



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)

Life Insurance
Beneficiary Change

Traditional, Term and Variable Life Series

Return:

Express Mail:

Equitable Financial Life Insurance Company
Life Operations
8501 IBM Dr, Suite 150
Charlotte NC 28262-4333

Regular Mail:

Equitable Financial Life Insurance Company
Life Operations
P.O. Box 1047
Charlotte, NC 28201-1047

Toll-free Fax Number:

(855) 268-6378

For Assistance:

Call:

(800) 777-6510
Monday - Thursday:
8:30 AM to 7:00 PM EST
Friday: 8:30 AM to 5:30 PM EST

To Sign Up For eDelivery:

Visit us at
www.equitable.com

Type of Request

Please complete the sections listed below if you are requesting a:

- Beneficiary change — sections 1, 2, 3, 4, 5 and 6
For general information regarding requirements for a change of Beneficiary, please see last page of form.

1. Insured's Information (Please Print)

Policy Number(s) (Required):

Insured's Name: First Middle/MI Last

2. Present Owner's Information (Please Print)

Individual Owner(s) Name: (If other than Insured) First Middle/MI Last

Joint Owner's Name: First Middle/MI Last (if applicable)

Joint Owner's Name: First Middle/MI Last (if applicable)

Corporate, Partnership, Charity/Non-Profit or Trust Name:

Corporate, Partnership, Charity/Non-Profit or Trust Name:

3. Designation of New Primary Beneficiary(ies)

Completing The Form

- This form may be used for more than one policy, provided all policies insure the same person, have the same owner, and the same Beneficiary designation.
- For request to be accepted, all alterations must be initialed and dated by the policy Owner(s).
- The legal residence and mailing address of all proposed Beneficiaries are required.
- If the proposed Beneficiary is a Trust, the date of the Trust Agreement, name and address of Trustee, and Tax Identification Number (Social Security Number, Individual Taxpayer Identification Number, Employer ID Number) must be indicated.
- For a Beneficiary change on a Joint Life policy, a family-type policy, or a policy that includes a Family Plan Insurance provision, Renewable Term Insurance rider on an Additional Insured, or Children’s Term Insurance rider, whereby multiple insured’s are covered under a single policy, it is necessary to identify the Insured to whom the change applies as individual Beneficiary designations are permitted for each insured person.
- Before completing this request, please read the Beneficiary provisions in the General Information section at the back of this form.
- Do not return the policy with this request.

Primary Beneficiary(ies):

List name of new Primary Beneficiary(ies), relationship to the Insured/Annuitant, Address, Phone number, Taxpayer Identification Number, Date of birth and Email address (please print):

Beneficiary 1

Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street	City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Relationship to Insured		Percentage of Benefits (Must be in whole numbers.)	
DOB or Trust/Incorporation Date	Phone Number		Email Address	
Designation/Additional Information	Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)	GIIN (used for entities)		NAICS Code (used for entities)	

Beneficiary 2

Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street	City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Relationship to Insured		Percentage of Benefits	
DOB or Trust/Incorporation Date	Phone Number		Email Address	
Designation/Additional Information	Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)	GIIN (used for entities)		NAICS Code (used for entities)	

Beneficiary 3

Name of Beneficiary: First	Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street	City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Relationship to Insured		Percentage of Benefits	
DOB or Trust/Incorporation Date	Phone Number		Email Address	
Designation/Additional Information	Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)	GIIN (used for entities)		NAICS Code (used for entities)	

4. Designation of New Contingent Beneficiary(ies)

Contingent Beneficiary(ies):

Provide name of new Contingent Beneficiary(ies), relationship to the Insured/Annuitant, Address, Phone number, Taxpayer Identification Number, Date of birth and Email address (please print):

Beneficiary 1

Name of Beneficiary: First		Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street		City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>		Relationship to Insured		Percentage of Benefits	
DOB or Trust/Incorporation Date		Phone Number		Email Address	
Designation/Additional Information		Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)		GIIN (used for entities)		NAICS Code (used for entities)	

Beneficiary 2

Name of Beneficiary: First		Middle/MI	Last	Type: Individual/Trust/Corporation/Other (list)	
Primary Address of Beneficiary Street		City		State	Zip
SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/>		Relationship to Insured		Percentage of Benefits	
DOB or Trust/Incorporation Date		Phone Number		Email Address	
Designation/Additional Information		Nature of Relationship (used for entities)		State and Country of Incorporation (used for entities)	
Nature/Purpose of Business (used for entities)		GIIN (used for entities)		NAICS Code (used for entities)	

5. Special Instructions

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.

6. Signature Section

Are any of the named Beneficiaries above a Viatical or Life Settlement Company? Yes No

By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation or election of a payment option.

Signature of Owner (Title, if applicable)

Print Owner's Name

Current Date (mm/dd/yyyy)

Signature of Owner (Title, if applicable)

Print Owner's Name

Current Date (mm/dd/yyyy)

Signature of Owner (Title, if applicable)

Print Owner's Name

Current Date (mm/dd/yyyy)

Signature of Collateral Assignee (Company and Title, if applicable)

Current Date (mm/dd/yyyy)

General Information Pages

- Please detach these pages from the Beneficiary Change Request Form before mailing.

