



EQUITABLE

EQUI-VEST® Lump Sum Distribution Form

Express Mail:
Equitable
EQUI-VEST® Processing Office
8501 IBM Dr., Suite 150-GR
Charlotte, NC 28262-4333
Regular Mail:
Equitable
EQUI-VEST® Processing Office
PO Box 1430
Charlotte, NC 28201-1430
Phone: (800) 628-6673
Fax:
(816) 701-4967

To receive all your funds in a single payment.

About This Form

- If you need all your funds immediately to pay taxes, settle large debts or invest yourself, use this form.
- I understand that as a beneficiary, taking a lump sum distribution may not be my only option and that certain options may be combined.
- I understand that while Equitable does not provide tax advice, some options may result in tax consequences and that I should consult a tax professional when making decisions.
- In addition to mail, you may also return this form to Equitable via email at equivestdeathclaims@equitable.com. Please note that this form **must be sent in a PDF format to be processed** any additional inquiries sent to this email address will not be answered.

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to an entity (business, trust or estate) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with Equitable, we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.

1. Provide Information About the Deceased

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

Date of Death (month/day/year)

Social Security or Taxpayer ID Number

Street Address

City, State, Zip

Contract(s) or Certificate Number(s):

2. Provide Information About the Beneficiary

Are you a(n): ☐ Individual ☐ Minor ☐ Estate ☐ Trust ☐ Corporation ☐ Partnership

What is your relationship to the deceased? _____

If former spouse, what state did the divorce take place in? _____ When? _____

For Trust/Estate: State to be used for taxation purposes _____

Are you a U.S. citizen? ☐ Yes ☐ No (if not, call 1-800-628-6673 for further instructions.)

Your Name (first, middle initial, last)

Street Address

City, State, Zip

Date of Birth (month/day/year)

Beneficiary's Social Security or Other Taxpayer ID Number

Daytime Telephone Number

Mobile Telephone Number

Email Address

3. Tax Withholding

If your address of record is not a US residence, please complete the following (Check one):

☐ I am a U.S. citizen, or a non-U.S. citizen who is treated as a "U.S. person".

☐ I am not a U.S. person. I have attached IRS Form W-8BEN.

If you are not a U.S. person, please provide a completed IRS Form W-8 BEN. We may be required to withhold 30% from your distribution.

A. Individual beneficiaries of TSA, governmental EDC plan or Employer Sponsored tax-qualified plan contracts

Federal Tax Withholding:

We will automatically withhold 20% Federal Income Tax from the taxable portion of your distribution if you are a U.S. citizen or U.S. resident for tax purposes. You cannot choose to "elect out" of such withholding. Depending on your state of residence, state income tax withholding may also apply to the distribution. If you believe all or a portion of your distribution is not an eligible rollover distribution, you must provide us a statement explaining why it is ineligible for rollover along with your election regarding tax withholding on the IRS Form W-4R. IRS Form W-4R is available at www.irs.gov.

☐ I WANT Federal Income Tax withheld from my lump sum payment at a rate indicated on the attached form W-4R. I understand that if no IRS Form W-4R is attached, or if the information on the IRS Form W-4R is incomplete or invalid, a 20% default withholding will apply.

State Withholding Election:

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. We will only perform mandatory withholding if required by state law.

Please note that a minimum mandatory state tax withholding may apply regardless of any amount you input below.

☐ I elect the following State Tax withholding: % _____ or \$ _____.

You should consult your tax advisor regarding your federal and state tax withholding elections.

B. Beneficiaries of non-qualified annuity contracts and IRAs, and entity beneficiaries (such as an estate or a charity) of TSA, governmental EDC plan or tax-qualified plan contracts

We will automatically withhold 10% Federal Income Tax from the taxable portion (NQ, TSA, governmental EDC or tax-qualified plan contracts) or the gross amount (all IRAs) of your distribution unless you specify a different election below including applicable state tax. You cannot elect out of withholding unless you provide us with your correct Taxpayer Identification Number and a United States residence address. You cannot elect out of withholding if we are sending the payment out of the United States. If your address of record is not a U.S. residence address, you cannot elect out of withholding and you must complete the IRS Form W-8BEN as noted above. Processing of the requested transaction for a non-U.S. address may be delayed until we receive required documentation.

Federal Withholding Election:

If no election is made, we must withhold at a default 10% rate from your payment. If you would like to elect a different tax withholding, please submit IRS Form W-4R along with this form, and we will withhold as instructed on your IRS Form W-4R. IRS Form W-4R is available at www.irs.gov.

☐ I DO NOT WANT federal income taxes (and state income tax, if applicable) withheld from my distribution. I have provided my U.S. residence address and correct Taxpayer Identification number in Section 1. I have not asked for payment to be sent outside the United States. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.

☐ I WANT to have 10% federal income tax (and state income tax, if applicable) withheld from my distribution. (default option)

☐ I WANT Federal Income Tax withheld from my distribution at a rate indicated on the attached IRS Form W-4R. I understand that if no IRS Form W-4R is attached to this Form, or if the IRS Form W-4R is incomplete or invalid, that 10% default withholding will apply.

