

Regular Mail:
EQUI-VEST® Processing Office, PO Box 4956, Suite 1000, Syracuse, NY 13221
Express Mail:
EQUI-VEST® Processing Office, 100 Madison St, Suite 1000, Syracuse, NY 13221
Phone: (800) 628-6673 **Fax:** (201) 583-2063

To receive all your funds in a single payment.

About This Form

If you need all your funds immediately to pay taxes, settle large debts or invest yourself, use this form.

1. Provide Information About the Deceased

Deceased's Name (first, middle initial, last)
Date of Death (month/day/year) Social Security or Taxpayer ID Number
Street Address
City, State, Zip
Contract(s) or Certificate Number(s):

2. Provide Information About the Beneficiary

Are you a(n): Individual Minor Estate
 Trust Corporation Partnership
Your Name (first, middle initial, last)
Street Address
City, State, Zip
Date of Birth (month, day, year) Beneficiary's Social Security or Taxpayer ID Number
Daytime Telephone Number Evening Telephone Number
Are you a U.S. citizen: Yes No (If you are not a citizen, call 1-800-628-6673)

3. Tax Withholding

We must withhold income tax unless you are eligible to "elect out" of income tax withholding and do so below. To elect out of withholding, a US residence address and a correct Taxpayer Identification Number must be provided, and the payment must be made in the US. Spousal beneficiaries of certain tax-qualified plans are not eligible to elect out of mandatory 20% federal income tax withholding. For more information, see the Beneficiary Guide.

Withhold federal (and state, if applicable) income taxes from the taxable portion of my benefits.
 In addition to the federal and state (if applicable) income taxes withheld from the taxable portion of my benefits, I would also like additional income taxes withheld:
Federal: \$_____ and State (if applicable) \$_____
 I DO NOT want federal and state (if applicable) income taxes withheld from the taxable portion of my benefits.

4. How Would You Like to Receive Payment?

Send me a lump sum check.
 Establish an AXA Equitable Access Account on my behalf, if my distribution qualifies.

5. Please Read and Sign Here

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (NOTE: Cross out Item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.)

If the correct Taxpayer Identification Number is not supplied or is left blank, federal and state income tax withholding may apply, despite any election to the contrary.

Your Signature

Date

6. FOR AXA EQUITABLE USE ONLY

Agent Code

Delivery Code

Service Branch

Company Code

Agency Name

Agency Alpha Code

Effective Date

Deposit Amount

7. AXA Equitable Access Account* Information and Signature Card

IMPORTANT: This is how you will receive your payment.

Complete this section if your distribution is \$10,000 or more and you choose to open an AXA Equitable Access Account.¹ If your distribution is less than \$10,000, you will receive a check for the full amount due to you. The AXA Equitable Access Account provides you with the time and flexibility to consider your future financial options. You will receive a checkbook and you can withdraw your funds whenever you like by simply writing a check. The AXA Equitable Access Account may be taxable in the year in which it was received. You will also benefit from:

- **No Fees:** No administrative fees or charges for checking.
- **Dedicated Support:** A toll-free number for customer service (1-800-343-2551).
- **Interest Earnings:** Your money earns interest, compounded daily and credited monthly, from the day the account is established. Interest earned on the account is taxable to you. For current rate information, please call our AXA Equitable Access Account customer service unit.
- **No Time Limits:** You may leave your benefits in your AXA Equitable Access Account for as long as you wish if your balance is over \$1,000.
- **Monthly Statements:** You will receive monthly statements indicating the account activity and interest rate charges.
- **Safety:** Your principal and all of your accrued interest are fully guaranteed by AXA Equitable. Funds are not insured by the FDIC.

Please note that annuity benefits will not be paid through an AXA Equitable Access Account if someone is claiming benefits for the beneficiary under the Power of Attorney, or if the beneficiary is a minor, a corporation, a partnership, a tax-exempt entity, an estate or a trust, or a foreign person.

Please complete the information below. Print your name and address as you would like to have it printed on your checks. Sign in the shaded section as you would normally sign a check. ***This signature will be used to verify your checks. If the signatures do not match, checks will not clear.***

Print Your Name (as it should appear in your checks)

Contract Number

Your Mailing Address

Social Security or Other Taxpayer ID Number

Daytime Telephone Number

Your Signature (as it should appear in your checks)

Date

* Securities products and services are offered through AXA Advisors, LLC (Member FINRA). AXA Advisors is part of the global AXA Group. AXA Advisors affiliates include AXA Equitable Life Insurance Company.

¹ The entire amount deposited into the AXA Equitable Access Account may be taxable in the year in which it was received.

8. Delivery Options

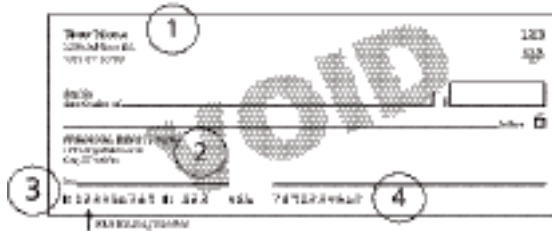
Unless otherwise instructed, distribution checks are mailed via First Class Mail. Expedited delivery is available for a fee of \$35 for Express Mail and \$90 for a wire transfer after your request has been processed. AXA Equitable has 5 business days to process your request. Please select one option below if you want to expedite delivery.

1. Please expedite delivery by using Express Mail for a fee of \$35, (Cannot be a P.O. Box), or
2. Please expedite delivery by using a wire transfer for a fee of \$90. *Only available for net wire amounts of \$10,000 or more to a Personal Bank Account.*

Wire Transfer Details — to assist us in processing your transaction, please attach a voided check for wire transfers.

Select Account Type:

- Bank Checking
- Bank Money Market
- Credit Union Checking



1 _____
Name as it appears on account

2 _____
Name of Bank/Financial Institution

_____ Bank Address

_____ Bank - City, State & Zip Code

3 _____
Bank ABA/Routing Number

4 _____
Account Number