

# Single Premium Deferred Annuity Lump Sum Distribution Form

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. An AXA Equitable Access Account will automatically be established for qualifying beneficiaries, unless you request that a check be mailed directly to you by checking off the box in Section 5.

### 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 Yourself

Are you a(n):

Individual

Minor

Estate

Trust

Corporation

Partnership

Your Name (first, middle initial, last)

Social Security or Taxpayer ID Number

Street Address

City, State, Zip

Are you a U.S. citizen:  Yes  No (If you are not a citizen, call 1-800-628-7789)

### 3. Tax Withholding

Income taxes will be withheld unless you elect (and are eligible) not to have taxes withheld. Please note, 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, consult the "AXA Equitable 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.

*Tell us where you would like the payment mailed.*

The address I provided in Section 2 of this form.

The address indicated below:

Mailing Address

City State Zip

Establish an AXA Equitable Access Account in Section 5, if my distribution qualifies.

#### 5. AXA Equitable Access Account\* Information and Signature Card

**IMPORTANT: This is how you will receive your payment.**

Complete this section only if your distribution is \$10,000 or more and you choose to open an Access Account.<sup>1</sup> If your distribution is less than \$10,000, you will receive a check for the full amount due to you. The 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 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 Access Account customer service unit.
- **No Time Limits:** You may leave your benefits in your Access Account for as long as you wish if your balance is over \$2,000.
- **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

Please send my checkbook to me.

Please send my checkbook to my financial professional \_\_\_\_\_ (please initial).

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

<sup>1</sup> The entire amount deposited into the Access Account may be taxable in the year in which it was received.

#### 6. 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