State Withholding Election:

☐ I elect the following State Tax withholding: % _____ or \$ _____.

Some states require us to withhold state income tax if Federal Income Tax is withheld.

4. Payment Option and Delivery

Payment Option (Select One Below)

- ☐ Send me a Lump Sum Check.
☐ Establish an Equitable Access Account on my behalf, if my distribution qualifies

The Equitable Signature Account and Information section located at the end of this form must be signed in addition to your signature in Section 8 to choose this option.

Payment Delivery

- ☐ Request delivery by mail to me
☐ Request delivery by an Equitable Advisor _____

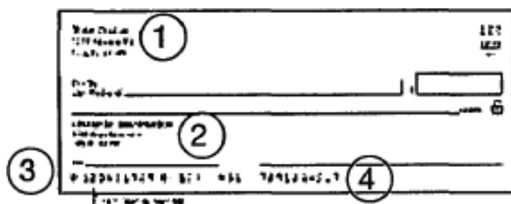
(NAME OF EQUITABLE ADVISOR – PLEASE PRINT)

5. Delivery Options

Unless otherwise instructed, distribution checks are mailed via First Class Mail. Expedited delivery is available for a fee of \$35 for Express Mail and \$90 for a wire transfer after your request has been processed. Equitable has 5 business days to process your request. Please select one option below if you want to expedite delivery. **Please do not mail a signed check with this form to cover the \$35 or \$90 fee referenced below. The fee will be deducted systematically from the value of the contract.**

1. ☐ Please expedite delivery by using Express Mail for a fee of \$35, (Cannot be a P.O. Box), or
2. ☐ Please expedite delivery by using a wire transfer for a fee of \$90. *This Option is only available for net wire amounts of \$10,000 or more to a Personal Bank Account with a U.S. Bank.*

Wire Transfer Details — to assist us in processing your transaction, please attach a voided check for wire transfers.



1 _____
Name as it appears on account

2 _____
Name of Bank/Financial Institution

Bank Address

Bank - City, State & Zip Code

3 _____
Bank ABA/Routing Number

4 _____
Account Number

6 A. 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.

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.

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.

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: _____

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.

6A. State Fraud Warnings (Continued)

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. Acknowledgement of Fraud Warning

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

- | | | | |
|--|--|---------------------------------------|--|
| ☐ Alaska | ☐ Idaho | ☐ New Jersey | ☐ Tennessee |
| ☐ Arizona | ☐ Indiana | ☐ New Mexico | ☐ Texas |
| ☐ Arkansas | ☐ Kentucky | ☐ New York | ☐ Virginia |
| ☐ California | ☐ Louisiana | ☐ Ohio | ☐ Washington |
| ☐ Colorado | ☐ Maine | ☐ Oklahoma | ☐ West Virginia |
| ☐ Delaware | ☐ Maryland | ☐ Oregon | |
| ☐ District of Columbia | ☐ Minnesota | ☐ Pennsylvania | |
| ☐ Florida | ☐ New Hampshire | ☐ Puerto Rico | |
| ☐ Other (Please indicate state): _____ | | | |

I have read and understand the appropriate fraud warning in Section 6A for this state.

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

8. Please Read and Sign Here

For employer sponsored retirement plan participants: I have received and reviewed the Special Tax Notice before making this payment request. I wish to waive the 30-day notice period in order for my distribution to be processed immediately.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (3) I am a U.S. citizen or other U.S. person. If I am not a U.S. person, I have provided appropriate Form W-8 documentation. (NOTE: Cross out Item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.)

If the correct Taxpayer Identification Number is not supplied or is left blank, federal and state income tax withholding may apply, despite any election to the contrary.

Your Signature

Date

Equitable Access Account* Information and Signature Card

Helping Meet Your Financial Needs

The Equitable Access Account can help you address both short- and long-term financial needs. With the Equitable Access Account, you can withdraw funds to cover your immediate expenses, and at the same time, use it toward your future financial needs.

The Access Account is not available if:

- The proceeds payable to the beneficiary are less than \$10,000.
- The beneficiary does not have a Social Security Number or Federal Tax Identification Number.
- The beneficiary is one of the following: minor, corporation, partnership, tax-exempt entity, estate, trust, represented under a power of attorney, or resides outside of the U.S.

How The Access Account Works

If you so elect, Equitable will pay all or some of your annuity proceeds through a convenient Access Account. The Access Account is a draft account established in your name and works in certain respects like an interest-bearing checking account. However, please keep in mind that you may only withdraw from the account. You may not make deposits into the account.

Benefits of The Access Account

With the Access Account, you can write one draft at any time to access the entire proceeds (including interest) or any remaining balance in the account. You may leave the funds in the Access Account and continue to earn interest. You can order additional drafts by sending in the form included in your draftbook, or you can simply call our toll-free number: (866) 494-4265.

