



EQUITABLE

EQUI-VEST®

Asset Rebalancing Acceptance
Variable Annuity Series

Return:
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Monday – Thursday 8:00 a.m. – 7:00 p.m. EST
Friday 8:00 a.m. – 5:00 p.m. EST
To Sign Up For eDelivery:
Visit us at www.equitable.com
Current Online Transactions:
Address Changes, Allocation Changes,
Dollar Cost Averaging Set Ups, Inquiries,
Systematic Asset Rebalancing, Transfers

Please note, if you are enrolled in the ProNvest Managed Account Program these automatic transactions are not allowed and will be terminated. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT CUSTOMER SERVICE.

“Important Information if You Are Currently Enrolled in the Semester Strategies Program:”

If you choose to elect Asset Rebalancing, such election will terminate your participation in the Semester Strategies program (“the Program”). You understand that your current investments and allocation instructions for contributions will not be changed unless you provide new instructions. By terminating the Semester Strategies program, the current segment maturity instructions provided under the Program will remain on file with Equitable and your Segment Maturity Value will continue to be invested in future Segments according to those instructions. If you do not wish to continue investing in the Structured Investment Option, you should consider changing your segment maturity instructions. You can reallocate your investments or provide new allocation instructions by logging into www.equitable.com, contacting my financial professional or by completing this form. Any features that were previously unavailable during my participation in the Program will now be available.

1. Owner’s Information (Please Print)

Certificate/Contract Number: _____

Owner’s Name: _____
 First Middle/MI Last

Owner’s Daytime Phone Number: _____ Owner’s Mobile Phone Number: _____

Owner’s Email Address: _____

Joint Owner’s Name: _____
 First Middle/MI Last

Joint Owner’s Daytime Phone Number: _____ Joint Owner’s Mobile Phone Number: _____

Joint Owner’s Email Address: _____

Annuitant’s Name (if other than owner): _____
 First Middle/MI Last

Address: _____
 Number and Street Apt/Suite/Floor

_____ City State Zip Code

Please check if this is an address change.

2. Asset Rebalancing Status

“Important Information if You Are Currently Enrolled in the Semester Strategies Program:”

If you choose to elect Asset Rebalancing, such election will terminate your participation in the Semester Strategies program (“the Program”).

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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 Complete all sections

Would you like to discontinue Asset Rebalancing? Yes No To discontinue 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.

By checking this box, I authorize the termination of my Dollar Cost Averaging program, in order to elect the Asset Rebalancing program with option 2.

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 future month* and the year to begin the first Asset Rebalancing transaction:

Month (mm)

Year (yyyy)

5. Choose your Investment Options and Asset Rebalancing Percentages.

- Please review the series listing prior to completing to verify the availability of each fund
- No more than 20 funds may be selected in the column
- Allocations must be in whole percentages and equal 100%.

