



# EQUITABLE

For Assistance: Call (800) 628-6673  
Monday – Friday

## EQUI-VEST® VANTAGE<sup>SM</sup> REQUEST FOR SERVICE 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 is required 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. CHANGE NAME:

*Note: This section is for change of name by marriage, court decree, or correction. (Attach a copy of the marriage license or court decree.)*

CURRENT NAME

NEW NAME

### 3. CHANGE MAILING ADDRESS

NEW ADDRESS

DAYTIME PHONE NUMBER

CITY

STATE/ZIP

### 4. BENEFICIARY CHANGE

**All sections below are mandatory.** If a trust is designated as a beneficiary, please include the full name of the trust and the date and name(s) of the present acting trustee(s). If you require additional space, please provide a listing for all desired primary or contingent beneficiaries, relationships, Address(es), and Social Security Number and include with this signed and dated election form. *Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke all prior beneficiary(ies) designation(s) and make the following designation(s):*

**(a) Primary Beneficiary(ies) (If more than one, indicate %)\*\***

PRIMARY BENEFICIARY #1

%

SSN  TIN  EIN

RELATIONSHIP TO OWNER

ADDRESS (No PO Box Numbers)

DATE OF BIRTH

PHONE NUMBER

PRIMARY BENEFICIARY #2 (Optional)

%

SSN  TIN  EIN

RELATIONSHIP TO OWNER

ADDRESS (No PO Box Numbers)

DATE OF BIRTH

PHONE NUMBER

