

# 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

### Ownership Change Request Form

#### Type of Request

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

Ownership change — 1, 2, 3

**For general information regarding requirements for an ownership change, please see last section of this form.**

#### 1. Present Owner's Information *(Please Print)*

Policy Number(s) *(Required)*

Insured's Name *(Last, First, Middle Initial)*

Owner's Name *(Last, First, Middle Initial)* *(if other than Insured)* or Name of Entity If Corporation, Partnership or Trust Owned

Owner's Daytime Telephone Number

Joint Owner's Name *(Last, First, Middle Initial)* *(if applicable)*

Address Number and Street

Apt./Suite/Floor

City

State

Zip Code

#### 2. Designation of New Owner(s)

- This form may be used for more than one policy, provided all policies insure the same person, have same ownership, and designate the same new Owner(s).
- For request to be accepted, all alterations must be initialed and dated.

Reason for Change of Owner:  Transfer as Gift  Transfer for Consideration \$ \_\_\_\_\_

List name of new Owner(s) and relationship to the Insured **(please print)**

| First | Middle | Last | DOB (mm/dd/yr) | Relationship |
|-------|--------|------|----------------|--------------|
|       |        |      |                |              |
|       |        |      |                |              |
|       |        |      |                |              |

**OR** \_\_\_\_\_  
Organization, Trust/Trustee, or Other Relationship/Title

| Successive Owner | First | Middle | Last | DOB (mm/dd/yr) | Relationship |
|------------------|-------|--------|------|----------------|--------------|
|                  |       |        |      |                |              |

**X** \_\_\_\_\_  
Signature of Present Owner or Absolute Assignee (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 Present Owner Signature Requirements section at end of form.)

**3. Information for New Owner** Individual  Trust  Partnership  Corporation

- If the proposed Owner is a Corporation or Partnership, refer to the General Information for Change of Ownership section at the back of the form for additional documentation requirements.

Is this ownership change in connection with a viatical or life settlement transaction?  Yes  NoIs the new owner a U.S. citizen or a legal entity established under U.S. law?  Yes  NoIf the new owner is a nominee, fiduciary or intermediary for a beneficial owner, is the beneficial owner a U.S. citizen or legal entity established under U.S. law?  Yes  No  Not Applicable**New Owner's Legal Residence (Required):**

Address Number and Street

Apt./Suite/Floor

City

State

Zip Code

**New Owner's Mailing Address (if different from legal residence) (Required):**

Address Number and Street

Apt./Suite/Floor

City

State

Zip Code

**New Owner's Occupation and Type of Business (e.g., Clerk/Flower Shop) (Required):**

Occupation

Type of Business

**All non-resident individual and foreign business (Corporation, Trust, Partnership) new Owners must have a U.S. Bank account:**

U.S. Bank Name

Account Number

**Request for Taxpayer Identification Number of a U.S. Person**

Federal law requires that you provide the following data:

**PART ONE** — Enter your Taxpayer Identification Number (Social Security Number for an individual, or Employer Identification Number for a non-natural Owner) in the appropriate box.

| SOCIAL SECURITY NUMBER |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |

| EMPLOYER IDENTIFICATION NUMBER |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
|                                |  |  |  |  |  |  |  |  |

**PART TWO** — Check the box if you are NOT subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code... **CERTIFICATION** — By my signature below I certify that the number listed above is my correct Taxpayer Identification Number and that I am a "U.S. person" (including a "resident alien") with respect to the U.S. If I am not a U.S. person, I have provided appropriate documentation as to citizenship and residence.**X**

Signature of New Owner

Title

Date (mm/dd/yy)

(Refer to General Information for Change of Ownership as additional documentation may be desired.)