You may withdraw any amount up to your balance, with a minimum draft amount of \$250, and may write an unlimited number of drafts. There are no fees for drafts, draft-clearing, or monthly draft accounting services. The Access Account will be charged a fee of \$25 for any stop payment order, if any draft is returned unpaid, or if you request a wire transfer of funds. Express mail fees are \$15 for Monday through Friday delivery and \$22 for Saturday delivery. The bank will retain cleared drafts for seven (7) years. Currently, Access Accounts are established and banking services provided by The Northern Trust Company, P.O. Box 92987, Chicago, IL 60675-2987, toll-free number (866) 494-4265. Access Accounts are subject to the rules of the bank.

Designating a Beneficiary

We encourage you to exercise your right to designate a beneficiary or beneficiaries to receive the balance in your account in the event of your death. Simply fill out the form on the back of the Supplementary Contract that you will receive after you elect the Access Account and send it to the address on the form.

If you do not designate a beneficiary for your funds, your estate will be the beneficiary.

Earning Interest on Your Proceeds

With the Access Account, you have the flexibility of using your proceeds while earning interest from the very day it is established. Equitable will set the interest rate periodically, based upon our discretion and a review of current market interest rates. We reserve the right to change this procedure. The interest rate we apply will not be less than 0.25%. Interest is earned from the date the Access Account is established until the date the account is closed, compounded daily and credited at the end of the month, at which time we will mail you a monthly statement. Interest credited to the Access Account and the applicable rate will appear on your monthly statement. The monthly statement also shows withdrawals and any other financial activity on your account. Interest earned may be taxable. An IRS Form 1099 will be issued annually for any interest credited to your account. Choosing an Access Account or other payout options may have tax implications. We recommend that you consult a tax advisor, an investment advisor, or any other financial advisor regarding your particular circumstances and any potential tax liability.

Other Important Information

The principal and interest accrued under the Access Account are held by and are part of Equitable's general account. They are not held in a bank or other institution and are not insured by the Federal Deposit Insurance Corporation (FDIC) or other federal agencies. Funds held by insurance companies are guaranteed by the respective state guaranty association. For further information, contact the National Organization of Life and Health Insurance Guaranty Associations at www.nolhga.com. Equitable will earn income on the funds held in the Access Account.

Equitable's obligation is satisfied when the total amount of proceeds are deposited into the Access Account. Equitable reserves the right to freeze or take back funds in the Access Account to set off any claim we may have against the account holder. Equitable reserves the right to make changes in the terms and conditions of the Access Account. You will be notified if changes are made.

If the balance in your account should fall below \$1,000 as of the end of the month, the account will automatically be closed. A draft for the balance in the account plus accrued interest will be sent to you at the address we have on our records. Generally, if the Access Account has no customer-initiated activity for a period of one year or more, the account could be considered abandoned property under the unclaimed property laws of your state of residence. Such laws require us to report unclaimed property after a certain period of inactivity and then to turn the funds over to the state. Remember to keep your address current on your account.

For current Access Account interest rate information or to obtain additional information and answers to questions you may have about the Access Account, please call or write to the following: Equitable, c/o The Northern Trust Company, P.O. Box 92987, Chicago, IL 60675-2987, toll-free number (866) 494-4265. **DO NOT SEND CLAIM FORMS TO THE ABOVE ADDRESS.**

Louisiana residents – for further information, please contact the Louisiana Department of Insurance at (800) 259-5300, P.O. Box 94214, Baton Rouge, LA 70804

Kentucky residents – **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**

West Virginia residents – for further information, you may refer to www.wvlifega.org.

Putting Your Proceeds to Work

Whenever you are ready, it is important to think about how to get the greatest possible benefit from your proceeds. Money, like most things of value, needs to be properly cared for. Even large sums of money may disappear quickly unless carefully managed. You may want to consider plans and products available to you as an Equitable beneficiary.

Products and Services to Meet Your Future Needs

Equitable and its affiliate, Equitable Advisors, LLC, offer a broad array of financial products to help meet protection, retirement and investment needs. If you are interested in learning more about these products, or have any questions not answered by this booklet, there are numerous ways to contact us.

- Call our toll-free number at (800) 628-6673.
- Write to us at Equitable, P.O. Box 1430, Charlotte, NC 28201.
- Log in to www.equitable.com where you can search for a financial professional and find other useful information.

Equitable Access Account helps provide access, convenience and financial flexibility. Our business is to support individuals and businesses — small, mid-size and large — at every stage in their lives by providing products and services that help meet their insurance, personal protection, retirement savings and estate planning needs.

Please complete the information below. Print your name and address as you would like to have it printed on your drafts. Sign in the shaded section as you would normally sign a draft. *This signature will be used to verify your drafts. If the signatures do not match, drafts will not clear.*

Print Your Name (First/MI/Last)

Contract Number

Your Mailing Address

Social Security or Other Taxpayer ID Number

Daytime Telephone Number

Mobile Phone Number

Your Signature (as it should appear in your drafts)

Date

* Securities products and services are offered through Equitable Advisors, LLC (Member FINRA). Equitable Advisors is part of the The Equitable Companies. Equitable Advisors affiliates include Equitable.