

CLAIM TO LIFE INSURANCE BENEFITS FORM

Please print clearly or type.

■ Mail completed form to:

National Operations Center — Claims
P.O. BOX 1047
CHARLOTTE, NC 28201-1047
TELEPHONE: 1-800-777-6510

Reminder

Before you submit this form, have you...

Enclosed a certified death certificate bearing the raised seal or colored stamp from the issuing authority and returned the policy?

Provided a Social Security or Federal Tax ID Number for the person or entity receiving the benefits?

Signed the Taxpayer Identification Number statement in Section 2 (required by the Internal Revenue Service)?

Read the fraud warning for the appropriate state of residence in Section 6 and signed in Section 8?

LIST ALL POLICY NUMBER(S) *If a policy has been lost or misplaced, please check the box next to that policy number.*

POLICY No. _____ LOST POLICY No. _____ LOST
POLICY No. _____ LOST POLICY No. _____ LOST

| | | | | |
|--|------|------------|---------------------------------|----------------|
| | | | | |
| DECEASED'S NAME: FIRST, MIDDLE INITIAL, LAST | | | DATE OF DEATH (mm/dd/yyyy) | |
| A/K/A (ALSO KNOWN AS): FIRST, MIDDLE INITIAL, LAST | | | | |
| ADDRESS | CITY | STATE | ZIP | CAUSE OF DEATH |
| DATE OF BIRTH (MO./DAY/YR.) | | OCCUPATION | PLACE OF DEATH (CITY AND STATE) | |
| NAME OF DECEASED'S DOCTOR (WITHIN PAST 5 YEARS) | | | LOCATION (CITY AND STATE) | |

5 If you elect the AXA Equitable Access Account (Please Read):



Financial decisions usually require a great deal of thought and consideration. However, at this time you may not feel prepared to make the right decision about the money you are about to receive. We understand your position. That's why we developed the AXA Equitable Access Account. The AXA Equitable Access Account works in most respects like an interest-bearing checking account. We set the current interest rate periodically, based upon a review of current market interest rates. We reserve the right to change this procedure. This gives you the extra time and flexibility you may need, while giving you immediate access to a portion or all of your benefits. The AXA Equitable Access Account provides you with safety, liquidity and interest earnings. The account, which is established in your name, allows you to write an unlimited number of checks (minimum \$250 per check) on your balance, with no checkwriting charges. Money in the AXA Equitable Access Account is fully backed by AXA Equitable but not guaranteed by the government or other federal agency.

You may leave your benefits in the AXA Equitable Access Account and continue to earn interest for as long as you wish, or you may write a check to yourself to withdraw the total balance in your account. If the balance in your account goes below \$1,000, the account will be terminated and a check for the balance will be sent to you. Deposits to the AXA Equitable Access Account cannot be accepted.

THE AXA EQUITABLE ACCESS ACCOUNT PROVIDES YOU WITH:

- ✓ interest earned from the date the account is established, compounded daily and credited monthly,
- ✓ convenient access to your funds with free personalized checks, and no check charges,
- ✓ special fees apply for return checks, stop payments, wire transfers and express mail,
- ✓ monthly statements showing account activity,
- ✓ specially trained representatives to help you with questions you may have regarding your account,
- ✓ most importantly, unlimited time to decide what you want to do with your insurance benefits.

Please be sure to:

-  fill in your name (Section 1) as you would like to have it printed on the checks.
-  **your signature (Section 8) should appear the way you would normally sign a check.**
This signature will be used to verify checks when they are submitted for payment.

In most cases, we will establish an AXA Equitable Access Account in your name. However, life insurance benefits are not paid through an AXA Equitable Access Account if:

- ✓ the beneficiary does not have a Social Security Number;
- ✓ the benefits payable to the beneficiary are less than \$10,001 (if a portion of the proceeds have been assigned, the unassigned portion may be eligible for the Access Account if not less than \$10,001);
- ✓ the beneficiary is a minor, corporation, partnership, tax-exempt entity, estate or trust with more than two trustees;
- ✓ the beneficiary resides outside the US;
- ✓ the beneficiary elects at the time of claim that he/she wishes not to have the AXA Equitable Access Account;
- ✓ the policyowner established specific provisions regarding payment of the death benefits;
- ✓ benefits for the beneficiary are being claimed under a Power of Attorney.

For current AXA Equitable Access Account rate information or to obtain answers to questions you may have about the AXA Equitable Access Account, you may call or write to the following: AXA Equitable Life Insurance Company, c/o The Northern Trust Company, 75 Remittance Drive, Suite 3169, Chicago, IL 60675-3169, toll-free telephone (866) 494-4265.

DO NOT SEND CLAIM FORMS TO THE ABOVE ADDRESS.

⑥ State Fraud Warnings

Alaska, Kentucky, Minnesota, Pennsylvania, New Jersey, New Mexico, Ohio:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Arizona:

“For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

Arkansas, Louisiana, Tennessee, Texas, Virginia, Washington:

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

California:

“For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

Colorado:

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”

Delaware, Florida, Idaho, Indiana:

“For your protection state law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

District of Columbia, Maine, Oklahoma, Oregon:

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

New Hampshire:

“Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.”

New York:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

NY STATE RESIDENTS READ AND SIGN ONLY:

I have read and understand
the New York State fraud warning.

X

Beneficiary's Signature

Date

Puerto Rico:

“Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.”

8 Beneficiary's Signature

If you are electing a lump sum payment or AXA Equitable Access Account (Section 5) **sign your name at the bottom the way you would normally sign a check** since this signature is used to verify checks when they are submitted for payment.

X

Beneficiary's or Trustee's Signature **Date**
or Other Duly Authorized Signature and Title

X

Additional Trustee's Signature **Date**

This form is furnished prior to determination by AXA Equitable as to whether any insurance was in force on the life of the insured, or to whom any such insurance is payable, and without prejudice to AXA Equitable's rights.

