

# Single Premium Deferred Annuity How to Claim Annuity Benefits

## 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 the 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 (for example, Non-Qualified or Traditional IRA) and your relationship to the deceased. Your financial professional or the retirement plan administrator may be able to provide some needed information about the contract. Or, you can simply call us at 1-800-628-7789 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.

**Claim to Annuity Benefits.** 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.

**Special Payment Plan Option.** 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 your benefits. (You can ask your AXA Financial Professional for a personalized quote.)

**Lump Sum Distribution Form.** This option is available for *any beneficiary*.

**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.

## How to Mail Your Claim

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

AXA Equitable  
SPDA Division  
Suite 1000  
100 Madison Street  
Syracuse, NY 13202

*Be sure to include the following items:*

- a. **Your complete *Claim to Annuity Benefits* form.**
- b. **A death certificate, 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 1-800-628-7789 to ask whether additional documents are required to process your claim.

# Single Premium Deferred Annuity Claim to Annuity Benefits

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.

### 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):

### 2. Provide Information About the Beneficiary

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 1-800-628-7789 for further instructions.)

Your Name (first, middle initial, last)

Street Address

City, State, Zip

Date of Birth (month/day/year)

Beneficiary's 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:

**Special Payment Plan**

(Complete *Special Payment Plan Election Form*.)

**Lump Sum Distribution Option**

(Complete the *Lump Sum Distribution form*.)

**Spousal Benefit Rollover to same Contract**

(Qualified contracts only.)

**Spousal Benefit Rollover to another AXA Equitable Contract** (you will need to speak with your Financial Professional to establish a new contract. Or, if you want to transfer the funds to your existing EQUI-VEST or Accumulator contract, then please indicate the contract number of that plan: \_\_\_\_\_ )

### 4. Please Read and Sign Here

Please check your state of residence on the list below:

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

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

By signing below, I affirm that I have read the appropriate disclosure language found in Section 5, if any, for my state of residence and that I have provided my correct Taxpayer ID Number. If you are a New York State Resident do not sign here. Instead, please sign affidavit found in Section 5 on the following page for New York State Residents only. 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 and California:**

For your protection, Arizona and California 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, District of Columbia, Louisiana, Maryland, Texas and West Virginia:**

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.

### **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, Idaho, Indiana and Oklahoma:**

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.

### **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 a felony of the third degree.

### **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.

### **Maine, Tennessee, Virginia and Washington:**

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 and New Mexico:**

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

#### **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

### **Ohio and Oregon:**

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.

### **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.

## 5. Special State Disclosures (continued)

### Puerto Rico:

Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

### All Other States:

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.

## 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:

<i>If you chose...</i>	<i>You will receive...</i>
Spousal Benefit Rollover	<ul style="list-style-type: none"><li>▪ Confirmation notice</li></ul>
Periodic Payment Plan	<ul style="list-style-type: none"><li>▪ First payment check</li><li>▪ Periodic payment plan contract</li><li>▪ A Direct Deposit form to mail payments to your financial institution, if desired</li></ul>
Lump Sum Distribution	<ul style="list-style-type: none"><li>▪ An Access Account checkbook for benefits over \$10,000 and an Access Account statement OR</li><li>▪ A check<ul style="list-style-type: none"><li>– for benefits under \$10,000</li><li>– for select beneficiaries, or</li><li>– if specifically requested in writing</li></ul></li></ul>

## Questions?

You can rely on your financial professional to answer your questions or you can call AXA Equitable at 1-800-628-7789. We appreciate this opportunity to be of service to you.