Asset Allocation		Sector/Specialty
EQ Allocation		
_____ % EQ/Aggressive Allocation (18*)	_____ % EQ/International Managed Volatility (7N*)	_____ % 1290 VT Convertible Securities (9X*)
_____ % EQ/Balanced Strategy (8Q*)	_____ % EQ/International Value Managed Volatility (73*)	_____ % 1290 VT GAMCO Mergers & Acquisitions (25*) ³
_____ % EQ/Conservative Allocation (15*)	_____ % EQ/Invesco Global (6A*)	_____ % EQ/Invesco Global Real Assets (9M*)
_____ % EQ/Conservative Growth Strategy (8R*)	_____ % EQ/Invesco International Growth (9N*)	_____ % EQ/MFS Technology (9S*)
_____ % EQ/Conservative Plus Allocation (16*)	_____ % EQ/Lazard Emerging Markets Equity (9Q*)	_____ % EQ/MFS Utilities Series (9T*)
_____ % EQ/Conservative Strategy (8S*)	_____ % EQ/MFS International Growth (26*)	_____ % EQ/Wellington Energy (9O*)
_____ % EQ/Moderate Allocation (T4*)	_____ % EQ/MFS International Intrinsic Value (9R*)	_____ % Multimanager Technology (67*)
_____ % EQ/Moderate Growth Strategy (8O*)		_____ % PIMCO VIT CommodityRealReturn® Strategy (8E*) ^{2,5}
_____ % EQ/Moderate Plus Allocation (17*)		_____ % Templeton Global Bond VIP (8F*) ^{2,5}
Target Allocation	Large Cap Stocks	_____ % VanEck VIP Global Resources (8N*) ⁵
_____ % Target 2015 Allocation (6G*)	_____ % 1290 VT Equity Income (33*)	Small/Mid Cap Stocks
_____ % Target 2025 Allocation (6H*)	_____ % 1290 VT Socially Responsible (92*)	_____ % 1290 VT GAMCO Small Company Value (37*)
_____ % Target 2035 Allocation (6I*)	_____ % EQ/500 Managed Volatility (7M*)	_____ % 1290 VT Microcap (9V*) ⁷
_____ % Target 2045 Allocation (6J*)	_____ % EQ/Capital Group Research (86*) ³	_____ % 1290 VT Small Cap Value (9D*) ¹
_____ % Target 2055 Allocation (8Z*)	_____ % EQ/ClearBridge Large Cap Growth ESG (83*) ³	_____ % EQ/400 Managed Volatility (7L*)
Other Asset Allocation	_____ % EQ/ClearBridge Select Equity Managed Volatility (6F*)	_____ % EQ/2000 Managed Volatility (7K*)
_____ % 1290 VT DoubleLine Dynamic Allocation (8U*)	_____ % EQ/Common Stock Index (T1*)	_____ % EQ/AB Small Cap Growth (TP*)
_____ % EQ/AB Dynamic Moderate Growth (8P*)	_____ % EQ/Equity 500 Index (TE*)	_____ % EQ/American Century Mid Cap Value (9J*) ¹
_____ % EQ/Aggressive Growth Strategy (9Z*)	_____ % EQ/Fidelity Institutional AM® Large Cap (9K*) ⁸	_____ % EQ/Franklin Small Cap Value Managed Volatility (6E*)
_____ % EQ/All Asset Growth Allocation (7H*)	_____ % EQ/Franklin Rising Dividends (9U*) ⁷	_____ % EQ/Goldman Sachs Mid Cap Value (9L*)
Bonds	_____ % EQ/Invesco Comstock (07*)	_____ % EQ/Janus Enterprise (08*)
_____ % 1290 VT DoubleLine Opportunistic Bond (9F*) ⁹	_____ % EQ/JPMorgan Value Opportunities (72*)	_____ % EQ/MFS Mid Cap Focused Growth (9P*)
_____ % 1290 VT High Yield Bond (8X*)	_____ % EQ/Large Cap Core Managed Volatility (85*)	_____ % EQ/Mid Cap Index (55*)
_____ % EQ/Core Bond Index (96*)	_____ % EQ/Large Cap Growth Index (82*)	_____ % EQ/Mid Cap Value Managed Volatility (79*)
_____ % EQ/Core Plus Bond (TH*)	_____ % EQ/Large Cap Growth Managed Volatility (77*)	_____ % EQ/Morgan Stanley Small Cap Growth (9Y*) ¹
_____ % EQ/Intermediate Government Bond (TI*) ¹	_____ % EQ/Large Cap Value Index (49*)	_____ % EQ/Small Company Index (97*)
_____ % EQ/PIMCO Global Real Return (8Y*)	_____ % EQ/Large Cap Value Managed Volatility (89*)	_____ % Fidelity VIP Mid Cap (7U*) ^{2,5}
_____ % EQ/PIMCO Ultra Short Bond (28*)	_____ % EQ/Loomis Sayles Growth (34*)	_____ % Invesco V.I. Main Street Mid Cap Fund® (7T*) ⁵
_____ % EQ/Quality Bond PLUS (TQ*)	_____ % EQ/T. Rowe Price Growth Stock (32*)	_____ % Invesco V.I. Small Cap Equity (7X*) ⁵
_____ % American Funds Insurance Series The Bond Fund of America (8V*) ⁵	_____ % EQ/Value Equity (81*)	_____ % Delaware Ivy VIP Small Cap Growth (7Y*)
_____ % Delaware Ivy VIP High Income (8G*)	_____ % Fidelity® VIP Equity Income (7S*) ^{2,5}	
_____ % Invesco V.I. High Yield (8L*) ⁵	_____ % Invesco V.I. Diversified Dividend (8B*) ^{2,5}	
_____ % Multimanager Core Bond (69*)	_____ % Invesco V.I. Main Street Fund (7Q*) ^{2,5}	
Cash Equivalents	_____ % MFS® Investors Trust (7P*) ⁵	
_____ % EQ/Money Market (T3*)	_____ % MFS® Massachusetts Investors Growth Stock (8I*) ⁵	
Guaranteed-Fixed	_____ % Multimanager Aggressive Equity (T2*)	
_____ % Guaranteed Interest Option (A1*)		
International/Global Stocks	Personal Income Benefit (PIB) Variable Investment Options	
_____ % 1290 VT Low Volatility Global Equity 9W*) ⁷	_____ % PIB EQ/AB Dynamic Moderate Growth (Q2*) ⁴	
_____ % 1290 VT SmartBeta Equity ESG (9C*)	_____ % PIB EQ/Balanced Strategy (Q3*) ⁴	
_____ % EQ/Emerging Markets Equity PLUS (8W*)	_____ % PIB EQ/Conservative Growth Strategy (Q4*) ⁴	
_____ % EQ/Global Equity Managed Volatility (78*)	_____ % PIB EQ/Conservative Strategy (Q5*) ⁴	
_____ % EQ/International Core Managed Volatility (88*)	_____ % PIB EQ/Moderate Growth Strategy (Q1*) ⁴	
_____ % EQ/International Equity Index (TN*) ¹		

