



EQUITABLE

For Assistance: Call (800) 628-6673
Monday – Thursday
8:00 a.m. – 7:00 p.m. EST
Friday 8:00 a.m. – 5:00 p.m. EST

EQUI-VEST® VANTAGESM ASSET REBALANCING ACCEPTANCE FORM NJ ACTS and ABP

Mail completed form to:
Express Mail:
Equitable
EQUI-VEST® Processing Office
8501 IBM Dr., Suite 150-GR
Charlotte, NC 28262-4333
Regular Mail:
Equitable
EQUI-VEST® Processing Office
PO Box 1430
Charlotte, NC 28201-1430
Fax Number:
(816) 701-4969

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (EFLIC)
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA (EFLOA)

1. PARTICIPANT INFORMATION *(Certificate number must be provided to process this request)*

NAME (Last Name, First Name, Middle Initial)

CERTIFICATE NUMBER

ADDRESS

SOCIAL SECURITY NUMBER

CITY/STATE/ZIP

DATE OF BIRTH

DAYTIME PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

2. ASSET REBALANCING STATUS

Are you electing to begin Asset Rebalancing?

☐ Yes ☐ No If yes, complete all sections

Is this a change to an existing Asset Rebalancing election?

☐ Yes ☐ No If yes, complete all sections

Would you like to discontinue Asset Rebalancing?

☐ Yes ☐ No If yes, complete sections 1, 2 and 6.

If the answer is yes to any of the questions above, this election will supersede the existing election.

3. PROGRAM ELECTION

Please elect one of the options.

NOTE: If you are currently enrolled in the Asset Rebalancing program (now titled Option I) and would like to elect to include the Guaranteed Interest Option (GIO) (Option II) check Option II below and indicate in section 2 that this is a change to an existing Asset Rebalancing election.

☐ Option I — Only the variable investment options will be included in the Asset Rebalancing program.

☐ Option II — The variable investment options and the GIO will be included in the Asset Rebalancing program.

4. FREQUENCY OF REBALANCING — *Select one frequency only.*

All Asset Rebalancing transactions will be processed on the first business day of the month based on your selection. Asset Rebalancing transactions cannot begin in the current month or retroactively.

A. Calendar Quarter— *If you choose calendar quarter, please indicate the quarter to begin the first Asset Rebalancing transaction:* ☐ January ☐ April ☐ July ☐ October

B. ☐ Semiannual

C. ☐ Annual

If you choose Semiannual or Annual, please indicate **any month** and the year to begin the first Asset Rebalancing transaction:

Month

Year

5. CHOOSE YOUR VARIABLE INVESTMENT OPTIONS AND ASSET REBALANCING PERCENTAGES

The following percentages must be in whole numbers and add up to 100%.

<input type="text"/> % 1290 VT GAMCO Small Company Value (37*)	<input type="text"/> % EQ/Loomis Sayles Growth (34*)
<input type="text"/> % 1290 VT SmartBeta Equity ESG (9C*)	<input type="text"/> % EQ/MFS International Growth (26*)
<input type="text"/> % 1290 VT Socially Responsible (92*)	<input type="text"/> % EQ/MFS Mid Cap Growth Focused Growth (9P*)
<input type="text"/> % EQ/400 Managed Volatility (7L*)	<input type="text"/> % EQ/MFS Technology Series (9S*)
<input type="text"/> % EQ/AB Small Cap Growth (TP*)	<input type="text"/> % EQ/MFS Utilities Series (9T*)
<input type="text"/> % EQ/Aggressive Allocation (18*)	<input type="text"/> % EQ/Mid Cap Index (55*)
<input type="text"/> % EQ/American Century Mid Cap Value (9J*)	<input type="text"/> % EQ/Moderate Allocation (T4*)
<input type="text"/> % EQ/Balanced Strategy (8Q*)	<input type="text"/> % EQ/Money Market (T3*)
<input type="text"/> % EQ/ClearBridge Select Equity Managed Volatility (6F*)	<input type="text"/> % EQ/Morgan Stanley Small Cap Growth (9Y*)
<input type="text"/> % EQ/Common Stock Index (T1*)	<input type="text"/> % EQ/PIMCO Global Real Return (8Y*)
<input type="text"/> % EQ/Conservative Allocation (15*)	<input type="text"/> % EQ/PIMCO Ultra Short Bond (28*)
<input type="text"/> % EQ/Core Bond Index (96*)	<input type="text"/> % EQ/Small Company Index (97*)
<input type="text"/> % EQ/Core Plus Bond (TH*)	<input type="text"/> % EQ/Wellington Energy (9O*)
<input type="text"/> % EQ/Emerging Markets Equity PLUS (8W*)	<input type="text"/> % American Funds Insurance Series
<input type="text"/> % EQ/Equity 500 Index (TE*)	<input type="text"/> The Bond Fund of America (8V*)
<input type="text"/> % EQ/Fidelity Institutional AM® Large Cap (9K*)	<input type="text"/> % Guaranteed Interest Option (A1*)†
<input type="text"/> % EQ/International Core Managed Volatility (88*)	<input type="text"/> % Macquarie VIP High Income (8G*)
<input type="text"/> % EQ/International Equity Index (TN*)	<input type="text"/> % Multimanager Aggressive Equity (T2*)
<input type="text"/> % EQ/International Value Managed Volatility (73*)	<input type="text"/> % Multimanager Core Bond (69*)
<input type="text"/> % EQ/Invesco Global (6A*)	<input type="text"/> % Target 2015 Allocation (6G*)
<input type="text"/> % EQ/Invesco Global Real Assets (9M*)	<input type="text"/> % Target 2025 Allocation (6H*)
<input type="text"/> % EQ/Janus Enterprise (08*)	<input type="text"/> % Target 2035 Allocation (6I*)
<input type="text"/> % EQ/JPMorgan Value Opportunities (72*)	<input type="text"/> % Target 2045 Allocation (6J*)
<input type="text"/> % EQ/JPMorgan Growth Stock (32*)	<input type="text"/> % Target 2055 Allocation (8Z*)
<input type="text"/> % EQ/Large Cap Growth Index (82*)	<input type="text"/> % VanEck VIP Global Resources (8N*)
<input type="text"/> % EQ/Large Cap Value Managed Volatility (89*)	

Total (Total of all investment options selected must equal 100%)

Note: The Structured Investment Option and Fixed Maturity Option (FMDs) not included; see Terms and Conditions on next page.

† The Guaranteed Interest Option (GIO) can only be included in the Asset Rebalancing election if Option II in section 3 was checked.

* The number in parentheses is shown for internal use only.

6. AUTHORIZATION

For NJ 401a only: By signing your form, you acknowledge receipt of the referenced Certificate and confirm the personal information. You also acknowledge that your contributions are currently being allocated to the Guaranteed Interest Option, as shown in the Data Pages. Your contributions will continue to be allocated to the Guaranteed Interest Option until we receive alternative allocations from you.

Please honor the instructions contained in this form in connection with my EQUI-VEST Vantage certificate.

Signature of Participant: _____ Date: _____

Signature of Plan Administrator (if required by employer): _____ Date: _____