

.....  
 SPECIAL  
 PAYMENT  
 PLAN  
 ELECTION  
 FORM  
 .  
 For  
 Life  
 Insurance  
 & Annuity  
 Benefits  
 .....

**1 List all policies, contracts or certificates to apply**

**2 A. Information about the annuitant/payee**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH (mo/day/yr) \_\_\_\_\_ ENTITY  FEMALE  MALE  TAXPAYER ID# (Social Security#; Federal Employer ID#) \_\_\_\_\_

**B. Information about the joint annuitant (if applicable)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH (mo/day/yr) \_\_\_\_\_ FEMALE  MALE  TAXPAYER ID# (Social Security#) \_\_\_\_\_

**C. For EDC and TRUSTEED annuity certificates only:**

**Changing the owner of the Special Payment Plan**  
 Check this box if the decedent's beneficiary under the plan should be substituted as the annuity death beneficiary and the "annuitant" under the Special Payment Plan.

SIGNATURE OF PLAN ADMINISTRATOR/TRUSTEE \_\_\_\_\_ DATE \_\_\_\_\_  
 X

**3 Designate a beneficiary(ies) for this Special Payment Plan**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH (mo/day/yr) \_\_\_\_\_ TAXPAYER ID# (Social Security#; Federal Employer ID#) \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

**4 How much would you like to apply to the Special Payment Plan? (minimum \$2,000)**

All of the benefits  All of the benefits except \$ \_\_\_\_\_

**5 Which Special Payment Plan do you elect?**

**A. The Life Income Options**

SINGLE LIFE—Guaranteed income for as long as the annuitant is alive.  
 JOINT AND SURVIVOR LIVES—Guaranteed income for as long as either the annuitant or the joint annuitant is alive.  
 Reduced income to the survivor (optional).  
 The percent to the joint annuitant survivor is:  50% or  75%

**B. Additional Guarantees for the Life Income Options (optional for 5A above)**

PERIOD CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint and Survivor) and in no event for less than the time period you elect. Time period guaranteed: \_\_\_\_\_ years (5, 10, 15, 20 up to life expectancy).  
 REFUND CERTAIN—Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime (joint lifetimes for Joint & Survivor) and in no event will the total payments made be less than the death benefit proceeds originally applied to this option.

**C. Special Installment Option**

Time period selected \_\_\_\_\_ years (5 to 30 years)

**D. Special Deposit Option (only available for non-qualified annuity and life insurance benefits)**

Guaranteed interest only for a fixed number of years, principal stays intact Time period selected \_\_\_\_\_ years (2 to 5 years)

Please return to:  
 Equitable Financial  
 Life Insurance  
 Company,  
 Life Operations,  
 P.O. Box 1047,  
 Charlotte, NC  
 28201-1047.

**6 How frequently do you want payments made?**

Monthly  Quarterly  Twice a year (every 6 months)  Once a year

**7 Where do you want the payments sent?**

The annuitant's address (listed in 2A)  Send them to the annuitant at the address listed below:

ADDRESS CITY STATE ZIP

Please send a Direct Deposit form with my first payment.  
 I would like to direct my payments to a special payee. (We will send you a form to give us special instructions.)

**8 Income tax withholding (for all Special Payment Plans except the Special Deposit Option)**

**A. I want federal income tax (and state income tax, if required) withheld from my periodic payments:**

Married  Single Number of withholding allowances: \_\_\_\_\_

**B. I want the following additional amount of income tax withheld from each periodic payment:**

Federal: \$ \_\_\_\_\_ State (if applicable): \$ \_\_\_\_\_

**C. I DO NOT want federal income tax (or state income tax, if applicable) withheld from my periodic payments.**

**9 Income tax withholding for the Special Deposit Option (Backup withholding on interest)**

I certify under penalties of perjury that I am not currently subject to backup withholding due to "notified payee underreporting" under provisions of the Internal Revenue Code.

**10 Authorization & Signatures**

**Important: Please read the following statement before signing this form**

Rates in effect at the time we receive your election will apply. If the rates are not as favorable as those quoted to you, you may return any payments made to you under this option along with the Supplementary Contract for the Special Payment Plan you have elected within 15 days of the issue date and we will refund your principal.

**By signing this form, you are agreeing to the following:**

- The statements and answers in all parts of this application are true and complete to the best of my knowledge and belief. 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) may rely on them in acting on this application.
- No Agent has authority to modify this application or to waive any of 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's (CA) rights or requirements.
- Certification—Under penalties of perjury I certify that the number shown on this form is my correct Taxpayer Identification Number.

A. SIGNATURE OF PROPOSED ANNUITANT DATE  
X

B. SIGNATURE OF PROPOSED JOINT ANNUITANT DATE  
X

**11 Agent information**

AGENT NAME AGENT # AGENT %

AGENCY ASU

I certify that I have asked and recorded completely and accurately the answers to all questions on the application. I know of nothing affecting the risk that has not been recorded herein.

SIGNATURE OF AGENT DATE  
X

Please return to: Equitable Financial Life Insurance Company, Life Operations, P.O. Box 1047, Charlotte, NC 28201-1047.



**EQUITABLE**