

## Periodic Payment Plan Option

**Use this form if you want a guaranteed stream of income**

**For Assistance: Call (800) 628-6673**  
Monday – Thursday 8:00 a.m. – 7:00 p.m. EST  
Friday 8:00 a.m. – 5:00 p.m. EST

### About This Option

The Periodic Payment Plan Option allows any beneficiary to use the benefits from an EQUI-VEST annuity to purchase another EQUI-VEST fixed or variable annuity. By spreading out the payment of benefits, you only pay taxes on the amount you receive.

There are several Periodic Payment Plans to choose from and a worksheet is attached to help you estimate the amount of your payments. Your financial professional can also provide a personalized quote based on your age and the amount you would like to use to purchase a Periodic Payment Plan. Or call us at 1-800-628-6673.

If you are receiving benefits from more than one annuity contract and/or you wish to establish more than one Periodic Payment Plan, simply make copies of this form and complete a separate form for each plan you want to establish.

***This plan cannot be modified once payments begin.***

### Who Qualifies?

Any beneficiary of an EQUI-VEST fixed or variable annuity may elect this option for all or a portion of benefits received from another EQUI-VEST annuity. However, for most plans, \$2,000 is the minimum amount per beneficiary that may be used to purchase an annuity under this option. There may also be restrictions on the amount of time this option is available after the Annuitant's death.

### Exclusions

All beneficiaries qualify for this plan, except as follows:

- **Special Deposit Option** is only available to beneficiaries of non-qualified (NQ) annuities.
- **Special Installment Plan (for entities)** is the only option available to beneficiaries that are entities, i.e., not individuals. In the case of tax-qualified plans, the time period may be restricted.

### 1. Provide Information About the Deceased

Deceased's Name (first, middle initial, last)

Date of Death (month/day/year)

Contract Number

### 2. Provide Information About the Beneficiary (Annuitant)

Your Name (first, middle initial, last)

Street Address

City, State, Zip

Date of Birth (month/day/year)

Are you a U.S. citizen?  
(If not, call 1-800-628-6673)

Yes  No

Social Security or Other Taxpayer ID Number

Your gender:

Male  Female

Daytime Telephone Number

Evening Telephone Number

### 3. Designate a Beneficiary for this Payment Plan

You must designate a new beneficiary to receive remaining payments, if any, under the plan you select. To name more than one beneficiary, please indicate whether each beneficiary is a primary or contingent beneficiary.

1.	_____	<input type="checkbox"/> Primary
Name		<input type="checkbox"/> Contingent
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth
		Percent: _____
2.	_____	<input type="checkbox"/> Primary
Name		<input type="checkbox"/> Contingent
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth
		Percent: _____
3.	_____	<input type="checkbox"/> Primary
Name		<input type="checkbox"/> Contingent
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth
		Percent: _____

### 4. How Much Are You Using to Purchase a Periodic Payment Plan?

You can designate all or a portion of your benefits, except that the amount must be a minimum \$2,000 for most plans.

All of my benefits       All of my benefits except \$ \_\_\_\_\_

### 5. When Should Payments be Made?

Monthly       Quarterly       Semi-annually       Annually

### 6. Choose Your Periodic Payment Plan (Choose only one)

#### A. Life Income Plan

##### I. Fixed Immediate Annuity

**Single life** — This option guarantees payments during your life.

You can also choose one of these Life Income Plan guarantees (optional).

**Period Certain** — This option provides you with an additional guarantee that payments will be made at least during the time period you elect. Please guarantee my payments for \_\_\_\_\_ (1 to 30) years but not to exceed my life expectancy.

**Refund Certain** — This option provides you with an additional guarantee that total payments made under this plan will never be less than the amount you originally used to purchase this option.

##### II. Variable Immediate Annuity (Section 7 must be completed.)

**Single life** — This option guarantees payments during your life.

**Period Certain** — This option provides you with an additional guarantee that payments will be made at least during the time period you elect. Please guarantee my payments for \_\_\_\_\_ (1 to 30) years but not to exceed my life expectancy.

#### B. Special Installment Plan

I understand that this option guarantees payment during the time period I select. Please pay my benefits over \_\_\_\_\_ (2 to 30) years but not to exceed my life expectancy. An entity may elect only a 5-year time period.

