



#### 4. Change of Premium Mode/ Billing Amount To

Annual  Semiannual  Quarterly  Regular Monthly<sup>(1)</sup>  Monthly System-Matic\*  Quarterly System-Matic\*<sup>(2)</sup>

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.