EQUITABLE

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America (EFLOA)
Equitable Financial Life and Annuity Company
Equitable Financial Life Insurance and Annuity Company (CA)

Equitable Advisors, LLC
(Equitable Financial Advisors in MI & TN)
Equitable Distributors, LLC
For Assistance Call 800-789-7771

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.

State Fraud Warnings (Continued)

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: _____

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.

Acknowledgement of Fraud Warning

Please check the appropriate state of residence, and read the State Fraud Warnings for your state above. ***If your state is not listed, please check the "OTHER" box below.***

☐ 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	

☐ **Other** (Please indicate state): _____

I have read and understand the appropriate fraud warning in the section above for this state.

(New York State Residents: Do not sign here. Instead, sign affidavit below New York State Fraud Warning on the previous page.)

X _____ _____
Your Signature — REQUIRED FOR ALL STATES Date

This form is furnished prior to determination by Equitable 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
Retirement Service Solutions
8501 IBM Dr, Suite 150-IR
Charlotte NC 28262-4333

Regular Mail:
Equitable
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.