

LIFE INSURANCE

TRADITIONAL AND VARIABLE LIFE SERIES

Express Mail:
 AXA Equitable Life Insurance Company
 National Operations Center
 10840 Ballantyne Commons Parkway
 Charlotte, NC 28277

Regular Mail:
 AXA Equitable Life Insurance Company
 National Operations Center
 P.O. Box 1047
 Charlotte, NC 28201-1047

Fax Number:
 (704) 540-9714



AXA Equitable Life Insurance Company
MONY Life Insurance Company of America
AXA Equitable Life and Annuity Company

For Assistance: Call (800) 777-6510
 Monday–Friday, 8:00 a.m. – 7:00 p.m. EST

Beneficiary Change Request Form

Type of Request	Please complete the sections listed below if you are requesting a:
<input type="checkbox"/> Beneficiary change — sections 1, 2, 3 For general information regarding requirements for a change of Beneficiary, please see last page of form.	

1. Present Owner's Information	<i>(Please Print)</i>
Policy Number(s) <i>(Required)</i>	
Insured's Name <i>(Last, First, Middle Initial)</i>	
Owner's Name <i>(Last, First, Middle Initial)</i> <i>(if other than Insured)</i> or Name of Entity If Corporation, Partnership or Trust Owned	
Owner's Daytime Telephone Number	
Joint Owner's Name <i>(Last, First, Middle Initial)</i> <i>(if applicable)</i>	
Owner's Address	Apt./Suite/Floor
City	State Zip Code

2. Designation of New Beneficiary(ies)	Completing the Form
<ul style="list-style-type: none"> This form may be used for more than one policy, provided all policies insure the same person, have the same Owner, and the same Beneficiary designation. For request to be accepted, all alterations must be initialed and dated by the policy Owner(s). The legal residence and mailing address of all proposed Beneficiaries are required. If the proposed Beneficiary is a Trust, the date of the Trust Agreement, name and address of Trustee, and Tax Identification Number must be indicated. For a Beneficiary change on a Joint Life policy, a family-type policy, or a policy that includes a Family Plan Insurance provision, Renewable Term Insurance rider on an Additional Insured, or Children's Term Insurance rider, whereby multiple insured's are covered under a single policy, it is necessary to identify the Insured to whom the change applies as individual Beneficiary designations are permitted for each insured person. Before completing this request, please read the Beneficiary provisions in the General Information section at the back of this form. Do not return the policy with this request. 	
PRIMARY BENEFICIARY(IES):	
List name of new Primary Beneficiary(ies) and relationship to the Insured/Annuitant, address, Taxpayer Identification Number, and daytime phone number <i>(please print)</i> :	
First	Middle
Last	Relationship
Taxpayer Identification Number	
Address Number and Street	City
	State
Zip Code	
Designation/Additional Information	

continued on next page

2. Designation of New Beneficiary(ies) (continued)

(Attach an additional completed form if more Beneficiaries are requested than this section allows)

First Middle Last Relationship Taxpayer Identification Number

Address Number and Street City State Zip Code

Designation/Additional Information

OR Organization, Trust/Trustee, or Other Relationship/Title Taxpayer Identification Number

Address Number and Street City State Zip Code

Designation/Additional Information

CONTINGENT BENEFICIARY(IES):

Provide name of new Contingent Beneficiary(ies), relationship to the Insured/Annuitant, address, Taxpayer Identification Number, and day-time telephone number (*please print*):

First Middle Last Relationship Taxpayer Identification Number

Address Number and Street City State Zip Code

Designation/Additional Information

First Middle Last Relationship Taxpayer Identification Number

Address Number and Street City State Zip Code

Designation/Additional Information

OR Organization, Trust/Trustee, or Other Relationship/Title Taxpayer Identification Number

Address Number and Street City State Zip Code

Designation/Additional Information

3. Signature Section

Are any of the named Beneficiaries above a Viatical or Life Settlement Company? Yes No

By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation or election of a payment option.

X Signature of Present Owner (Title, if applicable) Date (mm/dd/yy)

X Signature of Joint Owner or Collateral Assignee (Title, if applicable) Date (mm/dd/yy)
(Refer to General Information on Signature and Supplement Document Requirements section at end of form.)

For Internal Use Only:

AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America certifies that this change has been recorded.

Date: _____ By: _____

General Information Pages

Please detach these pages from the Beneficiary Change Request Form before mailing.

