



EQUITABLE

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

Life Insurance SYSTEM-MATIC PAYMENT PLAN*

Traditional and Variable Life Series

*A premium payment arrangement that debits your checking account for premiums due.

IMPORTANT NOTICE FOR TERM POLICIES: You may keep your coverage in force beyond your initial premium paying period. You may either continue with automatic withdrawals from your bank account according to your instructions on file, or you may change your premium payment option to direct billing e.g. quarterly, semi-annual or annual. If you do nothing, the new higher premium will be AUTOMATICALLY WITHDRAWN from your bank account.

I (We) request and authorize you to charge monthly or quarterly my (our) checking account to pay premiums due under the policy(ies) and/or annuity contract(s) identified below. It is understood that the use of the System-Matic Plan (herein referred to as "this Plan") does not change any policy provision and that:

- 1) The effective date of this Plan for each policy will be determined by Equitable. For a new policy, the effective date will be after the initial premium is paid in full.
- 2) This Plan may be terminated:
 - (a) by the Depositor, the Policyowner or Equitable upon 30 days written notice to the other party(ies);
 - or
 - (b) if any charge due is not paid or is reversed by the Bank. If any charge due is rejected or reversed by the Bank due to insufficient funds, a \$25.00 charge will apply.
- 3) Information as to each charge for premium payment will be provided either by a cancelled check, entry on my(our) bank statement or by other advice from the Bank.
- 4) If this Plan is terminated, premiums for regular or scheduled premium policies will be payable directly to Equitable based on the rates applicable to the policy and frequency elected by the Policyowner and permitted by Equitable. For flexible premium policies, the Policyowner may request Equitable to send reminder notices for the planned periodic payments, or make payments at any time within the limits described in the policy.
- 5) After the effective date of this Plan, monthly or quarterly premiums will be credited automatically to the policy(ies) and/or contract(s) identified, on or after the premium due date(s) subject to the collection of such charges from my (our) bank account. If multiple policies and/or contracts are consolidated on this Plan for a single charge, the charge will be made on or about the 14th of the month. Charges for flexible or variable life policies, term life contracts, Equitable Life Account policies, Joint Survivorship policies issued by Equitable or Equitable Financial Life and Annuity Company, Equitable Financial Life Insurance and Annuity Company (CA) must be made individually; consolidation is not permitted. The dates for charges may change from time to time in accordance with Equitable procedures. If charges are overlooked or inadvertently not made, Equitable may charge my (our) bank account at a later date provided the policy(ies) is (are) still in force.

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:

(existing policies)

(855) 268-6374

Toll-free Fax Number:

(new policies/new business)

(855) 266-6820

For Assistance:

Call:

(800) 777-6510
Monday-Thursday
8:30 AM - 7:00 PM EST and
Friday 8:30 AM - 5:30 PM EST

To Sign Up For eDelivery:

Visit us at
www.equitable.com

Check all boxes that apply – use separate forms for different bank accounts

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial Premium ONLY
(DO NOT SUBMIT CHECK) | <input type="checkbox"/> Change to System-Matic Plan | <input type="checkbox"/> Consolidate Policies for Single Charge
(See #5 from page 1) |
| <input type="checkbox"/> Subsequent Premiums | <input type="checkbox"/> Bank or Account Change | |

Policy Number	Insured's First & Last Name	Insured's Date of Birth

For Flexible Premium Policies ONLY:

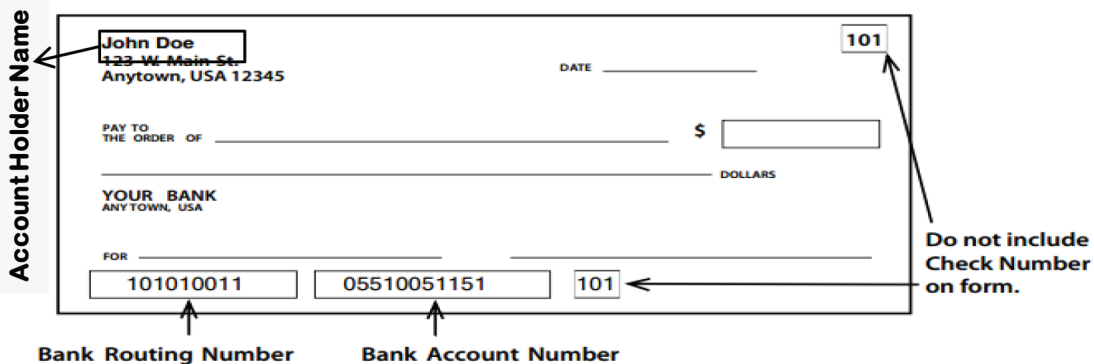
Policy Number	Draft on the ___ day of the month (Optional)*	Draft Amount	Frequency (monthly or quarterly)

**Multiple premiums may be deducted when your policy is placed in force if you choose a specific day of month that is later than the day of month that your premium is due. This will ensure your premiums are credited prior to monthly deductions occurring.*

Bank Information

Bank:		Branch Address:			
City, State, Zip:		Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings*	*Subject to bank approval
Account Holder Name:		Account Holder's eMail address:			
Bank Routing Number:		Bank Account Number:		Number of years account active	

IMPORTANT: For Paper Requests, a Voided Check for the Account is required. The check must have a pre-printed account number, routing number and the account holder's name. A starter check is not acceptable. If a voided check is not available, verification of bank account information on bank's letterhead is required.



Signature Requirements

Note: If more than one signature is required by the bank for the account, the additional signature(s) required should be entered on the Other Bank Signature(s) line(s).
If the bank account is held by a corporation, partnership, or trust, the title of the authorized officer, or partner or trustee is required.

Policyowner Signature Requirements

OWNER TYPE	SIGNATURE REQUIRED
Individual	Individual
Two or More Owners	All Owners
Corporation	Officer other than Insured (with title)
Partnership	Partner other than Insured (with title)
Absolute Assignee	Assignee
Attorney-in-Fact	Attorney-in-Fact
Trust	Trustee(s) (with title(s))
Guardian/Custodian	Guardian/Custodian

Signatures

Signature: _____ Date _____
Signature of Policy Owner (Title if applicable)

Signature: _____ Date _____
Signature of Policy Owner (Title if applicable)

If the Account Holder is other than the Policyowner, complete the information below and sign as indicated:

Relationship of the Account Holder to the Policyowner:		Account Holder's Date of Birth	
Account Holder's Street Address:			
Account Holder's City, State and Zip Code:			
Account Holder's SSN/TIN/EIN#:		Account Holder's Government-issued Picture ID Type	
Account Holder's Government-issued Picture ID Number			

Is the 3rd Party Payor a Corporation, Partnership or LLC?

- Yes (Complete the Supplemental Entity Payor form.)
 No

Signature: _____ Date _____
Signature of Bank Account Holder if other than Policyowner (Title if applicable)

Signature: _____ Date _____
Signature of Other Bank Account Holder if other than Policyowner (Title if applicable)

