



EQUITABLE

EQUI-VEST® Successor Owner/Annuitant (SOA) Option

Use this form to assume ownership of an existing annuity

About This Form

The Successor Owner/Annuitant (SOA) option allows a spouse, as sole beneficiary, to assume ownership of an existing EQUI-VEST® annuity contract after the original owner/annuitant dies. The existing annuity contract will remain in force and will be transferred into the surviving spouse's name, with all rights that were available to the original contract owner. There are no additional fees and taxes are deferred until distribution. The funds in your contract will remain allocated in the investment options chosen by the original deceased owner prior to his/her death. For further information on how to transfer some or all of the account value among the various investment options once your request has been processed, contact our Customer Service Department at (800) 628-6673.

Who Qualifies?

This option is available only if you are the spouse and sole beneficiary of a contract owner's EQUI-VEST® or EQUI-VEST® ExpressSM IRA (whether Qualified Plan (QP), Traditional, Roth, SEP/SARSEP or SIMPLE IRA) or for a non-qualified (NQ) annuity, **and only when the deceased annuitant and owner are the same.** For NQ contracts, SOA is also available for a surviving spouse who was a joint owner if the deceased was the other owner and the annuitant of the contract.

Exclusions

This option is only available if it is approved within your state where the contract was originally issued. Call us at 1-800-628-6673 to determine your eligibility.

1. Provide Information About the Deceased

EQUI-VEST® Contract Number

Deceased's Name (first, middle initial, last)

Date of Death (month/day/year)

Social Security or Taxpayer ID Number

2. Provide Information About Yourself as the Sole Spousal Beneficiary

Your Name (first, middle initial, last)

Street Address

City

State

Zip

Date of Birth (month/day/year)

Social Security or Taxpayer ID Number

Daytime Telephone Number

Mobile Telephone Number

Email Address

Government Issued Picture ID Number

Government Issued Picture ID Type

*(Government Issued Photo ID can be a Driver's License/Green Card/Visa; Passport Number, if foreign)

Citizenship

Are you a U.S. citizen?

☐ Yes

☐ No

(If not, call 1-800-628-6673)

Occupation

☐ Please check if this is an Address Change.

3. Designate Your Beneficiary

You must designate a new beneficiary. To name more than one beneficiary, please indicate whether each beneficiary is a primary or contingent beneficiary. Attach additional pages if needed. If no beneficiary is designated, the death benefit will be paid to your estate.

1.		☐ Primary
	Name	☐ Contingent
		Percent:
	Beneficiary's Residential Address City State Zip	
	Relationship to You Social Security or Taxpayer ID Number Date of birth	
2.		☐ Primary
	Name	☐ Contingent
		Percent:
	Beneficiary's Residential Address City State Zip	
	Relationship to You Social Security or Taxpayer ID Number Date of birth	

4. Agree to Terms and Sign Here

By signing below, I acknowledge and understand the following terms and conditions:

- **I am the sole beneficiary of the annuity contract owned by my deceased spouse or I am the joint owner of an annuity contract owned by me and my deceased spouse and, as such, I will become the successor owner and the annuitant of the contract. I will select a new beneficiary.**
- If the account value is less than its minimum death benefit, I understand that Equitable will increase the account value to that minimum level.
- The contingent withdrawal charge schedule under my spouse's contract will no longer apply, but new charges will apply to any **allowable** additional contributions I make. For certain contracts, including series 100 and 200 IRA and SEP IRA contracts, no additional funds can be added to the contract. To determine if further contributions are allowed on this contract, please call 1-800-628-6673.
- All contract provisions and administrative features of my spouse's contract, including the Investment Option and future contribution allocations, where applicable, will remain unchanged until I notify Equitable of any changes. My contract number will also remain unchanged.
- I understand that my systematic withdrawal plan, automatic investment plan or minimum distribution options previously selected by my spouse will be discontinued, and must be re-elected by me.
- I have the right to reallocate or transfer amounts among investment choices available. I will contact my financial professional or call the EQUI-VEST customer service unit at 1-800-628-6673 to make any future account changes.

Your Signature

Date

For more information, please refer to your EQUI-VEST® prospectus, including any supplements, call your financial professional, or contact 1-800-628-6673.