

### How to Begin

Before you submit your claim for processing, it would be helpful to locate the annuity contract, account statements, confirmation notices or correspondence about this contract. These items can help identify the type of annuity contract owned by the deceased and which distribution options may be available to you. If you cannot easily find these items, just call us and we will provide the information from our records.

Your distribution options can vary depending on the type of contract (Non-Qualified, Traditional IRA or TSA) and your relationship to the deceased. Your financial professional may be able to provide some needed information about the contract. Or, you can simply call us at 1-800-789-7771 for answers to your questions about the contract and your distribution options.

*Please note: Your distribution election, and its tax consequences, cannot be changed once a payment has been made to you. We strongly recommend that you consult with a tax advisor before you request a distribution.*

### Completing the Forms

Each beneficiary claiming benefits must complete this *Claim to Annuity Benefits* form and any additional forms needed for the distribution option(s) selected. Plus, special kinds of beneficiaries (i.e., a minor, trust, estate, partnership, corporation or non-U.S. citizen) are required to provide additional information. A special beneficiary should call us at 1-800-789-7771 for information and any additional forms needed.

**Claim to Annuity Benefits Form.** *Each beneficiary must complete this form*, in addition to one (or more) of the following forms to elect a distribution option. Exclusions may apply, so please refer to each form for details.

**Successor Owner/Annuitant (SOA) Option.** This option is only available if the spouse is the sole beneficiary of an IRA or NO contract and the annuitant and the owner are the same. It continues the annuity contract and generally lets you decide when you want to take funds from the contract. The spouse becomes the successor owner/annuitant under the existing contract.

**Settlement Option Election Form.** This option is available for *any beneficiary* and can be used in combination with any of the preceding options, including lump sum distributions. It involves the purchase of a fixed or variable deferred annuity with all or a portion of the benefits. (You may contact your financial professional for a personalized quote.)

**Lump Sum Distribution Form.** This option is available for *any beneficiary* and can be used in combination with either of the preceding options. Your distribution will be taxable to you in the year paid.

**Spousal Benefit Rollover.** *Spousal* beneficiaries of Traditional IRA contracts can roll over benefits to a Traditional IRA in their name. Please speak to your financial professional for more information.

### Where to Mail Your Claim

Your completed documents should be mailed to AXA Equitable at the following address:

**Regular Mail:**  
Guaranteed Growth Annuity  
P.O. Box 1547  
Secaucus, NJ 07096-1547

**Express Mail:**  
Guaranteed Growth Annuity  
500 Plaza Drive, 6th Floor  
Secaucus, NJ 07094

**Be sure to include the following items:**

- a. Your completed *Claim to Annuity Benefits* form.
- b. A certified death certificate, with raised seal or colored stamp from the issuing authority.
- c. Any other claim form that is required for the payment option you have selected (see Section 3 of the form).
- d. Provide any additional required documents such as tax waivers, guardianship papers, estate documents, etc.

Additional documents may be required depending upon the contract type and beneficiary status. Please call us at 1-800-789-7771 to ask whether additional documents are required to process your claim.

## Next Steps

Upon receipt of your claim, we'll either distribute your benefits or we'll notify you that additional information is required to process your distribution. Please be assured that we'll make every effort to process your claim quickly and give you access to your funds. Depending on the distribution option(s) you selected, you can expect to receive any one or more of the following:

### *If you choose...*

### *You will receive...*

Successor Owner/Annuitant\*

- Confirmation notice and welcome letter

Spousal Benefit Rollover

- Confirmation notice

Settlement Option

- First payment check
- Payout contract
- A Direct Deposit form to mail payments to your financial institution, if desired

Lump Sum Distribution

- A check for benefits

\* This option is only available if it is approved within your state where the contract was originally issued. Call us at 1-800-789-7771 to determine your eligibility.

## Questions?

You can rely on your financial professional to answer your questions or you can call AXA Equitable at 1-800-789-7771. We appreciate this opportunity to be of service to you.

