



Use this form to assume ownership of an existing GGA annuity contract

About This Form

The Successor Owner/Annuitant (SOA) option allows a spouse, as a sole primary beneficiary, to assume complete ownership of an existing GGA 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. Please read the "Terms" on page 2 before completing this form.

Who Qualifies?

This option is available only if you are the spouse and sole primary beneficiary of a contract owner's Traditional IRA or 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 1-800-789-7771.

1. Provide Information About the Deceased

Guaranteed Growth Annuity 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

A) Are you a U.S. Citizen? [] Yes [] No
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
Evening Telephone Number
Email Address

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.)

(a) Primary Beneficiary(ies) (If more than one, indicate %)**

Primary Beneficiary #1 % [] SSN [] TIN [] EIN Relationship to Owner
Address Date of Birth Phone Number
Primary Beneficiary #2 % [] SSN [] TIN [] EIN Relationship to Owner
Address Date of Birth Phone Number
Primary Beneficiary #3 % [] SSN [] TIN [] EIN Relationship to Owner
Address Date of Birth Phone Number

3. Designate Your Beneficiary (continued)

(b) Contingent Beneficiary(ies) (If more than one, indicate %)**

<hr/> Primary Beneficiary #1 <hr/>	<hr/> % <hr/>	<hr/> <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <hr/>	<hr/> Relationship to Owner <hr/>
<hr/> Address <hr/>		<hr/> Date of Birth <hr/>	<hr/> Phone Number <hr/>
<hr/> Primary Beneficiary #2 <hr/>	<hr/> % <hr/>	<hr/> <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <hr/>	<hr/> Relationship to Owner <hr/>
<hr/> Address <hr/>		<hr/> Date of Birth <hr/>	<hr/> Phone Number <hr/>
<hr/> Primary Beneficiary #3 <hr/>	<hr/> % <hr/>	<hr/> <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <hr/>	<hr/> Relationship to Owner <hr/>
<hr/> Address <hr/>		<hr/> Date of Birth <hr/>	<hr/> Phone Number <hr/>

** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

4. Request for last lifetime RMD for traditional IRA only

For traditional IRA only: If my deceased spouse was past his/her Required Beginning Date for taking lifetime Required Minimum Distribution (RMD) payments and he or she did not take the final lifetime payment for the calendar year which contains his or her death, then I understand that I must take that last lifetime payment before I take over as the Successor Owner/Annuitant. I understand that I can satisfy this requirement by taking the RMD amount calculated for this contract from any other traditional IRA previously owned by my deceased spouse.

By checking this box, I am requesting Equitable to distribute the last lifetime RMD amount from the certificate/contract to me.

Withholding Election:

Withholding Election is only applicable if the last lifetime RMD box is checked above.

If no election is made, we must withhold at a default rate from your payment. If you want a different tax withholding, please submit IRS Form W-4R along with this form, and we will withhold as instructed on your Form W-4R. IRS Form W-4R is available at www.irs.gov.

If you are a US Person for tax purposes and the check is sent abroad, we must withhold tax.

If you elect not to have withholding apply to your payment, or if you do not have enough tax withheld from your payment, you may be responsible for payment of estimated tax.

You may incur penalties under estimated tax rules if your withholding and estimated tax payments are not sufficient.

Certain states may also require us to withhold state income tax if Federal Income Tax is withheld. In most cases, your Federal withholding election would also apply to a state withholding election, although the rate of tax may vary among states. Please note, however, we will only perform mandatory withholding if required by state law.

A. I do NOT want Federal Income Taxes (and state income tax, if applicable) withheld from my withdrawal unless required

B. I WANT 10% Federal Income Taxes (and state income tax, if applicable) withheld from my withdrawal

5. Read the Terms and Conditions

By signing in Section 7, you acknowledge that you understand the following terms and conditions:

1. You are the sole primary beneficiary of the annuity contract owned by your deceased spouse or you are a joint owner of an annuity contract owned by you and your deceased spouse and, as such, you are electing to become the successor owner and the annuitant of the contract. You must select a new beneficiary.
2. The Contingent Withdrawal Charge schedule under your spouse's contract (if any) will no longer apply.
3. Except as stated above, all contract provisions and administrative features of your spouse's contract, including the Investment Option allocations, will remain unchanged until you notify Equitable of any changes. The contract number will also remain unchanged.
4. You understand that any Substantially Equal distribution option, systematic withdrawal option, automatic investment program or minimum distribution options previously selected by your spouse will be discontinued. You must re-elect any of these options if you are eligible.

For more information call your financial professional or contact 1-800-789-7771.

6A. Read the State Fraud Warnings

The following states require us to notify you of the serious consequences of filing a false or fraudulent insurance claim. Please read this section carefully.

Alaska:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, District of Columbia, Louisiana, Rhode Island, Texas, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California:

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.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides

false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Florida, Idaho, Indiana, and Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Maine, Tennessee, Virginia and Washington:

WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Kentucky and Pennsylvania:

Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

6A. Read the State Fraud Warnings (Continued)

Minnesota:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey and New Mexico:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New York State Residents Only:
Read & Sign Below**

I have read and understand the New York State fraud warning. Your original signature is required in this section (for NY State residents).

Beneficiary's Signature: _____

Date: _____

Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon and All Other States:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

Puerto Rico:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

6B. Other State Specific Notices

For Same Sex Spouses: The determination of spousal status is made under applicable state law. However, in the event of a conflict between federal and state law regarding the determination of spousal status, we follow federal rules.

7. Agree to Terms and Acknowledge Fraud Warnings and Sign Here

Please check the appropriate state of residence, and read the State Fraud Warnings for your state in Section 6. If your state is not listed, please check the "OTHER" box below.

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Idaho | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Indiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New York | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Ohio | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Maine | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> Oregon | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Pennsylvania | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Puerto Rico | |
| <input type="checkbox"/> OTHER (Please indicate state): _____ | | | |

I have read and agree to the terms and conditions in Section 5 of this form.

7. Agree to Terms and Acknowledge Fraud Warnings and Sign Here (Continued)

(New York State Residents: You must also sign affidavit below New York State Fraud Warning in Section 6 of this form.)

I have read and agree to the terms and conditions in Section 5 of this form.

Your Signature — REQUIRED FOR ALL STATES

Date

This form is furnished prior to determination by Equitable Financial Life Insurance Company as to whether any annuity benefits were in force with respect to the annuitant or to whom any such annuity benefits are payable, and without prejudice to Equitable's rights.

Mail To

Mail completed "Successor Owner/Annuitant" form to:

Express Mail:

Equitable Financial Life Insurance Company
Retirement Service Solutions
8501 IBM Dr, Suite 150-IR
Charlotte NC 28262-4333

Regular Mail:

Equitable Financial Life Insurance Company
Retirement Service Solutions
P.O. Box 1016
Charlotte, NC 28201-1016

For Assistance Call 800-789-7771.