



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 Disbursement

Traditional 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) 268-6377

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

1. Type of Request

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

- Policy Loan — sections 2, 3, 6, 7, 8
Application or Disbursement of Dividends — sections 2, 4, 6, 7, 8
Surrender — sections 2, 5, 6, 7, 8

2. Owner's Information (Please Print)

Please check if this is an address change.

Policy Number(s) (Required):

Insured's Name: First Middle/MI Last

Owner's Name (if other than insured):
or Name of Entity If Corporation, Partnership or Trust Owned
First Middle/MI Last

Owner's Daytime Phone Number: xxx-xxx-xxxx

Owner's Email Address:

Joint Owner's Name: First Middle/MI Last

Owner's Address: Number and Street Apt. / Suite / Floor

City State Zip Code

For Addresses Outside the United States:

Country: Country Postal Code:

CHECK THE BOX THAT APPLIES TO YOUR REQUEST

3. Policy Loan

- All loans accrue interest and could have a permanent effect on the policy.
- The use of policy loan values may be a transaction covered under your state's replacement regulation. We suggest you contact your financial professional to determine if additional requirements may be necessary.
- This loan will be made in accordance with the Loan Provision in your policy.
- As stated in your policy, the minimum loan amount is \$500.00 for variable Life insurance policies except for the following states: Florida, New Jersey, New York, North Carolina, Texas, and Oregon
- Please consult your tax advisor before implementing any changes to an employer owned policy.

Issue Check in the Amount of \$ _____

Maximum Loan

Maximum Loan with Dividends

Pay Premium due on Policy Number _____ in the Amount of \$ _____ *

* Required for Variable Life insurance policies only.

4. Disbursement or Application of Dividends*

- Equitable Life Account, Universal Life and Variable Life policies do not earn dividends. For partial withdrawal of cash value for these products, please contact our office for the appropriate form.
- To withdraw dividends on Economatic-type policies, please contact the Life Operations Center for proper request form.
- Please consult your tax advisor before implementing any changes to an employer owned policy.

Dividend Source

Current Dividend

Dividend Additions

Dividend Accumulations

Paid-Up Additions Cash Value

Dividend Application

Disburse in Cash \$ _____

Apply to Policy Number _____

Premium Due \$ _____

Loan Principal \$ _____

Loan Interest Due \$ _____

- * **Policies with the Supplemental Insurance Rider (SIR):** Applying dividends, dividend additions or paid-up additions under this rider to pay premiums due will increase your SIR one-year term insurance costs and may impact the amount of your premiums in the future.

5. Surrender (Cancellation) of Policy/Contract

- Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisors in order to find the option best suited to your needs.
 - Please consult your tax advisor before implementing any changes to an employer owned policy.
- Please check this box if you wish to terminate your policy.

In surrendering this policy/contract, it is understood that all rights, privileges and benefits under said policy/contract, except the right to receive the amount of the cash surrender value, are cancelled.

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) considers the original policy lost, stolen or destroyed if not returned. By my signature below I(We) agree to indemnify Equitable and any of their affiliates or subsidiaries from any and all claims, suits, damages, costs and expenses they may suffer as a result of their election to waive submission of the original policy as normally required.

The policy/contract is enclosed.

6. Delivery Options

PLEASE SELECT ONLY ONE OPTION FOR WHERE YOU WOULD LIKE YOUR PAYMENT SENT. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

- First Class Mail** No Fee
- Express Delivery** \$35 fee (Express Delivery cannot be delivered to P. O. Box)
- Wire Transfer** \$90 fee — **YOU MUST ATTACH A VOIDED CHECK FOR WIRE TRANSFER** Only available for net wire amounts of \$5,000 or more. Please enter your bank account information on lines 1-4 below.

PLEASE NOTE: If we are unable to verify the bank account information based on the information you provided, a check will be mailed to your address of record.

IF YOU ELECT EXPEDITED DELIVERY OR WIRE TRANSFER, THE APPLICABLE FEE WILL BE AUTOMATICALLY DEDUCTED FROM THE NET DISBURSEMENT AMOUNT.

