



**AXA EQUITABLE**

# **SPECIAL PAYMENT PLAN ELECTION FORM For Annuity Benefits**

### **1. List All Contracts or Certificates to Apply**

\_\_\_\_\_

### **2.A. Information About the Annuitant/Payee**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Entity

Female

Male

U.S. Citizen

Yes

No

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

\_\_\_\_\_  
Taxpayer ID Number (Social Sec. #, Fed. Tax ID #)

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

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

### **2.B. Information About the Joint Annuitant (if applicable)**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Female

Male

U.S. Citizen

Yes

No

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

\_\_\_\_\_  
Taxpayer ID Number (Social Sec. #, Fed. Tax ID #)

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

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

### **2.C. For EDC and TRUSTEED Annuity Certificates Only: Changing the Owner of the Special Payment Plan**

Check this box if the decedent's beneficiary under the plan should be substituted as the annuity death beneficiary and the "annuitant" under the Special Payment Plan.

**X**

\_\_\_\_\_  
Signature of Plan Administrator/Trustee

\_\_\_\_\_  
Date

### **3. Designate a Beneficiary(ies) for this Special Payment Plan**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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

\_\_\_\_\_  
Taxpayer ID Number (Social Sec. #, Fed. Tax ID #)

\_\_\_\_\_  
Relationship to You

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

**4. How Much Would You Like to Apply to the Special Payment Plan?**

Minimum \$2,000 for most plans

- All of the benefits  All of the benefits except \$ \_\_\_\_\_

**5. Which Special Payment Plan Do You Elect?**

**A. The Life Income Options**

- SINGLE LIFE—Guaranteed income for as long as the annuitant is alive.  
 JOINT AND SURVIVOR LIVES—Guaranteed income for as long as either the annuitant or joint annuitant is alive.  
 Reduced income to the survivor (optional).  
The percent to the joint annuitant survivor is: \_\_\_\_\_ % (50%–75%)

**B. Additional Guarantees for the Life Income Options (Optional for 5.A. above)**

- PERIOD CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint and Survivor) and in no event for less than the time period you elect. Time period guaranteed: \_\_\_\_\_ years (5, 10, 15, 20 up to life expectancy).  
 REFUND CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint and Survivor) and in no event will the total payments made be less than the death benefit proceeds originally applied to this option.

**C. Special Installment Option**

- Time period selected \_\_\_\_\_ years (5 to 30 years)

**D. Special Deposit Option (only available for non-qualified annuity and life insurance benefits)**

- Guaranteed interest only for a fixed number of years, principal stays intact  
Time period selected \_\_\_\_\_ years (2 to 5 years)

**6. How Frequently Do You Want Payments Made?**

- Monthly  Quarterly  Twice a year (every 6 months)  Once a year

**7. Where Do You Want the Payments Sent?**

- The annuitant's address (listed in 2.A.)  Send them to the annuitant at the address listed below:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Please send a Direct Deposit form with my first payment.  
 I would like to direct my payments to a special payee. (We will send you a form to give us special instructions.)

**8. Income Tax Withholding for All Special Payment Plans (except the Special Deposit Option)**

- A. I **WANT** federal income tax (and state income tax, if required) withheld from my periodic payments:  
 Married  Single Number of allowances: \_\_\_\_\_  
 B. I want the following **additional** amount of income tax withheld from each periodic payment:  
Federal: \$ \_\_\_\_\_ State (if applicable): \$ \_\_\_\_\_  
 C. I **DO NOT** want federal income tax (or state income tax, if applicable) withheld from my periodic payments.  
Note: Spousal beneficiaries receiving a Special Installment Option of less than 10 years, please see the Special Payment Plan section of "About Your Benefits."

**9. Beneficiary's Taxpayer Identification Number**

**Federal law requires that you provide us with the following information:**

Under penalties of perjury, I certify that (1) the number shown in this Section 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.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Federal Tax ID Number

**X**

\_\_\_\_\_  
Signature of Beneficiary/Claimant

\_\_\_\_\_  
Date

**10. Authorization and Signatures**

**Important: Please read the following statement before signing this form.**

Rates in effect at the time we receive your election will apply. If the rates are not as favorable as those quoted to you, you may return any payments made to you under this option along with the Supplementary Contract for the Special Payment Plan you have elected within 15 days of the issue date and we will refund your principal.

**By signing this form, you are agreeing to the following:**

1. The statements and answers in all parts of this application are true and complete to the best of my knowledge and belief. AXA Equitable may rely on them in acting on this application.
2. No Agent has authority to modify this application or to waive any of AXA Equitable's rights or requirements.
3. Certification—Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number.

**X**

\_\_\_\_\_  
Signature of Proposed Annuitant

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Signature of Proposed Joint Annuitant

\_\_\_\_\_  
Date

**FOR AXA EQUITABLE USE ONLY**

\_\_\_\_\_  
Financial Professional Name

**X**

\_\_\_\_\_  
Financial Professional Signature

\_\_\_\_\_  
Financial Professional Code #