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**SPECIAL
PAYMENT
PLAN
ELECTION
FORM**

1 List all policies, contracts or certificates to apply

2 A. Information about the annuitant/payee

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (mo/day/yr) _____ ENTITY FEMALE MALE TAXPAYER ID# (Social Security#; Federal Employer ID#)

B. Information about the joint annuitant (if applicable)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (mo/day/yr) _____ FEMALE MALE TAXPAYER ID# (Social Security#)

C. For EDC and TRUSTEED annuity certificates only:

Changing the owner of the Special Payment Plan

Check this box if the decedent's beneficiary under the plan should be substituted as the annuity death beneficiary and the "annuitant" under the Special Payment Plan.

SIGNATURE OF PLAN ADMINISTRATOR/TRUSTEE _____ DATE _____

X

3 Designate a beneficiary(ies) for this Special Payment Plan

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH (mo/day/yr) _____ TAXPAYER ID# (Social Security#; Federal Employer ID#)

RELATIONSHIP TO YOU _____

4 How much would you like to apply to the Special Payment Plan? (minimum \$2,000)

All of the benefits All of the benefits except \$ _____

5 Which Special Payment Plan do you elect?

A. The Life Income Options

SINGLE LIFE—Guaranteed income for as long as the annuitant is alive.

JOINT AND SURVIVOR LIVES—Guaranteed income for as long as either the annuitant or the joint annuitant is alive.

Reduced income to the survivor (optional).

The percent to the joint annuitant survivor is: 50% or 75%

B. Additional Guarantees for the Life Income Options (optional for 5A above)

PERIOD CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint and Survivor) and in no event for less than the time period you elect. Time period guaranteed: _____ years (5, 10, 15, 20 up to life expectancy).

REFUND CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint & Survivor) and in no event will the total payments made be less than the death benefit proceeds originally applied to this option.

C. Special Installment Option

Time period selected _____ years (5 to 30 years)

D. Special Deposit Option (only available for non-qualified annuity and life insurance benefits)

Guaranteed interest only for a fixed number of years, principal stays intact

Time period selected _____ years (2 to 5 years)

Please return to:
AXA Equitable,
National Operations
Center, P.O. Box
1047, Charlotte, NC
28201-1047.

6 How frequently do you want payments made?

- Monthly Quarterly Twice a year (every 6 months) Once a year

7 Where do you want the payments sent?

- The annuitant's address (listed in 2A) Send them to the annuitant at the address listed below:

ADDRESS _____ CITY _____ STATE _____ ZIP _____

- Please send a Direct Deposit form with my first payment.
 I would like to direct my payments to a special payee. (We will send you a form to give us special instructions.)

8 Income tax withholding (for all Special Payment Plans except the Special Deposit Option)

A. I want federal income tax (and state income tax, if required) withheld from my periodic payments:

- Married Single Number of withholding allowances: _____

B. I want the following additional amount of income tax withheld from each periodic payment:

Federal: \$ _____ State (if applicable): \$ _____

C. I DO NOT want federal income tax (or state income tax, if applicable) withheld from my periodic payments.

9 Income tax withholding for the Special Deposit Option (Backup withholding on interest)

- I certify under penalties of perjury that I am not currently subject to backup withholding due to "notified payee underreporting" under provisions of the Internal Revenue Code.

10 Authorization & Signatures

Important: Please read the following statement before signing this form

Rates in effect at the time we receive your election will apply. If the rates are not as favorable as those quoted to you, you may return any payments made to you under this option along with the Supplementary Contract for the Special Payment Plan you have elected within 15 days of the issue date and we will refund your principal.

By signing this form, you are agreeing to the following:

1. The statements and answers in all parts of this application are true and complete to the best of my knowledge and belief. AXA Equitable/AXA Life and Annuity/MONY Life Insurance Company of America may rely on them in acting on this application.
2. No Agent has authority to modify this application or to waive any of AXA Equitable/AXA Life and Annuity/MONY Life Insurance Company of America's rights or requirements.
3. Certification—Under penalties of perjury I certify that the number shown on this form is my correct Taxpayer Identification Number.

A. SIGNATURE OF PROPOSED ANNUITANT _____ DATE _____

X

B. SIGNATURE OF PROPOSED JOINT ANNUITANT _____ DATE _____

X

11 Agent information

AGENT NAME _____ AGENT # _____ AGENT % _____

AGENCY _____ ASU _____

I certify that I have asked and recorded completely and accurately the answers to all questions on the application. I know of nothing affecting the risk that has not been recorded herein.

SIGNATURE OF AGENT _____ DATE _____

X

Please return to: AXA Equitable, National Operations Center, P.O. Box 1047, Charlotte, NC 28201-1047.



Be Life Confident