends

- Equitable Life Account, Universal Life and Variable Life policies do not earn dividends.
- To withdraw dividends on Economatic-type policies, please contact the National Operations Center for proper request form.
- Please consult your tax advisor before implementing any changes to an employer owned policy.

Dividend Source

- Current Dividend
- Dividend Additions
- Dividend Accumulations
- Paid-Up Additions Cash Value

Dividend Application

- Disburse in Cash \$ _____
- Apply to Policy Number _____
- Premium Due \$ _____
- Loan Principal** \$ _____
- Loan Interest Due** \$ _____

5. Surrender (Cancellation) of Policy/Contract

- Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisors in order to find the option best suited to your needs.
- Please consult your tax advisor before implementing any changes to an employer owned policy.

In surrendering this policy/contract, it is understood that all rights, privileges and benefits under said policy/contract, except the right to receive the amount of the cash surrender value, are cancelled.

AXA Equitable Life Insurance Company/MONY Life Insurance Company of America/AXA Equitable Life and Annuity Company considers the original policy lost, stolen or destroyed if not returned. By my signature below I(We) agree to indemnify AXA Equitable and any of their affiliates or subsidiaries from any and all claims, suits, damages, costs and expenses they may suffer as a result of their election to waive submission of the original policy as normally required.

The policy/contract is enclosed.

6. Tax Withholding

Social Security Number:

□ □ □ - □ □ □ □ □ □ □ □

Employer Identification Number:

□ □ □ - □ □ □ □ □ □ □ □

6. Tax Withholding (continued)

Part 1: Taxpayer Identification Number

- By my signature below I certify that the number listed above is my correct Taxpayer Identification Number (Social Security Number for an individual or Employer Identification Number for a non-natural owner) and that I am a "U.S. person" (including a "resident alien") with respect to the U.S.
- If I am not a U.S. person, I have provided a completed IRS Form W-8BEN.

Part 2: Notice of Withholding of Income Tax Withdrawals or Distribution

- Federal law requires that we withhold income tax from the taxable portion of any distributions, unless you are eligible to, and elect, not to have taxes withheld. To elect out of income tax withholding, you must provide your correct Taxpayer Identification Number and U.S. residence address.
- If you request a distribution and neglect to advise us not to withhold federal income tax before the payment date, AXA Equitable/MONY Life Insurance Company of America will withhold taxes.
- If you elect not to have withholding apply to your distribution, you may be responsible for payments of estimated taxes.
- You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

I elect not to have taxes withheld.

7. Signatures

Individual or Joint Owned Policies

Signature: _____
 Signature of Owner (mm/dd/yy)

Signature: _____
 Signature(s) of Joint Owner(s) (mm/dd/yy)

Corporate, Partnership or Trust Owned Policies

Signature: _____
 Signature of Corporation Officer, Partner or Trustee Title (Required) (mm/dd/yy)

Signature: _____
 Signature of Absolute or Collateral Assignee and Title (if applicable) (mm/dd/yy)

 Name of Assignee

8. Special Instructions

General Information about Signature Requirements

Multiple/Joint Owners: Must be signed by all Owners.

Assignments: 1) Collateral — Assignee and present Owner;
2) Absolute — Assignee.

Corporation: 1) Disbursements applied to premiums and/or existing loans — One officer, who may also be the insured may sign
2) Cash disbursements — One officer OTHER than the insured is required. The insured officer can sign provided a copy of the corporate resolution granting such authority accompanies the request.

Attorney-in-Fact/Guardian: Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.

Partnerships: Requests must be submitted in the name of the Partnership and signed by a partner other than the Insured, or two partners if Insured signs.

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