



**AXA EQUITABLE**

redefining / standards®

AXA Equitable Life Insurance Company  
MONY Life Insurance Company of America (MLOA)  
AXA Equitable Life and Annuity Company

# Life Insurance SYSTEM-MATIC PAYMENT PLAN\*

Traditional and Variable Life Series

\*A premium payment arrangement that debits your checking account for premiums due.

**Reason for Request:** (Check appropriate box(es).)

- New Application
- Change to System-Matic Plan
- Monthly System-Matic
- Quarterly System-Matic<sup>1</sup>
- Consolidate Policies for Single Charge (See #2 below)
- Bank or Account Change

<sup>1</sup> Available only with Universal and Incentive Life type contracts including Survivorship.

*I (We) request and authorize you to charge monthly or quarterly my (our) checking account to pay premiums due under the policy(ies) and/or annuity contract(s) identified below. It is understood that the use of the System-Matic Plan (herein referred to as "this Plan") does not change any policy provision and that:*

- 1) The **effective date** of this Plan for each policy will be determined by AXA Equitable/MLOA. For a new policy, the effective date will be after the initial premium is paid in cash. This Plan must not be used in lieu of the initial premium.
- 2) **After the effective date of this Plan, monthly or quarterly premiums will be credited automatically to the policy(ies) and/or contract(s) identified, on or after the premium due date(s) subject to the collection of such charges from my (our) bank account.** If multiple policies and/or contracts are consolidated on this Plan for a single charge, the charge will be made on or about the 14th of the month. **Charges for flexible or variable life policies, term life contracts, Equitable Life Account Policies, Joint Survivorship Policies, AXA Equitable/MLOA Account policies, AXA Equitable Life and Annuity Company and MLOA must be made individually; consolidation is not permitted.** The dates for charges may change from time to time in accordance with AXA Equitable/MLOA procedures. **If charges are overlooked or inadvertently not made, AXA Equitable/MLOA may charge my (our) bank account at a later date provided the policy(ies) is (are) still in force.**

**Important: A Voided Check for The Account is Required.** The check must have a pre-printed account number, routing number and depositor's name. A starter check is not acceptable. If a voided check is not available, verification of bank account information on bank's letterhead is required.

**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

**Toll-free Fax Number:**

(855) 268-6374

**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)

List all policies and/or contracts to be included. (Please indicate insured's initials.) For Variable Policies indicate amount to be drafted.

Policy Number	Initials.	Effective Date <sup>2</sup> (mm/dd)	Draft Amount (Deduction Amount <sup>2</sup> UL/IL)
<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"/> <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"/> <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"/>	_____

<sup>2</sup> Universal Life and Incentive Life Only

3) This Plan may be **terminated**:

- (1) by the Depositor, the Policyowner or AXA Equitable/MLOA upon 30 days written notice to the other party(ies); or
- (2) if any charge due is not paid or is reversed by the Bank; or
- (3) as stipulated in the bank "AUTHORIZATION TO HONOR CHARGES" statement below.

4) **Information as to each charge** for premium payment will be provided either by a cancelled check, entry on my (our) bank statement or by other advice from the Bank.

5) If this Plan is terminated, **premiums for regular or scheduled premium policies** will be payable directly to AXA Equitable/MLOA based on the rates applicable to the policy and frequency elected by the Policyowner and permitted by AXA Equitable/MLOA. For **flexible premium policies**, the Policyowner may request AXA Equitable/MLOA to send reminder notices for the planned periodic payments, or make payments at any time within the limits described in the policy.

Title of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number

Daytime Phone Number:  -  -

Owner's Email Address: \_\_\_\_\_

**See Signature Requirements on last page**

Signature: \_\_\_\_\_   
Bank Signature of Depositor (Title if applicable) (mm/dd/yy)

Signature: \_\_\_\_\_   
Other Bank Signature(s) if Required for Account (mm/dd/yy)

Print Name of Policyowner(s)

Signature: \_\_\_\_\_   
Signature of Policyowner if Other Than Depositor (mm/dd/yy)

Signature: \_\_\_\_\_   
Signature of Policyowner(s) if Other Than Depositor (mm/dd/yy)

## Signature Requirements

**Note:** If more than one signature is required by the bank for the account, the additional signature(s) required should be entered on the Other Bank Signature(s) line.

If the bank account is held by a corporation, partnership, or trust, the title of the authorized officer, partner or trustee is required.

### Policyowner Signature Requirements

Owner	Required Signature
Individual	Individual
Two or more owners	All owners
Corporation	Officer and title other than insured
Partnership	Partner other than insured
Absolute Assignee	Assignee
Attorney-in-Fact	Attorney-in-Fact
Trust	Trustee
Guardian/Custodian	Guardian/Custodian

Cat. #060739E (2/12)