**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 Ownership Change Request Form before mailing.

## General Information for Change in Ownership

- If the new Owner is a U.S. citizen, they must have a primary residence in the United States. If the person is a U.S. Citizen but lives abroad, the change of ownership will require the approval of the AXA Equitable Anti-Money Laundering Office (AMLO).
- If the new Owner is not a U.S. citizen, they must have a primary resident address in the U.S. and have an unexpired visa or Green Card. Copies of the unexpired visa or Green Card must be submitted with this request. We will accept an unexpired visa in the following visa categories: A, E, G, H, I, K, L, N, NATO, P, R, S, T, TN, TD, U TPS or V. We will also need a copy of an unexpired visa and I-94 document.
- A Non-U.S. citizen that has a visitor's visa, an expired Green Card or visa, no visa or has a visa in the following categories: B, C, D, F, J, M, Q, TWOV, will not be accepted as a new Owner and the ownership change must be declined under the AXA Financial Anti-Money Laundering policy.
- For Legal Resident Aliens: A copy of the unexpired Green Card or acceptable visa and I-94 form will be required to be submitted with the change of ownership request.
- For Trusts: Taxpayer Identification Number of the Trust and a copy of a Trust certification or significant pages and signature page of the Trust Agreement that proves the existence of the Trust, the name and date of the Trust Agreement, as well as the name of the Trustee(s).
- For Partnerships: Pertinent page from the Partnership agreement that proves the Partnership exists and indicates the names of the Partners.
- For Private Corporations: Articles of Incorporation or copy of business license and documentation indicating the acting party has the authority to act on behalf of the Corporation.
- For Publicly Traded Corporations: No additional requirements need to be submitted.
- All non-resident individual and foreign business (Corporation, Trust, Partnership) new Owners require the approval of the AXA Equitable AMLO. In addition to the requirements outlined above, the AMLO also requires these new Owners to have a U.S. Bank account.

## General Information on Present Owner Signature Requirements

- Individual/Joint Owners            Must be signed by all Owners.
- Assignments                            Collateral Assignment-collateral assignee and present owner(s) must sign, Absolute Assignment-absolute assignee only must sign.
- 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 Owner. 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 Owner. 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.**

## General Information on Policy Provisions

- The term “Owner” shall mean the person in whom “Policy Rights” are vested.
- The Owner can exercise all of the rights of the policy while the Insured is living, without the consent of anyone who has only a conditional or future ownership interest in the policy.
- Unless stated on the request: a) if two or more persons are named as Owners, the policy will be owned jointly (equally by all named parties) or by the survivor, b) if all persons named as Owners die before the Insured, the Owner will be the estate of the last such person to die.
- An Owner who is a minor may not exercise ownership rights except as permitted by law.
- Changes in ownership shall be subject to any assignment in effect and on file with us.
- A copy of this form containing a company signature will be sent to the proposed new Owner once the ownership change has been recorded.

## General Information on Tax Basis Resulting from Policy Ownership Changes

- When the ownership of a policy is changed from a Corporation or qualified plan Trustee to the Insured, AXA Equitable/AXA Life and Annuity Company/MONY Life Insurance Company of America should be furnished with documentation that would allow us to adjust the new Owner’s cost basis in the policy. This documentation could consist of either of the following:
  - 1) copies of Forms 1099 or W-2 that were filed by the previous Owner,
  - 2) copies of documents showing the Economic Benefit that was used each year,
  - 3) copies of any checks written by the new Owner that were used to purchase the policy from the old Owner, or
  - 4) if there is a loan on the contract, indicate who received the proceeds.
- If we do not receive this information, we are required to report all future taxable distributions as “Taxable amount not determined.”

## General Information for New Owner(s) concerning Taxpayer Identification Number

- Federal Law requires you to provide to us the correct Taxpayer Identification Number which matches your name.
- If you fail to provide the correct Taxpayer Identification Number, tax withholding may be required and penalties may apply.
- Your Taxpayer Identification Number is your Social Security Number if you are an individual and a U.S. person. A U.S. person is a U.S. citizen, or a non-citizen of the United States who is a U.S. resident for tax purposes. If you are a foreign individual who is not eligible to apply for a Social Security Number, your Taxpayer Identification Number is your Individual Taxpayer Identification Number or “ITIN” issued by the IRS. If you are an entity (U.S. or foreign), your Taxpayer Identification Number is the Employer Identification Number or “EIN” issued by the IRS.
- In the case of a minor, the minor’s Social Security Number must be provided. If the minor does not have a Social Security Number, the natural guardian for the minor owner may obtain one by applying to the Social Security Administration on Application Form SS-4. If the newly acquired number is not received by AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America within 60 days, AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America is required by law to withhold on any taxable interest being credited to the policy/contract.

## General Information on USA PATRIOT Act – Customer Identification Program

- Section 326 of the USA PATRIOT Act outlines important information about procedures for opening new accounts.
- To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.
- To comply with Section 326, AXA Equitable/AXA Equitable Life and Annuity Company/MONY Life Insurance Company of America will ask for your name, address, date of birth, and other information necessary to allow us to identify you when opening an account. We may also ask to see your driver’s license or other identifying documents.