



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
 Fax: 816-701-4969

EQUI-VEST®
EQUI-VEST® ExpressSM
EQUI-VEST® StrategiesSM
REQUEST FOR CHANGE OF
BENEFICIARY

Express Mail:
 Equitable
 EQUI-VEST Processing Office
 100 Madison St., Suite 1000
 Syracuse, N.Y. 13202
Regular Mail:
 Equitable
 EQUI-VEST Processing Office
 P.O. Box 4956
 Syracuse, N.Y. 13221

1. Owner's Information	(CONTRACT NUMBER MUST BE PROVIDED TO PROCESS THIS REQUEST.)		
(All references to Contract include Certificate and all references to Annuitant include Participant.)			
Certificate/Contract Number			
Owner's Name (Last, First, Middle)	Owner's Daytime Phone	T.I.N.: <input type="checkbox"/> S.S.N.	<input type="checkbox"/> E.I.N.
Owner's Mobile Number	Owner's Email Address		
Joint Owner's Name (Last, First, Middle)(if applicable)	Joint Owner's Daytime Phone	S.S.N.	
Joint Owner's Mobile Number	Joint Owner's Email Address		
Annuitant's Name (if other than owner)(Last, First, Middle)	S.S.N.		
Owner's Address, Number and Street (No PO Box Numbers)	Apt/Suite/Floor		
City	State	Zip Code	
<input type="checkbox"/> Please check if this is an Address Change.			

2. 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. <i>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):</i>		
(a) Primary Beneficiary(ies) (If more than one, indicate %)**			
Primary Beneficiary #1	%	<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
Primary 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
(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

* Your spouse must be named the sole primary beneficiary in order for him/her to become the successor owner/annuitant at your death.
 ** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

3. Spousal Consent Requirement (If Applicable)

For TSA plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) & all Non-Trusteed Keogh (HR-10) plans and contracts which were formerly trustee owned: If you are a current or former Annuitant in one of these plans, your spouse's consent is required, as your spouse is entitled to benefits under your retirement plan according to the Retirement Equity Act of 1984 (REA).

One of the following two statements must be completed and witnessed by a Notary Public or Plan Administrator.

1. *I am the current spouse of the above named Annuitant, and I hereby consent to the requested changes, by my signature appearing below. I also acknowledge that I understand I have the right to receive a benefit under the terms of the plan in which my spouse is a current or former Annuitant and that I hereby waive such right.*

I acknowledge that I understand the consequences of this consent: x _____

2. I am the above-named Annuitant and certify that I am not married: x _____

Notary Public/Plan Administrator (Needs to be completed)

State of _____, County of _____.

On the _____ day of _____ year before me personally

appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that (s)he executed the same.



Title & Signature of Notary Public or Plan Administrator

Notary Public – Stamp Here

For TRUSTEED (Corporate & Keogh [HR-10]) plans, the Trustee, by signing as Contract Owner, certifies that either spousal consent will be received by the Trustee, or that the Annuitant is unmarried & that the Notice required by the Internal Revenue Code will be or has been given to the Annuitant, or a former Annuitant of a Qualified Retirement Plan.

4. Signature Authorization Required

The information on this form is correct and complete to the best of my knowledge. I authorize Equitable to make the changes I have indicated to my contract.

SIGNATURE OF OWNER

DATE

SIGNATURE OF JOINT OWNER (IF APPLICABLE)

DATE

TITLE OF OWNER (IF APPLICABLE)

PLAN ADMINISTRATOR/TRUSTEE SIGNATURE (IF APPLICABLE)

TITLE

Instructions

This form is to be used when requesting a beneficiary change under an EQUI-VEST, EQUI-VEST Express, EQUI-VEST Vantage for TSA or EQUI-VEST Strategies contract. For an owner change on an EQUI-VEST, EQUI-VEST Express, EQUI-VEST Vantage for TSA or EQUI-VEST Strategies contract, please use the Request for Change of Owner form (Cat# 125170).

For Non-Trusteed Keogh (HR-10) and contracts which were formerly Trusteed-Owned (NTAs) or TSA plans that are subject to the Employee Retirement Income Security Act of 1974 (ERISA), a married annuitant/participant requires written consent from their spouse to change the beneficiary to someone other than the spouse if a non-spouse beneficiary is changed.

(For Corporate and Keogh Trusteed contracts, the beneficiary is the employer who maintains each annuitant's individual beneficiary designation.)

For Traditional IRA, Roth IRA, SEP, SARSEP, SIMPLE IRA or NQ contracts, if the beneficiary is changed to be someone other than the spouse, the SOA feature will not be available. Please see the EQUI-VEST Successor Owner/Annuitant Option election form (Cat # 130341) for more details.

The form should be signed by the contract owner. If spousal consent or certification that the annuitant is not married applies, the appropriate statement should be completed and must be witnessed by the plan administrator, trustee, or a notary public.

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.