

LIFE INSURANCE

TRADITIONAL AND VARIABLE LIFE SERIES

Service Request Form

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

Type of Request

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

- New Address — section 1
- Name Change — sections 1, 2, 7
- Change of Dividend Election — sections 1, 3, 7
- Change of Premium Mode/Billing Amount — sections 1, 4, 7
- Issue Statement of Insurance Coverage — sections 1, 5, 7
- Issue Duplicate Policy — sections 1, 6, 7

1. Owner's Information

(Please Print)

Please check if this is an address change.

Policy Number(s) *(Required)* Owner's Taxpayer Identification Number: Social Security No./ EIN/ Other

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

For Addresses Outside the United States: Country: _____ Country Postal Code: _____

2. Name Change

Completing the Form

- This section is for change of name by marriage, court decree, or correction.
- Designating a new beneficiary must be submitted on a Request for Change of Beneficiary form (Catalog #137177).
- Designating a new owner must be submitted on a Request for Change of Owner form (Catalog #137178).

Please identify party to be updated:

- OWNER INSURED BENEFICIARY ASSIGNEE

FROM: _____ TO: _____
(Last, First, Middle Initial) *(Last, First, Middle Initial)*

3. Change of Dividend Election

Please select desired Dividend Election from the available options below:

- Purchase Paid-up Additional Insurance Apply toward Loan Principal
 Pay in Cash Accumulate at Interest
 Apply toward Premium Payment (not available for System-Matic policies)

Note: If you intend to discontinue either the Economatic Benefit Provision, the Premium Payment Alternative, or the Term Dividend Option (or if this option is desired), please contact your financial professional or the National Operations Center to secure the proper form.

4. Change of Premium Mode/ Billing Amount To

Annual Semiannual Quarterly Regular Monthly⁽¹⁾ Monthly System-Matic* Quarterly System-Matic⁽²⁾

Salary Allotment or Military Employer's Name/Branch of Service _____ Unit # _____ Employee Serial # _____
_____ (MM/DD/YY) is the due date of the first regular premium payable on the new mode.

If irregular premium is desired, indicate dates: From _____ To: _____

Universal Life/Incentive Life only: Start/Change Billing Amount to: \$ _____ (Minimum billing amount \$100, \$50 for System-Matic/Salary Allotment except for Athena I and Athena II policies which is \$100)

(1) Not available with all products.

(2) Available only with Universal and Incentive Life type contracts, including Survivorship.

*A completed Request for System-Matic Plan, Form 153-1104D and a sample voided check must accompany a request for a change to System-Matic (deposit slip is not acceptable).

5. Issue Statement of Insurance Coverage

This policy contract was: Lost Stolen Destroyed On or About (Date): _____
(mm/dd/yr)

I am requesting a Statement of Insurance at no cost to me. The Statement of Insurance will be sent to the Policyowner's current address of record.

6. Issue Duplicate Policy

This policy contract was: Lost Stolen Destroyed On or About (Date): _____
(mm/dd/yr)

I am requesting a duplicate policy. Enclosed is a check for \$25, made payable to AXA Equitable, to cover the replacement costs. The Duplicate Policy will be sent to the Policyowner's current address of record.

7. Signatures

X _____
Signature of Owner or Absolute Assignee Date

X _____
Signature(s) of Joint Owner(s) or Collateral Assignee Date

X _____
Signature of Corporation Officer, Partner or Trustee Title (Required) Date

X _____
Name of Corporation, Partnership or Trust

AXA Equitable and MONY Life Insurance Company of America will only accept a financial professional's request for address changes, dividend election changes, and mode or billing amount changes without the policyowner's signature.

X _____
Financial Professional's Name Code #

X _____
Financial Professional's Signature Daytime Phone #

General Information about Signature Requirements

- Multiple/Joint Owners Must be signed by all owners.
- Assignments: 1) Collateral — Assignee and present owner; 2) Absolute — Assignee.
- Corporation: One officer other than the insured on behalf of the corporation.
- Attorney-in-Fact/ Guardian Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.
- Partnerships Requests must be submitted in the name of the Partnership and signed by a partner other than the insured, or two partners if insured signs.

For cases such as minor owners, bankruptcy or cases with tax liens, contact the National Operations Center for appropriate signature requirements.