**Each Beneficiary Should Complete this Form**

About This Form

Each beneficiary is required to complete a copy of this form to claim death benefits from an AXA Equitable annuity contract. Additional forms may be required as described on the instructions attached to this form. For customer service please call 1-800-789-7771.

**1. Provide Information About the Deceased**

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

Date of Death (month/day/year)

Social Security or Other Taxpayer ID Number

Street Address

City, State, Zip

Contract(s) or Certificate Number(s)

Contract(s) or Certificate Number(s)

**2. Provide Information About Yourself**

Are you a(n):     Individual     Minor     Estate     Trust     Corporation     Partnership

Are you the spouse of the deceased?     Yes     No

If not, what is your relationship to the deceased? \_\_\_\_\_

Are you the sole beneficiary?     Yes     No     Don't know

Are you a U.S. citizen?     Yes     No    (If not, call 1-800-789-7771 for further instructions.)

Your Name (first, middle initial, last)

Street Address

City, State, Zip

Date of Birth (month/day/year)

Social Security or Other Taxpayer ID Number

Daytime Telephone Number

Evening Telephone Number

**3. How Would You Like to Receive Payment?**

I have reviewed the options available to me and have consulted with my tax advisor before requesting benefits. Please pay my benefits using one or more of the following options:

- Settlement Option  
(Complete *Settlement Option Election* form.)
- Lump Sum Distribution Option  
(Complete the *Lump Sum Distribution* form.)
- Spousal Benefit Rollover  
(Speak with your financial professional to establish a new contract.)
- Successor Owner/Annuitant Option (SOA)  
(Complete *Successor Owner/Annuitant Option* form. Note that this option is available to spousal beneficiaries only.)

#### 4. Please Read and Sign Here

Please check your state of residence if shown on the list below, or indicate state in "Other" section below:

- |                                     |   |  |                                       |
|-------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Alaska     | <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oklahoma     |
| <input type="checkbox"/> Arizona    | <input type="checkbox"/> Florida              | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Indiana              | <input type="checkbox"/> New Jersey    | <input type="checkbox"/> Tennessee    |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky             | <input type="checkbox"/> New Mexico    | <input type="checkbox"/> Texas        |
| <input type="checkbox"/> Colorado   | <input type="checkbox"/> Louisiana            | <input type="checkbox"/> New York      | <input type="checkbox"/> Virginia*    |
| <input type="checkbox"/> Delaware   | <input type="checkbox"/> Maine                | <input type="checkbox"/> Ohio          |                                       |

Other (please indicate): \_\_\_\_\_

\*Fraud language does not apply to the state of Virginia.

By signing below, I affirm that I have read the appropriate disclosure language, if any, for my state of residence and that I have provided my correct Taxpayer ID Number. **(New York State Residents: Do not sign here. Instead, please sign the affidavit below New York State Fraud Warning in Section 5 (below) of this form.)** Each beneficiary must complete and sign a Claim to Annuity Benefits Form. Photocopies of forms are permitted; however, original signatures are required in this section.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

We have furnished this form to you before any review of the annuity contract. AXA Equitable Life Insurance Company reserves the right to determine whether any annuity benefits were in force.

#### 5. Special State Disclosures

The following states require us to notify you of the serious consequences of filing a false or fraudulent insurance claim. Please read this section carefully.

**Alaska:**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:**

For your protection, California law requires the following to appear on this form. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Colorado:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the

Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware:**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of felony of the third degree.

**Indiana:**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kentucky:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**5. Special State Disclosures (continued)**

**Louisiana:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Minnesota:**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:**

Willfully falsifying material facts on an application or claim may subject you to criminal penalties.

**Pennsylvania:**

Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**Tennessee:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**All Other States Except for Virginia:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may be subject to penalties, fines and imprisonment.

**New York State Residents Only:  
Read & Sign Below**

I have read and understand the New York State fraud warning. (Each beneficiary must complete and sign a Claim to Annuity Benefits Form. Photocopies of forms are permitted; however, original signatures are required in this section (for New York state residents).)

**X**

Beneficiary's Signature

Date

(Intentionally left blank)