



AXA EQUITABLE

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

Life Insurance Beneficiary Change

Traditional and Variable Life Series

Return:

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

For Assistance:

Call:

(800) 777-6510
Monday-Friday
8:00 a.m. – 7:00 p.m. ET

To Sign Up For eDelivery:

Visit us at
www.axa-equitable.com

1. Type of Request

Please complete the sections listed below if you are requesting a:

- **Beneficiary change** — sections 2, 3 and 4
For general information regarding requirements for a change of Beneficiary, please see last page of form.

2. Present Owner's Information (Please Print)

Please check if this is an address change.

Policy Number(s) (Required):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Insured's Name: _____

Last, First, Middle Initial

Owner's Name (if other than insured): _____

or Name of Entity If Corporation,
Partnership or Trust Owned

Last, First, Middle Initial

Owner's Daytime Telephone Number: - -

Owner's Email Address: _____

Joint Owner's Name: _____

Last, First, Middle Initial (if applicable)

Owner's Address: _____

Apt. / Suite / Floor

City

State

Zip Code

3. Designation of New Beneficiary(ies)

Completing The Form

- 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 (*please print*):

First	Middle	Last	Relationship	Taxpayer Identification Number
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Address Number and Street	City	State	Zip Code
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Designation/Additional Information	Daytime Phone Number
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First	Middle	Last	Relationship	Taxpayer Identification Number
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Address Number and Street	City	State	Zip Code
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Designation/Additional Information	Daytime Phone Number
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OR

Organization, Trust/Trustee, or Other	Relationship/Title	Taxpayer Identification Number
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Address Number and Street	City	State	Zip Code
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Designation/Additional Information	Daytime Phone Number
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(Attach an additional completed form if more Beneficiaries are requested than this section allows)

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

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			Daytime Phone Number	

First	Middle	Last	Relationship	Taxpayer Identification Number
Address Number and Street		City	State	Zip Code
Designation/Additional Information			Daytime Phone Number	

OR

Organization, Trust/Trustee, or Other	Relationship/Title	Taxpayer Identification Number
Address Number and Street		City
Designation/Additional Information		Daytime Phone Number

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

4. 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.

Signature: _____

Signature of Owner (Title, if applicable)

Date (mm/dd/yy)

Signature: _____

Signature of Joint Owner or Collateral Assignee (Title, if applicable)

(Refer to General Information on Signature and Supplement Document Requirements section at end of form.)

Date (mm/dd/yy)

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: _____

5. Special Instructions

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.
- If this form has been used to record a change on a MONY/MLOA policy issued prior to September 8, 2006, then part (b) above shall be amended as follows: If no stated beneficiary is living upon the Insured’s death, MONY/MLOA will pay the benefits to the executors or administrators of the Insured.
- 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 executors or administrators (Insured's estate)
- Insured's wife, MARGARET H. ROE.
- Insured's husband, JAMES ROE, if living at the death of the Insured, if not then living in equal shares to the Insured's children who are then living.
- Insured's wife, MARGARET H. ROE, if living at the death of the Insured, if not then living in equal shares to the Insured's children who are then living and to the then living children of any deceased child of the Insured, per stirpes.
- Insured's wife, MARGARET H. ROE, if living at the death of the Insured, if not then living to the Insured's son, JOHN ROE.
- In equal shares to the Insured's children who are living at the death of the Insured, should none then be living in equal shares to the Insured's parents, NANCY ROE and JAMES ROE, who are then living.
- JAMES ROE Trust Agreement dated February 1, 1981; NANCY ROE and MARGARET ROE, Trustees.
- JAMES ROE Trust created in the instrument admitted to probate as the Last Will and Testament of the Insured; MARGARET ROE, Trustee.
- JAMES ROE Trust created in the instrument admitted to probate as the Will and Testament of the Insured dated February 1, 1981; MARGARET ROE, Trustee.

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