General Information for Change of Beneficiary

- The words “Insured and Annuitant” and “Policy and Contract” are used interchangeably in this form.
- This form can be used when requesting a Beneficiary change on a non-qualified or qualified plan.
- A copy of this form containing a company endorsement will be sent to the Owner(s) once this Beneficiary change has been recorded.

General Information on Signature and Supplemental Document Requirements

- Individual/Joint Owners Must be signed by all Owners.
- Assignments Collateral — assignee and present Owner.
- Attorney in Fact Must be signed by the Attorney in Fact, if the Power of Attorney is in effect and not expired by its own terms. A current copy of the Declaration of Attorney in Fact will also be required. Please contact the Service Center to obtain this form.

Corporations:

- Policies under \$1,000,000 — One officer OTHER than the Insured and the Officer’s title must accompany his/her signature.
- Policies \$1,000,000 or more — Submit a Corporate Resolution executed by an officer other than the new Beneficiary. The Corporate Resolution should authorize the change and must be dated on or before the change request.

Partnership:

- Policies under \$1,000,000 — One officer OTHER than the Insured and the Officer’s title must accompany his/her signature.
- Policies \$1,000,000 or more — Submit a Partnership statement executed by a Partner other than the new Beneficiary. The Partnership statement should state: (a) the names of all partners at the time the partnership acquired an interest in the policy; (b) that there has been no change in the partnership; (c) that the policy has not been assigned or transferred; and (d) that the partner signing the form is authorized to act on behalf of the partnership, if these are the facts. If any change has taken place, full details should be furnished to us. **The signing partner should include his or her title with their signature.**
- For Qualified Corporate, Keogh (H.R. 10) or Employer-Sponsored TSA Plans, a married Insured/Annuitant requires written consent of her/his spouse to change the Beneficiary to someone other than the spouse.

General Information on Beneficiary Provisions

- Liability under the policy ceases when AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America makes payment to a Trustee or succeeding designated payee.
- Unless otherwise specified in the request: (a) if two or more persons are named as Beneficiaries, those surviving the Insured will share equally; (b) if no stated Beneficiary is living when the Insured dies, we will pay the benefits to the children of the Insured who then survive, in equal shares, or if none survive, to the estate of the Insured.

Continued on next page

General Information on Beneficiary Provisions *Continued*

- Unless otherwise indicated on the request, if the Beneficiary designation is on a Joint Life Policy, family-type policy, or a policy that includes a Family Plan Insurance Provision, Renewable Term Insurance rider on an Additional Insured, or Children's Term Insurance rider, such designation will apply only to insurance on the life of the Insured. If also changing the Beneficiary on the above, please clearly indicate on the form each insured to whom the changes apply.
- Unless otherwise provided, installments due after the death of the Insured under an installment-type plan or provision will be paid when due to the Beneficiaries, if then living, in the order named. A Beneficiary who is not a natural person (such as a corporation) or who is a fiduciary will receive payment in one sum.
- If a Trustee(s) under a Will is named as Beneficiary, and if before payment, AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America (MLOA) received proof satisfactory to it of the admission to probate of a Will creating no such trust, or of the termination of such trust, or of a Will other than the one designated, or of the appointment of a personal representative in intestacy, we will pay the benefits to any contingent Beneficiaries if living when payment is due, or should none then be living, to the estate of the last to die of the Insured or the designated contingent Beneficiaries.
- If any part of the Beneficiary change request includes a per stirpes designation, we will pay any benefits under this part equally to the Beneficiaries in this designation. However, if any of these Beneficiaries die before the Insured, the deceased Beneficiary's share will be paid equally to his or her surviving children. If there are no surviving children, this share will be paid equally to the other surviving Beneficiaries to the per stirpes designation.
- If the Beneficiary designation includes a Deferment (Common Disaster) Period, we will pay the benefits to the Beneficiaries in the order named only if living at the expiration of the stated number of days after the death of the Insured. If no designated Beneficiary is living after the number of days stated, we will pay the benefits to the children of the Insured who then survive, in equal shares, or if none survive, to the estate of the Insured.
- A change of Beneficiary shall revoke any previous Beneficiary designation, whether primary or contingent or election of a payment option.

Sample Beneficiary Designations

- Insured's wife, MARGARET H. ROE, and after her death, the Insured.
- Insured's husband, JAMES ROE, and after his death, his estate.
- Insured's husband, JAMES ROE, and after his death, the Insured's son, JOHN ROE, and after the death of the last to die of her husband and son, the Insured.
- Insured's husband, JAMES ROE, and after his death, the Insured's son, JOHN ROE, and after the death of the last to die of her husband and son, the estate of such last to die.