



# 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® 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

#### 4. BENEFICIARY CHANGE (Continued)

(b) If all Primary Beneficiaries pre-decease me, I designate: (If more than one, indicate %)\*\*

CONTINGENT BENEFICIARY #1 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	RELATIONSHIP TO OWNER
ADDRESS (No PO Box Numbers)		DATE OF BIRTH	PHONE NUMBER
CONTINGENT BENEFICIARY #2 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	RELATIONSHIP TO OWNER
ADDRESS (No PO Box Numbers)		DATE OF BIRTH	PHONE NUMBER

\*\* If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

#### 5. AUTHORIZATION

For NJ 401a only: By signing this 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.

I hereby authorize Equitable to make the change(s) I have requested in *Sections 2-4*.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLAN ADMINISTRATOR'S SIGNATURE (if required by employer) \_\_\_\_\_ DATE \_\_\_\_\_

#### TERMS AND CONDITIONS

1. Address changes and financial transactions will be verified by a confirmation notice. If you do not receive a notice within 14 days of making a request, please notify us immediately.
2. Transactions are effective on the business day this form, properly completed and signed, is received at the EQUI-VEST Processing Office.
3. 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.

#### INSTRUCTIONS

##### Sample Beneficiary Designations

- Annuitant's executors or administrators (Annuitant's estate).
- Annuitant's wife, MARGARET H. ROE.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the annuitant, if not then living in equal shares to the annuitant's children who are then living and to the then living children of any deceased child of the annuitant, per stirpes.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the annuitant, if not then living to the annuitant's son, JOHN ROE.
- In equal shares to the annuitant's children who are living at the death of the annuitant, should none then be living in equal shares to the annuitant's parents, NANCY ROE and JAMES ROE, who are then living.
- Trustee(s) under Trust Agreement dated February 1, 1994.
- Trustee(s) of the Trust created in the instrument admitted to probate as the Last Will and Testament of the annuitant.
- Trustee(s) of the Trust created in the instrument admitted to probate as the Last Will and Testament of the annuitant dated February 1, 1994.

FOR MORE INFORMATION, SEE YOUR EQUI-VEST PROSPECTUS/PROGRAM SUMMARY AND ANY SUPPLEMENTS,  
OR CONTACT OUR CUSTOMER SERVICE REPRESENTATIVES, TOLL-FREE, AT 1-800-628-6673.