



EQUITABLE

Accumulator® Series
Spousal Rollover
Acknowledgement Form

Please complete this form and sign below if you are the surviving spouse and beneficiary under an Accumulator IRA (Traditional or Roth) and you wish to roll over the death proceeds into your own new IRA (Traditional or Roth). Rollovers to existing contracts are not generally permitted and an exception is required by Equitable in this circumstance. Please note that the term "contract" includes a "certificate under a group contract".

Provide Information About Yourself

Are you a(n): [] Individual [] Minor [] Estate [] Trust [] Corporation [] Partnership
Are you the spouse of the deceased? [] Yes [] No
If not, what is your relationship to the deceased?
Are you the sole beneficiary [] Yes [] No [] Don't Know
Are you a U.S. Person? [] Yes [] No (If not, call 1-800-789-7771 for further instructions.)

Your Name (first, middle initial, last)
Street Address (No P.O. Box Permitted)
City, State, Zip
Date of Birth (month/day/year) [] Social Security No. [] Other Taxpayer ID No.
Daytime Telephone Number Evening Telephone Number

Date:
RE: Deceased Spouse's Name:
Death Claim Number (if available):
Spousal Beneficiary's New/Existing Contract Number:

To Whom It May Concern:
I have been advised by my Financial Professional that I can assume the ownership of my spouse's contract. By opting for the Successor Owner/Annuitant Option available under the deceased's Contract, I can withdraw amounts from the Contract free of Contingent Withdrawal Charges.
I have decided not to elect the Successor Owner/Annuitant Option and request that the death proceeds be rolled over to the Contract/Certificate above. I am aware that the death proceeds will become subject to new Contingent Withdrawal Charges. I am also aware that the assets will remain invested in my spouse's contract until my new contract is issued. The amount of the death benefit will be calculated to equal the greater of the account value (as of the date that my new contract is issued) or the guaranteed minimum death benefit, if applicable (as of the date of my spouse's death). This means that the death benefit proceeds could vary up or down, based on investment performance, until my new contract is issued.

For Traditional IRA only: I understand that if my deceased spouse was past his or her Required Beginning Date for taking lifetime Required Minimum Distribution (RMD) payments and he or she did not take the final lifetime payment for the calendar year which contains his or her death, then I must take that last lifetime payment before I effect this rollover. I understand that I can satisfy this requirement by taking the RMD amount from any other traditional IRA previously owned by my deceased spouse.

[] By checking this box, I am requesting Equitable to distribute the last lifetime RMD amount from the certificate/contract to me.

Sincerely,

X
Signature of Surviving Spouse Name of Surviving Spouse

For more information, please call your Financial Professional, or call 1-800-789-7771.

Custodial IRA Contract Please complete this section if the IRA contract is owned in a custodial IRA account.

Other death benefit settlement options are available to beneficiaries of a custodial IRA account. Please refer to "Accumulator® Series — Claim to Annuity Benefits" for information on other options.

Brokerage Account Number

Financial Representative's Name

Daytime Phone

Custodian Name

TIN

Custodian Signature (Not signature of Financial Representative or Broker)

Date

State Fraud Warnings

The following states require us to notify you of the serious consequences of filing a false or fraudulent insurance claim. Please read this section carefully.

Alaska:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, District of Columbia, Louisiana, Rhode Island, Texas, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

California:

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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, and Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Maine, Tennessee, Virginia and Washington:

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

Kentucky and Pennsylvania:

Any person who knowingly and with the intent to defraud any insurance company or other person files a 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.

Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 Jersey and New Mexico:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

**New York State Residents Only:
Read & Sign Below**

I have read and understand the New York State fraud warning. Your original signature is required in this section (for NY State residents).

Beneficiary's Signature: _____

Date: _____