Wire Section

IF YOU ELECTED WIRE TRANSFER YOU MUST COMPLETE THIS SECTION OR YOUR REQUEST WILL BE DELAYED. YOU MUST ATTACH A VOIDED CHECK FOR WIRE TRANSFER.

Enter your bank account information on lines 1-4.

The image shows a voided check form with the following fields and circled indicators:

- 1**: Your Name (1234 Address Rd., City, ST 56789)
- 2**: Financial Institution (1234 Anytown Lane, City, ST 56789)
- 3**: Routing Number (123456789)
- 4**: Account Number (123 456 7891234567)

- 1 _____
Name as it appears on bank account
- 2 _____
Name of Bank / Financial Institution
- _____
Bank Address
- _____
Bank - City, State, & Zip Code
- 3 _____
Bank ABA / Routing # (9 Digits)
- 4 _____
Account #

Additional Information

- The Owner's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.

Wire Agreement

By my signature, I consent to the following:

- I certify that the bank routing number and bank account number provided are accurate. I understand that I should certify these with my bank or financial institution prior to submitting the form to ensure that I have the correct information for wire. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signor for each account and that the funds are being deposited to a financial institution within the US and will remain in a US Bank. The funds will not be credited further to an international bank.
- I hereby authorize Equitable Financial Life Insurance Company to wire the amount of my withdrawal in the account listed above at the above-named bank/financial institution. This authorization will become effective only upon acceptance by Equitable.
- In the event that Equitable notifies the financial institution that funds to which I am not entitled have been deposited to my account, in error, I hereby authorize and direct the financial institution to return said funds to Equitable as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to Equitable is not possible, I authorize Equitable to recover those funds by off-setting the amount erroneously paid to me from any future payments from Equitable until the amount of the erroneous deposit has been recovered, in full. It is understood that I will be notified by Equitable when this condition occurs.

7. Tax Withholding

Social Security Number:

Employer Identification Number:

xxx-xx-xxxx

SSN

TIN

EIN

Part 1: Taxpayer Identification Number

- By my signature below I certify that the number listed above is my correct Taxpayer Identification Number (Social Security Number for an individual or Employer Identification Number for a non-natural owner) and that I am a “U.S. person” (including a “resident alien”) with respect to the U.S.
- **If I am not a U.S. person, I have provided a completed IRS Form W-8BEN.**
- Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, estate or trust) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with Equitable & EFLOA we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.

Part 2: Notice of Withholding of Income Tax Withdrawals or Distribution

- Federal law requires that we withhold income tax from the taxable portion of any distributions, unless you are eligible to, and elect, not to have taxes withheld. To elect out of income tax withholding, you must provide your correct Taxpayer Identification Number and U.S. residence address.
- If you request a distribution and neglect to advise us not to withhold federal income tax before the payment date, Equitable Financial Life Insurance Company/ Equitable Financial Life Insurance Company of America (EFLOA) will withhold taxes.
- If you elect not to have withholding apply to your distribution, you may be responsible for payments of estimated taxes.
- You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

I elect not to have taxes withheld.

8. Signatures

Individual or Joint Owned Policies

Signature: _____
Signature of Owner Current Date (mm/dd/yyyy)

Signature: _____
Signature(s) of Joint Owner(s) Current Date (mm/dd/yyyy)

Corporate, Partnership or Trust Owned Policies

Signature: _____
Signature of Corporation Officer, Title (Required) Current Date (mm/dd/yyyy)
Partner or Trustee

_____ I am the only officer of the Corporation
Print Name of Officer, Partner or Trustee

Signature: _____
Signature of Absolute or Collateral Assignee and Title (if applicable) Current Date (mm/dd/yyyy)

Name of Assignee

<p>Medallion Signature Guarantee: (Please Place Stamp Below)</p>	<p>As a protection against fraud, we may require a Medallion Signature Guarantee under certain circumstances. We may update specific requirements or add signature guarantees in other circumstances, at our discretion if we deem it necessary or appropriate to help protect against fraud. The best source of a Medallion Signature Guarantee is a bank, savings and loan association, brokerage firm, or credit union with which you do business. A Notary Public cannot provide a Medallion Signature Guarantee. Notarization will not substitute for a Medallion Signature Guarantee.</p>
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9. Special Instructions

General Information about Signature Requirements

Multiple/Joint Owners: Must be signed by all Owners.

