



Client: Use this form for the automatic monthly transfer of monies from your bank checking, money market checking, or credit union checking into a new or existing EQUI-VESTSM or EQUI-VESTSM ExpressSM Traditional or Roth IRA or NQ program, or into an EQUI-VEST SEP or KEOGH (HR-10 Annuitant Owned) single life unit provided that the single life in the unit is the employer who sponsors the Plan. For more information, contact your financial professional, or call our Customer Service Representatives toll-free at 1-800-628-6673. (All references to Annuitant & Contract include Participant & Certificate, respectively.)

1. PARTICIPANT INFORMATION (Contract or Application number must be provided to process this request)

_____	_____	OR	_____
ANNUITANT	CONTRACT NUMBER		APPLICATION NUMBER (IF AVAILABLE)
_____	_____		
ADDRESS	SOCIAL SECURITY NUMBER		
_____	_____		
CITY/STATE/ZIP	DAYTIME PHONE NUMBER		
_____	_____		
EMAIL ADDRESS	MOBILE PHONE NUMBER		

OWNER, IF DIFFERENT FROM ANNUITANT			

2. IS THIS A CHANGE TO AN EXISTING AIP?

Yes* No

**Note: 7 days' notice is required for changes/stops.*

3. TELL US HOW TO START

_____	Select One:
FINANCIAL INSTITUTION	

_____	<input type="checkbox"/> _____
ADDRESS	CHECKING ACCOUNT NUMBER
_____	<input type="checkbox"/> _____
CITY/STATE/ZIP	MONEY MARKET CHECKING ACCOUNT NUMBER
_____	<input type="checkbox"/> _____
NAME OF ACCOUNT IF DIFFERENT FROM ABOVE	CREDIT UNION CHECKING

On the _____ day (1st – 28th) of each month, transfer \$_____ from my checking or money market checking or credit union checking into my EQUI-VEST or EQUI-VEST Express program.

For EQUI-VEST, the minimum amount for all markets – Traditional IRA, Roth IRA, NQ, SEP or KEOGH (HR-10 Annuitant Owned) – is \$20.

For EQUI-VEST Express, the minimum amount for all markets – Traditional IRA, Roth IRA and NQ – is \$20.

4. SIGN HERE, ATTACH A VOIDED CHECK AND MAIL OR FAX

(A voided check is needed for identification purposes.)

- Please enroll me in the Automatic Investment Program. I have read and understand the *Terms and Conditions* on the reverse side of this form.
- Please terminate my AIP election.

BANK DEPOSITOR/CREDIT UNION DATE
MEMBER SIGNATURE

SECONDARY SIGNATURE DATE
(IF JOINT ACCOUNT)

SIGNATURE OF CERTIFICATE OWNER DATE
(IF NOT DEPOSITOR)

Please return this signed form to Equitable, EQUI-VEST Processing Office, P.O. Box 4956, Syracuse, NY 13221. Or, you can fax the form to (816) 701-4969.

TERMS AND CONDITIONS

1. Your institution will debit the amount you choose from your bank checking, money market checking, or credit union checking, and transfer it to Equitable.
2. Contributions will be credited to your EQUI-VEST Express IRA or NQ, or your EQUIVEST IRA, NQ, SEP or KEOGH program as described in the Prospectus and will be made in accordance with the allocation instructions currently on Equitable's records.
3. You can change the way your retirement savings are invested at any time by sending us the *Request For Service* form or by using TOPS or EQAccess (on line), our automated telephone and internet services.
4. You can discontinue this program at any time by sending us a written request or by checking off the termination box in Section 4.
5. Financial transactions will be verified by a confirmation notice. If you do not receive a notice within 14 days of the transaction, please notify us immediately.
6. *For IRA participants only:* the amount you contribute annually should not exceed what you are permitted by law to contribute to an IRA. Contact your financial professional for these limits. for tax purposes, all contributions will be tracked and reported in the calendar year in which they are received.

For more information, see your EQUI-VEST or EQUI-VEST Express Prospectus and any supplements, or contact our Service Representatives, toll-free, at 1-800-628-6673.