

REQUEST FOR SYSTEM-MATIC PAYMENT PLAN

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

TO: AXA EQUITABLE (The term, "AXA Equitable," shall include AXA Equitable Life Insurance Company, and AXA Equitable Life and Annuity Company.)
MONY Life Insurance Company of America (MLOA)

Return completed form to: National Operations Center, P.O. Box 1047, Charlotte, NC 28201-1047 or fax to 704-540-2207.

Reason for request: (Check appropriate box(es).)

- New Application Change to System-Matic Plan Monthly System-Matic Quarterly System-Matic*
- Consolidate Policies for Single Charge (See #2 below)
- Bank or Account Change (AXA Equitable/MLOA requires 31 days advance notice)

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, 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.**

*Available only with Universal and Incentive Life type contracts including Survivorship.

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

	Policy Number	Inits.	Draft Amount
1.	_____	_____	_____.
2.	_____	_____	_____.
3.	_____	_____	_____.

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.

See Signature Requirements on reverse side

_____ Date _____
Bank Signature of Depositor

_____ Date _____
Other Bank Signature(s) if Required for Account

Print Name of Policyowner(s)

_____ Date _____
Signature of Policyowner if Other Than Depositor

_____ Date _____
Signature of Policyowner(s) if Other Than Depositor

IMPORTANT: A VOIDED CHECK FOR THE ACCOUNT IS REQUIRED.

AUTHORIZATION TO HONOR CHARGES PRESENTED BY AND PAYABLE TO AXA EQUITABLE/MLOA

As a convenience to me (us), I (we) hereby request and authorize you to pay and charge to my (our) account charges presented on my account by and payable to the order of AXA Equitable/MLOA provided there are sufficient collected funds in said account to pay the same upon presentation. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such charge. This arrangement will terminate immediately upon the closing of my account with you or upon receipt by you of notice of my bankruptcy. I agree that your treatment of and rights in respect to each such charge will be the same as if it were signed personally by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance.

This form, signed by our mutual customer, is requesting you to honor charges that we will order each month or quarter under the System-Matic Payment Plan. Any checks prepared by us will carry encoding in magnetic ink to the specifications of the American Bankers Association, and in accordance with your character positioning scheme.

Please advise us if the account number shown is not correct.

Thank You.

Bank Name _____

No. & Street _____

City _____ State _____ Zip _____

Title of Account _____

Account Number _____

_____ Date _____
Bank Signature of Depositor

_____ Date _____
Other Bank Signature(s) if Required for Account

No. & Street _____

City _____ State _____ Zip _____

To be completed by Administrative Office

Policy Numbers	Monthly Ded. Amt. (UL/IL only)	Eff. Date Mo Day
_____	_____.	____/____
_____	_____.	____/____
_____	_____.	____/____



redefining / standards

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.

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