#### C. Special Deposit Plan (only for beneficiaries of non-qualified (NQ) annuities)

I understand that my principal will stay intact and will be paid upon completion of the time period I selected. Please pay **only the interest** earned on my benefits over \_\_\_\_\_ (2 to 5) years.

**7. Investment Fund Allocation (Variable Income Annuity Option)**

Complete this section if you elected a Variable Immediate Annuity in Section 6A.

I want the premium that is being applied to my Variable Income Annuity to be allocated as follows (enter whole numbers to total 100%):

_____ % All Asset Allocation	_____ % EQ/Large Cap Value PLUS
_____ % AXA Moderate Allocation	_____ % EQ/Money Market
_____ % EQ/AllianceBernstein International	_____ % EQ/Quality Bond PLUS
_____ % EQ/AllianceBernstein Small Cap Growth	_____ % Multimanager Aggressive Equity
_____ % EQ/Common Stock Index	_____ % Multimanager Multi-Sector Bond
_____ % EQ/Equity 500 Index	
_____ % EQ/Intermediate Government Bond Index	<b>100% Total</b>

**8. Where Should Payments be Sent?** (Choose only one)

- Send payments to me at the address listed in section 2 of this form. Plus,
  - send a Direct Deposit form if this box is checked.
- Send payments to me at the address listed below:
 

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_
- Send payments to another payee, upon proper authorization, and send me the form to complete.

**9. Do You Want Taxes Withheld From Your Payments?**

Income taxes will be withheld unless you elect (and are eligible) not to have taxes withheld. Please note that we may be required to withhold income taxes if you do not provide your correct Taxpayer ID Number or if you are taking certain kinds of distributions from a tax-qualified retirement plan. For more information, see the "AXA Equitable Beneficiary Guide."

- No, I DO NOT** want federal (and state, if applicable) income taxes withheld from my periodic payments.
- Yes, I DO** want federal (and state, if applicable) income taxes withheld from my periodic payments. My current tax status is married/single (circle one) and the number of my withholding allowances is \_\_\_\_\_.
- I also** want the following additional income tax withheld from each payment:
 

Federal: \$ \_\_\_\_\_ and State (if applicable): \$ \_\_\_\_\_.

**10. Agree to Terms and Sign Here**

By signing below, I acknowledge and understand the following terms and conditions:

- The rates in effect at the time you receive my completed application will apply.
- I have answered all questions in this application truthfully, completely and to the best of my knowledge and belief. AXA Equitable may rely on my answers in acting on this application.
- No agent or financial professional has authority to modify this application or to waive any of AXA Equitable's rights or requirements.

X \_\_\_\_\_  
 Annuitant's Signature Date

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.**

X \_\_\_\_\_  
 Your Signature Date

**For EQUI-VEST Use Only**

Agent or Financial Professional Name Code No.

Signature Date

## Request Personalized Estimate of Monthly Payments

For Assistance: Call (800) 628-6673  
Monday – Thursday 8:00 a.m. – 7:00 p.m. EST  
Friday 8:00 a.m. – 5:00 p.m. EST

### About This Form

Use this form to request a personalized estimate of monthly payments for selected Periodic Payment Plans.

### 1. Information About You

Your Name (first, middle initial, last)

Mailing Address

City, State, Zip

Date of Birth (month/day/year)

Your gender:  Male  Female

### 2. Which Periodic Payment Plan(s) Interest You?

*The Periodic Payment Plans are described in the prospectus.*

**Please select one of the following.**

- Fixed Immediate Annuity  
 Variable Immediate Annuity

**Please select one of the following.**

- Single Life  
 Single Life with Refund Certain  
 Single Life with Period Certain

Select a time period:

\_\_\_\_\_ years (5, 10, 15, 20, 30) or

\_\_\_\_\_ life expectancy

- Special Installment Option

\_\_\_\_\_ Select a time period:

\_\_\_\_\_ years (2 to 30) or

\_\_\_\_\_ life expectancy

### 3. How Much Are You Using to Purchase a Periodic Payment Plan?

*If you do not know how much you will be receiving, check "Entire death benefit."*

- Entire death benefit or  
 \$ \_\_\_\_\_

Contract number: \_\_\_\_\_

**BEFORE you send in your claim return this form to your financial professional. If you do not have a financial professional please call the Client Services Group at 1-877-677-4267.**