

LIFE INSURANCE

TRADITIONAL AND VARIABLE LIFE SERIES

Disbursement Request Form

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

Fax Number:
(704) 540-2214



AXA Equitable Life Insurance Company
MONY Life Insurance Company of America

For Assistance: Call (800) 777-6510
Monday-Friday, 8:00 a.m. – 7:00 p.m. EST

Type of Request

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

- Policy Loan — sections 1, 2, 5, 6
- Disbursement or Application of Dividends — sections 1, 3, 5, 6
- Surrender of Policy — sections 1, 4, 5, 6

For general information on any type of request listed above, please see last page of form.

1. Owner's Information

(Please Print)

Please check if this is an address change.

Policy Number(s) *(Required)*

Insured's Name *(Last, First, Middle Initial)*

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

Owner's Daytime Telephone Number

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

Address Number and Street

Apt. / Suite / Floor

City

State

Zip Code

2. Policy Loan

- This loan will be made in accordance with the Loan Provision in your policy.

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

*Common ownership of all policies involved required.

**Required for Variable Life insurance policies only.

3. Disbursement or Application of Dividends

Dividend Source

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

Dividend Application

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

4. Surrender of Policy Value

- 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 hereby cancelled.

AXA Equitable/MONY Life Insurance Company of America 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.

Continued on next page

5. Tax Withholding

SOCIAL SECURITY NUMBER

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EMPLOYER IDENTIFICATION NUMBER

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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 appropriate documentation as to citizenship and residence.

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.

6. Signatures

X

Signature of Owner

Date

X

Signature(s) of Joint Owner(s)*

Date

X

Signature of Absolute or Collateral Assignee

Title (if applicable)

Date

X

Signature of Corporation Officer, Partner or Trustee

Title (Required)

Date

*If jointly owned, all Owners must sign.

X

Name of Corporation, Partnership or Trust

Corporate-Owned Policy Signature Requirements

- Under \$50,000 applied to premiums and/or existing loans One officer, who may also be the insured.
- Under \$50,000 cash disbursements One officer OTHER than the insured. The insured officer can sign provided a copy of the corporate resolution, granting such authority accompanies the request.
- \$50,000 or more Two officers, one of whom may be the insured.

Financial Professional's Name

Code #

Daytime Phone #

General Information about 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.

General Information about 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.

General Information about Employer Owned Policies

- Please consult your tax advisor before implementing any changes to an employer owned policy.