

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".

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Provide Information About Your	self					
Are you a(n): \square Individual	\square Minor	□Estate	□Trust	☐ Corporation	□Partnership	
Are you the spouse of the dec If not, what is your relati		☐ Yes deceased?	□ No			
Are you the sole beneficiary	□Yes	□No	□ Don't k	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				E	Evening Telephone Number	
Date:						
RE: Deceased Spouse's Na	me:					
Death Claim Number (in	available): _					
Spousal Beneficiary's N	lew/Existing (Contract Nur	nber:			
To Whom It May Concern:						
	uitant Option a	available un			of my spouse's contract. By opting I can withdraw amounts from the	
I have decided not to elect the the Contract/Certificate above Charges. I am also aware that The amount of the death bene contract is issued) or the guar	Successor C . I am aware to the assets we fit will be calconanteed minim	Dwner/Annuithat the deat ill remain invallated to equipment to equipment to equipment to equipment to equipment to eath be	th proceeds vested in m ual the gre enefit, if app	s will become subj y spouse's contra- ater of the accoun blicable (as of the	the death proceeds be rolled over to ect to new Contingent Withdrawal ct until my new contract is issued. It value (as of the date that my new date of my spouse's death). This performance, until my new contract	
taking lifetime Required Minim the calendar year which conta understand that I can satisfy the by my deceased spouse.	um Distribution ins his or her nis requireme	on (RMD) pa death, then nt by taking	ayments an I must take the RMD a	d he or she did no that last lifetime p mount from any of	her Required Beginning Date for It take the final lifetime payment for payment before I effect this rollover. I ther traditional IRA previously owned	
to me.	requesting E	quitable to d	distribute th	e last lifetime RMI	D amount from the certificate/contract	
Sincerely,						
X						
Signature of Surviving Spouse			Nan	ne of Surviving Spo	ouse	

"Accumulator® Series — Claim to Annuity Benefits" for information on other options. Brokerage Account Number Financial Representative's Name Custodian Name TIN Custodian Signature (Not signature of Financial Representative or Broker) Date

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

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:	

State Fraud Warnings (Continued)

Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon and All Other States:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

Puerto Rico:

Any person who knowingly and with the intention of defrauding presents false information in an insurance

application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other State Specific Notices

For Same Sex Spouses: The determination of spousal status is made under applicable state law. However, in the event of a conflict between federal and state law regarding the determination of spousal status, we follow federal rules.

	Marine to a		
Acknowledgement of Fraud V	varning		
Please check the appropriate not listed, please check the		ad the State Fraud Warnings	for your state above. If your state is
☐ Alaska	□ Idaho	□ New Jersey	☐ Tennessee
☐ Arizona	☐ Indiana	□ New Mexico	☐ Texas
☐ Arkansas	☐ Kentucky	□ New York	☐ Virginia
☐ California	☐ Louisiana	☐ Ohio	☐ Washington
☐ Colorado	☐ Maine	☐ Oklahoma	☐ West Virginia
☐ Delaware	☐ Maryland	☐ Oregon	
☐ District of Columbia	☐ Minnesota	☐ Pennsylvania	
☐ Florida	☐ New Hampshire	☐ Puerto Rico	
$\ \square$ Other (Please indicate sta	te):		
have read and understand th	e appropriate fraud warnir	ng in the section above for thi	is state.
(New York State Residents: the previous page.)	Do not sign here. Instea	d, sign affidavit below New	V York State Fraud Warning on
X Your Signature — REQUIF	PED FOR ALL STATES	Date	
-			nce Company as to whether any

This form is furnished prior to determination by Equitable Financial Life Insurance Company as to whether any annuity benefits were in force with respect to the annuitant or to whom any such annuity benefits are payable, and without prejudice to Equitable's rights.

Mail to

Mail this form together with the "Claim to Annuity Benefits" form to:

Express Mail:

Equitable Financial Life Insurance Company Retirement Service Solutions 8501 IBM Dr, Suite 150-IR Charlotte NC 28262-4333

Regular Mail:

Equitable Financial Life Insurance Company Retirement Service Solutions P.O. Box 1016 Charlotte, NC 28201-1016

• If you are rolling over into a new contract, include a completed new business application.

For Assistance Call 800-789-7771.