General Information for Change of Beneficiary

- The words “Insured and Annuitant” and “Policy and Contract” are used interchangeably in this form.
- This form can be used when requesting a Beneficiary change on a non-qualified or qualified plan.
- Signature Date: This form must be received within 12 months of the signature(s) date.
- GIIN - Global Intermediary Identification Number - if entity is foreign
- NAICS Code - North American Industry Classification System

General Information on Signature and Supplemental Document Requirements

- Individual/Joint Owners Must be signed by all Owners.
- Trust Must be signed by current Trustee (s) with their title.
- Assignments Collateral – assignee and present Owner.
- Attorney in Fact Must be signed by the Attorney in Fact, if the Power of Attorney is in effect and not expired by its own terms. A current copy of the Declaration of Attorney in Fact will also be required. Please contact the Service Center to obtain this form.

Corporations:

- Policies under \$1,000,000 — One officer OTHER than the Insured and the Officer’s title must accompany his/her signature.
- Policies \$1,000,000 or more — Submit a Corporate Resolution executed by an officer other than the new Beneficiary. The Corporate Resolution should authorize the change and must be dated on or before the change request.

Partnership:

- Policies under \$1,000,000 — One officer OTHER than the Insured and the Officer’s title must accompany his/her signature.
- Policies \$1,000,000 or more — Submit a Partnership statement executed by a Partner other than the new Beneficiary. The Partnership statement should state: (a) the names of all partners at the time the partnership acquired an interest in the policy; (b) that there has been no change in the partnership; (c) that the policy has not been assigned or transferred; and (d) that the partner signing the form is authorized to act on behalf of the partnership, if these are the facts. If any change has taken place, full details should be furnished to us. The signing partner should include his or her title with their signature.

- For Qualified Corporate, Keogh (H.R. 10) or Employer-Sponsored TSA Plans, a married Insured/Annuitant requires written consent of her/his spouse to change the Beneficiary to someone other than the spouse.

General Information on Beneficiary Provisions

- Liability under the policy ceases when Equitable Financial Life Insurance Company/Equitable Financial Life Insurance Company of America/ Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) makes payment to a Trustee or succeeding designated payee.
- Unless otherwise specified in the request: (a) if two or more persons are named as Beneficiaries, those surviving the Insured will share equally; (b) if no stated Beneficiary is living when the Insured dies, we will pay the benefits to the children of the Insured who then survive, in equal shares, or if none survive, to the estate of the Insured.
- If this form has been used to record a change on a EFLOA policy issued prior to September 8, 2006, then part (b) above shall be amended as follows: If no stated beneficiary is living upon the Insured’s death, EFLOA will pay the benefits to the executors or administrators of the Insured.
- Unless otherwise indicated on the request, if the Beneficiary designation is on a Joint Life Policy, family-type policy, or a policy that includes a Family Plan Insurance Provision, Renewable Term Insurance rider on an Additional Insured, or Children’s Term Insurance rider, such designation will apply only to insurance on the life of the Insured. If also changing the Beneficiary on the above, please clearly indicate on the form each insured to whom the changes apply.
- Unless otherwise provided, installments due after the death of the Insured under an installment-type plan or provision will be paid when due to the Beneficiaries, if then living, in the order named. A Beneficiary who is not a natural person (such as a corporation) or who is a fiduciary will receive payment in one sum.
- If a Trustee(s) under a Will is named as Beneficiary, and if before payment, 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) received proof satisfactory to it of the admission to probate of a Will creating no such trust, or of the termination of such trust, or of a Will other than the one designated, or of the appointment of a personal representative in intestacy, we will pay the benefits to any contingent Beneficiaries if living when payment is due, or should none then be living, to the estate of the last to die of the Insured or the designated contingent Beneficiaries.

- If any part of the Beneficiary change request includes a per stirpes designation, we will pay any benefits under this part equally to the Beneficiaries in this designation. However, if any of these Beneficiaries die before the Insured, the deceased Beneficiary's share will be paid equally to his or her surviving children. If there are no surviving children, this share will be paid equally to the other surviving Beneficiaries to the per stirpes designation.
- If the Beneficiary designation includes a Deferment (Common Disaster) Period, we will pay the benefits to the Beneficiaries in the order named only if living at the expiration of the stated number of days after the death of the Insured. If no designated Beneficiary is living after the number of days stated, we will pay the benefits to the children of the Insured who then survive, in equal shares, or if none survive, to the estate of the Insured.
- A change of Beneficiary shall revoke any previous Beneficiary designation, whether primary or contingent or election of a payment option.

Sample Beneficiary Designations

- Insured's executors or administrators (Insured's estate)
- Insured's wife, MARGARET H. ROE.
- Insured's husband, JAMES ROE, if living at the death of the Insured, if not then living in equal shares to the Insured's children who are then living.
- Insured's wife, MARGARET H. ROE, if living at the death of the Insured, if not then living in equal shares to the Insured's children who are then living and to the then living children of any deceased child of the Insured, per stirpes.
- Insured's wife, MARGARET H. ROE, if living at the death of the Insured, if not then living to the Insured's son, JOHN ROE.
- In equal shares to the Insured's children who are living at the death of the Insured, should none then be living in equal shares to the Insured's parents, NANCY ROE and JAMES ROE, who are then living.
- JAMES ROE Trust Agreement dated February 1, 1981; NANCY ROE and MARGARET ROE, Trustees.
- JAMES ROE Trust created in the instrument admitted to probate as the Last Will and Testament of the Insured; MARGARET ROE, Trustee.
- JAMES ROE Trust created in the instrument admitted to probate as the Will and Testament of the Insured dated February 1, 1981; MARGARET ROE, Trustee.



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