Assignments: 1) Collateral — Assignee and present Owner;
2) Absolute — Assignee.

Corporation: Submit a Corporate Resolution executed by an officer other than the Insured. The Corporate Resolution should authorize the transaction, include evidence of the officer's signature, and must be dated on or before the change request.

- 1) Disbursements applied to premiums and/or existing loans — One officer, who may also be the insured may sign
- 2) Cash disbursements — One officer OTHER than the insured is required. The insured officer can sign provided a copy of the corporate resolution granting such authority accompanies the request.

Attorney-in-Fact/Guardian: Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.

Partnerships: Submit a partnership statement executed by a Partner other than the Insured, or two partners if Insured signs. 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;
- (d) that the partner signing the form is authorized to act on behalf of the partnership, if these are the facts; and
- (e) evidence of all partners signatures. 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.

Trusts: Submit a copy of the Trust Pages indicating

- (a) the name and date of the trust;
- (b) the name(s) of the trustee(s) or successor trustee(s);
- (c) the signature page; and
- (d) any amendments or restatements.

Electronic Signatures: We do not accept electronic signatures.

Important Disclosures For Your Information

Important information about your life insurance policy from the New York Department of Financial Services

Please be advised that if you surrender your policy at this time prior to the expiration of an equity index crediting period, no additional interest based on the equity index will be credited, since the equity index crediting period has not yet expired. Only the guaranteed interest, if any, will be credited to the account.

To avoid losing additional interest based on an equity index, you are advised to consider alternatives to a full surrender of the policy prior to the crediting of additional interest based on the equity index, such as a policy loan or, if available, a partial withdrawal of the policy. Please speak with your advisor to determine which option is best for you.

- New York state policy holders please check here to indicate you have read and understand the above information. New York state policy holders must return this page with a checked box in order for surrender to be processed.**



EQUITABLE

You do not need to return these pages with your request.

**Important Information about your life insurance policy
from the Oregon Bureau of Insurance**

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

Please contact the Oregon Insurance Division for further information. Visit the website at insurance.oregon.gov/consumer/life-insurance/understand_life.html or call an advocate at 1-888-877-4894 or (503) 947-7984.

Important information about your life insurance policy from the Maine Bureau of Insurance

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value your life insurer would pay if you cancel it.
- **Gift:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial advisor, agent or broker to determine your particular options.

If you're a Maine resident and have questions about life insurance and your rights, contact the Maine Bureau of Insurance at 1-800-300-5000, or go to www.maine.gov/pfr/insurance. Ask questions if you don't understand your policy.

**Important information about your life insurance policy
from the State of Washington Office of the Insurance Commissioner**

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the options best suited to your needs.

You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value your life insurer would pay if you cancel it.
- **Gift:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount that, under Washington law must be greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverages, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial advisor, agent or broker to determine your particular options.

If you're a Washington state resident and have questions about life insurance and your rights, contact the Office of the Insurance Commissioner at 1-800-562-6900, or go to www.insurance.wa.gov. Ask questions if you don't understand your policy.

Here's a list of commonly used terms:

Accelerated death benefit: A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

Cash surrender value: This term is also called "cash value," "surrender value," and "policyholder's equity." The amount of cash due to a policyholder who requests the insurance company cancel their life insurance policy before it matures or death occurs.

Expected death benefit: The face amount of the policy, less any policy loan amounts, that the insurance company is expected to pay the beneficiaries named in the life insurance policy upon the death of the insured.

Lapse: Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

Life settlement: Refers to a contract in which the policyholder sells his or her life insurance policy to a third party for a one-time cash payment which is greater than the cash surrender value, but less than the death benefit of the policy. A life settlement includes a viatical settlement, defined below.

Policy loan: A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral.

Viatical settlement: An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

This brochure is for informational purposes only and does not constitute an endorsement of any of the options described above.