

# **EQUI-VEST® Successor Owner/Annuitant (SOA) Option**

*Use this form to assume ownership of an existing annuity*

## **About This Form**

The Successor Owner/Annuitant (SOA) option allows a spouse, as sole beneficiary, to assume ownership of an existing EQUI-VEST® annuity contract after the original owner/annuitant dies. The existing annuity contract will remain in force and will be transferred into the surviving spouse's name, with all rights that were available to the original contract owner. There are no additional fees and taxes are deferred until distribution.

## **Who Qualifies?**

This option is available only if you are the spouse and sole beneficiary of a contract owner's EQUI-VEST® or EQUI-VEST® Express<sup>SM</sup> IRA (whether Qualified Plan (QP), Traditional, Roth, SEP/SARSEP or SIMPLE IRA) or for a non-qualified (NQ) annuity, and only when the deceased annuitant and owner are the same. For NQ contracts, SOA is also available for a surviving spouse who was a joint owner if the deceased was the other owner and the annuitant of the contract.

## **Exclusions**

This option is only available if it is approved within your state where the contract was originally issued. Call us at 1-800-628-6673 to determine your eligibility.

## **1. Provide Information About the Deceased**

\_\_\_\_\_  
EQUI-VEST® Contract Number

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

\_\_\_\_\_  
Date of Death (month/day/year)

\_\_\_\_\_  
Social Security or Taxpayer ID Number

## **2. Provide Information About Yourself as the Sole Spousal Beneficiary**

\_\_\_\_\_  
Your Name (first, middle initial, last)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Social Security or Taxpayer ID Number

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Evening Telephone Number

### 3. Designate Your Beneficiary

You must designate a new beneficiary. To name more than one beneficiary, please indicate whether each beneficiary is a primary or contingent beneficiary. Attach additional pages if needed.

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

### 4. Agree to Terms and Sign Here

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

- I am the sole beneficiary of the annuity contract owned by my deceased spouse or I am the joint owner of an annuity contract owned by me and my deceased spouse and, as such, I will become the successor owner and the annuitant of the contract. I will select a new beneficiary.
- If the account value is less than its minimum death benefit, I understand that AXA Equitable Life Insurance Company will increase the account value to that minimum level.
- The contingent withdrawal charge schedule under my spouse's contract will no longer apply, but new charges will apply to any additional contributions I make. For series 100 and 200 IRA contracts additional contributions may no longer be made. To determine if further contributions are allowed, please call 1-800-628-6673.
- All contract provisions and administrative features of my spouse's contract, including the Investment Option allocations, will remain unchanged until I notify AXA Equitable Life Insurance Company of any changes. My contract number will also remain unchanged.
- I understand that my systematic withdrawal plan, automatic investment plan or minimum distribution options previously selected by my spouse will be discontinued, and must be re-elected by me.
- I have the right to reallocate or transfer amounts among investment choices available. I will contact my financial professional or call the EQUI-VEST® customer service unit at 1-800-628-6673 to make any account changes.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

For more information, please refer to your EQUI-VEST® prospectus, including any supplements, call your financial professional, or contact 1-800-628-6673.