* The number in parenthesis is shown for data input only.

¹ Not available for EQUI-VEST (Series 201).

² Available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901) only.

³ Not available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901).

⁴ Available for EQUI-VEST (Series 100/200/201), EQUI-VEST Strategies (Series 900) and EQUI-VEST Strategies (Series 901) only.

⁵ **VIT funds are not available in Texas for public schools and open enrollment charter schools (K-12).**

⁶ Not available in New Hampshire.

⁷ Available for EQUI-VEST (Series 800 and 801) only.

⁸ Fidelity Institutional AM is a Registered Mark of FMR LLC. Used with permission.

⁹ Available for EQUI-VEST (Series 201 and 801) and EQUI-VEST Strategies (Series 900 and 901) only.

6. Client Authorization

This section **must** be completed unless the client has completed a Limited Transfers Authorization form for an authorized Financial Professional, and that authorized Financial Professional is making this request based on client instructions.

ALL TRANSACTIONS WILL BE PROCESSED EFFECTIVE ON THE BUSINESS DAY THIS FORM IS RECEIVED (IF ALL REQUIRED INFORMATION IS PROVIDED) IN OUR PROCESSING OFFICE. PLEASE CONSULT YOUR PROSPECTUS FOR RESTRICTIONS, MINIMUM OR MAXIMUM LIMITATIONS, FEES AND OTHER APPLICABLE INFORMATION RELATING TO YOUR REQUEST.

If you have requested a one-time transfer of funds and are currently enrolled in an Asset Rebalancing program, we will process the transfer as requested; however, the Rebalancing program will remain in effect unless you request that it be cancelled. Please check the box below if you wish to have your Asset Rebalancing program cancelled.

By checking this box and my signature below, I authorize the termination of my Asset Rebalancing program.

The portion of the Annuity Account Value in the Structured Investment Option (Part II A) may increase or decrease in value based on the performance of external Indices subject to the applicable Performance Cap Rate and Segment Buffer. While the values of this Contract may be affected by an external index, the Contract does not directly participate in any stock or equity investments.

Signature: _____

Annuitant/Owner's Signature

Current Date (mm/dd/yyyy)

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: One officer other than the Insured on behalf of the corporation.

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: Requests must be submitted in the name of the Partnership and signed by a partner other than the Insured, or two partners if Insured signs.

7. Financial Professional Certification

* Should **only** be completed if the client-authorized Financial Professional is making this request based on client instructions and the client has previously signed a Limited Transfer Authorization form (cat.# 146335).

I hereby certify that this request is being made based on the client's instructions to me.

Signature: _____

Financial Professional's Signature

Branch

Agent Number

Current Date (mm/dd/yyyy)

* A copy of this completed, signed form must be placed in the client file.

8. Special Instructions

