



**AXA EQUITABLE**

redefining / standards®

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

# Life Insurance Ownership 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](http://www.axa-equitable.com)

## 1. Type of Request

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

- Ownership change — 2, 3 and 4

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

## 2. Present Owner's Information (Please Print)

Please check if this is an address change.

Policy Number(s) (Required):

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: \_\_\_\_\_

Number and Street

Apt. / Suite / Floor

City

State

Zip Code

**3. 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.
- If more than one new owner is designated, make a copy of pages 3 and 4 and fully complete the "Information for New Owner" section for each new joint owner.

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

List the 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

Final Owner if all designated owners above predecease the Insured (if no box is checked, Final Owner will default to the Insured):

- The Insured  The executors or administrators of the owner or, if two or more owners, owned jointly or by survivor, to the executors or administrators of the last to die of said owners.

Signature: \_\_\_\_\_  
 Signature of Present Owner or Absolute Assignee (Title, if applicable)

Date (mm/dd/yy)

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

Date (mm/dd/yy)

#### 4. Information for New Owner

Individual       Trust       Partnership       Public Corporation       Non-Public 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  No

Is the new owner a U.S. citizen or a legal entity established under U.S. law?  Yes  No

If 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):**

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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):**

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Occupation

Type of Business

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

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U.S. Bank Name

Account Number

**4. Information for New Owner (continued)**

**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:**

-   -

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**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.

**Signature:** \_\_\_\_\_

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: \_\_\_\_\_

**Sample Owner Designations**

- Insured.
- 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.

**5. Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **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 Equitable 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.

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