



EQUITABLE

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America
Equitable Financial Life and Annuity Company
Equitable Financial Life Insurance and Annuity Company (CA)

Life Insurance
Automatic Transfer Service
Enrollment Form

Variable Life Series

1. Type of Request

Please note that the Automatic Transfer Service is not available for IL Legacy Policies with the Extended No Lapse Guarantee (ENLG) rider or if your policy has Asset Rebalancing in Effect.

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

- Automatic Transfer Service (Dollar Cost Averaging) — Sections 2, 3, 4

2. Owner's Information (Please Print)

Policy Number(s) (Required):

Insured's Name: First Middle/MI Last

Owner's Name (if other than insured): 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:

Please check if this is an address change.

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) 268-6372

For Assistance:

Call:

(800) 777-6510
Monday-Thursaday
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

3. Sources and Designation of Amounts for Automatic Transfer Service

Completing the Form

- A minimum of \$5,000 is required in the EQ/Money Market investment option to initiate the Automatic Transfer Service.
- Your request must indicate either all whole percentages or all dollar amounts for each investment source, in columns **A or B**.
- Transfer of existing funds to meet the EQ/Money Market investment option minimum must total at least \$500.
- For requests to be accepted, all alterations must be initialed and dated.
- If you already have \$5,000 in the EQ/Money Market investment option, or if this form is being used to change existing instructions, you do not have to complete this section.
- Indicate in column C, in whole dollars, the amount you would like to have transferred into the selected investment option(s) each month.
- Minimum \$50 transfer per fund designated applies
- **Check your prospectus for funds available with your policy.**
- **Maximum eight investment options can be designated**

Establish \$5,000 minimum required balance in EQ/Money Market investment option by:

- Premium payment enclosed: \$ _____ (net premium amount must equal \$5,000 after fees, taxes, etc.)
- Transfer existing funds as indicated on pages 2 – 5 into the EQ/Money Market investment option
- Initial premium payment (for new policies only)

FUND NAME	Accumulator Life, SIL'99, SIL'02, IL Protector, Survivorship 2000	Champion 2000, IL'02, IL'06, IL Legacy, Incentive Life, SIL Legacy	ILOPT, IL 99, IL 2000, IL Plus	IL Legacy 150 & ILOPT 151, IL Legacy III, IL OPT III	IL COLI & IL COLI 04	Paramount Life	VUL Legacy \$160, VUL Optimizer \$160, Equitable Advantage \$162 & VUL Incentive Life Protect \$164^^	VUL Survivorship \$160	A - Transfer from percentage	B - Transfer from dollar amount	C - Transfer to dollar amount
ASSET ALLOCATION											
American Funds Insurance Series® Asset Allocation Fund	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	%	\$	\$
BlackRock Global Allocation V.I.	N/A	N/A	N/A	N/A	✓	N/A	✓	✓	%	\$	\$
EQ/Aggressive Allocation	✓	✓	✓	N/A	✓	✓	✓	✓	%	\$	\$
EQ/All Asset Growth Allocation	✓	✓	✓	✓	✓	✓	✓	✓	%	\$	\$
EQ/Balanced Strategy	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	%	\$	\$
EQ/Conservative Allocation	✓	✓	✓	N/A	✓	✓	✓	✓	%	\$	\$
EQ/Conservative Growth Strategy	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	%	\$	\$
EQ/Conservative Strategy	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	%	\$	\$
EQ/Conservative-Plus Allocation	✓	✓	✓	N/A	✓	✓	✓	✓	%	\$	\$
EQ/Growth Strategy	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	%	\$	\$
EQ/Moderate Allocation	✓	✓	✓	N/A	✓	✓	✓	✓	%	\$	\$
EQ/Moderate Growth Strategy	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	%	\$	\$
EQ/Moderate-Plus Allocation	✓	✓	✓	N/A	✓	✓	✓	✓	%	\$	\$
Equitable Conservative Growth MF/ETF Portfolio	✓	✓	✓	✓	✓	✓	✓	✓	%	\$	\$
Equitable Growth MF/ETF ⁴	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	%	\$	\$
Equitable Moderate Growth MF/ETF	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	%	\$	\$
Fidelity VIP Asset Manager: Growth	N/A	N/A	N/A	N/A	✓	N/A	✓	✓	%	\$	\$
Janus Henderson Balanced Portfolio	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	%	\$	\$
Target 2015 Allocation	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	%	\$	\$
Target 2025 Allocation	✓	✓	✓	✓	✓	✓	N/A	N/A	%	\$	\$
Target 2035 Allocation	✓	✓	✓	✓	✓	✓	N/A	N/A	%	\$	\$
Target 2045 Allocation	✓	✓	✓	✓	✓	✓	N/A	N/A	%	\$	\$
Target 2055 Allocation	✓	✓	✓	✓	✓	✓	N/A	N/A	%	\$	\$

A check mark indicates the fund is available for that product. N/A indicates the fund is not available for that product.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

4. Signatures

- By my signature below I certify that I have read the detailed description of the Automatic Transfer Service in the policy prospectus and understand that the use of the Automatic Transfer Service does not guarantee a profit or protect against loss in a declining market.
- In electing the Automatic Transfer Service, it is understood that my instructions will remain in effect until: a) insufficient funds are available to process transfers, b) I/we provide new written instructions, c) my Automatic Transfer Service otherwise terminates as described in the policy prospectus.

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

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

Signature: _____
Signature of Corporation Officer, Partner or Trustee Title (Required)

Current Date (mm/dd/yyyy)

Print Name of Corporation Officer, Partner or Trustee (Required)

Signature: _____
Signature of Broker Transfer Authority (BTA) Financial Professional Agent Code

Print Name of BTA Financial Professional Current Date (mm/dd/yyyy)

General Information about Signature Requirements

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

Assignments: 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.

Broker Transaction Authorized Financial Professionals: Established Owner-authorized BTA must be on record prior to submission of this request.

5. Special Instructions

General Information about Automatic Transfer Service

- You are advised to carefully review the detailed description of the Automatic Transfer Service contained in the policy prospectus before completing this form
- Transfers are subject to the limitations outlined in the policy prospectus.



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