

AXA Equitable Life Insurance Co.
P O Box 1047
Charlotte, NC 28201-1047

FAMILY STATUS

Policy No: _____
Insured: _____

I, _____, am the Insured Wife.
The Insured, _____, is deceased.

The following are the names and dates of birth of the children born to the Insured and Insured Wife, including legally adopted children. (If none, so state.)

Name	Date of Birth	Sex	If Deceased, Give Date of Death

Dated at _____
(Signature)

On _____ 20_____
(Printed Name)

(Address)

(City, State, Zip Code)

PLEASE COMPLETE THIS FORM AND RETURN TO US IN THE ENCLOSED ENVELOPE