



EQUITABLE

EQUI-VEST®

Periodic Payment Plan Option

For Assistance Call: (800) 628-6673
Monday – Thursday 8:00 a.m. – 7:00 p.m. EST
Friday 8:00 a.m. – 5:00 p.m. EST
www.equitable.com

Current Online Transactions: Address Changes,
Allocation Changes, Dollar Cost Averaging Set Ups,
Inquiries, Systematic Asset Rebalancing, Transfers

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (EFLIC)

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA (EFLOA)

Use this form if you want a guaranteed stream of income

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.

About This Option

The Periodic Payment Plan Option allows any beneficiary to use the benefits from an EQUI-VEST annuity to purchase another EQUI-VEST fixed or variable annuity. By spreading out the payment of benefits, you only pay taxes on the amount you receive.

There are several Periodic Payment Plans to choose from and a worksheet is attached to help you estimate the amount of your payments. Your financial professional can also provide a personalized quote based on your age and the amount you would like to use to purchase a Periodic Payment Plan. Or call us at 1-800-628-6673.

If you are receiving benefits from more than one annuity contract and/or you wish to establish more than one Periodic Payment Plan, simply make copies of this form and complete a separate form for each plan you want to establish.

This plan cannot be modified once payments begin.

Who Qualifies?

Any beneficiary of an EQUI-VEST fixed or variable annuity may elect this option for all or a portion of benefits received from another EQUI-VEST annuity. This includes NQ contracts. However, for most plans, \$2,000 is the minimum amount per beneficiary that may be used to purchase an annuity under this option. There may also be restrictions on the amount of time this option is available after the Annuitant's death.

For IRAs and Qualified Plan (QP) contracts (such as a 401(a)/(k), 403(b), or 457(b) contract), unless a beneficiary is an eligible designated beneficiary (EDB), all payments must be distributed within 10 years from the original annuitant's year of death using **the Special Installment Plan**. You must be an Eligible Designated Beneficiary (EDB) to elect the **Life Income Plan option** on this form. An EDB includes a spouse beneficiary, a chronically ill or disabled beneficiary, or any other individual not more than 10 years younger than the original deceased IRA owner (or deceased participant).

Exclusions

All beneficiaries qualify for this plan, except as follows:

- **Special Installment Plan (for entities)** is the only option available to beneficiaries that are entities, i.e., not individuals. In the case of tax-qualified plans, the time period may be restricted.

1. Provide Information About the Deceased

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

Date of Death (month/day/year)

Contract Number

2. Provide Information About the Beneficiary (Annuitant)

Your Name (first, middle initial, last)

Street Address

Email Address

City, State, Zip

2. Provide Information About the Beneficiary (Annuitant) (Continued)

Date of Birth (month/day/year)

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

Social Security or Other Taxpayer ID Number

Your gender: ☐ Male ☐ Female

Daytime Telephone Number

Mobile Telephone Number

2A. Please complete this section if your contract is an IRA or a Qualified Plan contract (401(a)(k), 403(b) or 457(b) contract).

You must be an "Eligible Designated Beneficiary" to elect a life income annuity payout option. Please check the category that applies to you. If you are not an EDB, you may elect the Special Installment plan with a Period of not more than 10 years. If you do not want the special installment plan, please see the "Claim to Annuity Benefits" form for information on other options available to you.

- ☐ Deceased's surviving spouse
☐ Non-spouse who is not more than 10 years younger than the deceased
☐ *An individual who is "disabled" within the meaning of Internal Revenue Code Sections 401(a)(9)(E)(ii)(III) and 72(m)(7)
☐ *An individual who is "chronically ill" within the meaning of Internal Revenue Code Sections 401(a)(9)(E)(ii)(IV) and 7702B(c)(2)

**(if the beneficiary is disabled or chronically ill, additional certification is required, please contact the service center).*

3. Designate a Beneficiary for this Payment Plan

You must designate a new beneficiary to receive remaining payments, if any, under the plan you select. To name more than one beneficiary, please indicate whether each beneficiary is a primary or contingent beneficiary.

For IRA and QP contracts only: Your beneficiary must receive any remaining payments by the end of the 10th year after your death.

1.				☐ Primary
Name				☐ Contingent
				Percent: _____
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth		
Address				
Daytime Phone Number		Mobile Phone Number		
2.				☐ Primary
Name				☐ Contingent
				Percent: _____
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth		
Address				
Daytime Phone Number		Mobile Phone Number		
3.				☐ Primary
Name				☐ Contingent
				Percent: _____
Relationship to You	Social Security or Other Taxpayer ID Number	Date of Birth		
Address				
Daytime Phone Number		Mobile Phone Number		

4. How Much Are You Using to Purchase a Periodic Payment Plan?

You can designate all or a portion of your benefits, except that the amount must be a minimum \$2,000 for most plans.

☐ All of my benefits ☐ All of my benefits except \$ _____

5. When Should Payments be Made?

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

6. Choose Your Periodic Payment Plan

(Choose only one. For EQUI-VEST Series 202, only the Fixed Immediate Annuity options are available)

A. Life Income Plan - Please Note that this option is for Eligible Designated Beneficiaries (EDB) only. Please see definition of (EDB) on page 1 of this form.

For IRAs and QP contracts: If you are electing a life annuity option with period Period Certain or Refund Certain, any remaining payments to your beneficiary must be distributed by the end of the 10th year after your death under federal tax law. The annuity amounts and payment term remaining after your death may be modified if necessary to comply with the minimum distribution requirements of federal income tax law.

I. Fixed Immediate Annuity

☐ **Single life** — This option guarantees payments during your life.

You can also choose one of these Life Income Plan guarantees (optional).

☐ **Period Certain** — This option provides you with an additional guarantee that payments will be made at least during the time period you elect.
Please guarantee my payments for _____ (2 to 30 years for NQs and 2 to 10 years for IRAs and qualified plan contracts) but not to exceed my life expectancy.

☐ **Refund Certain** — This option provides you with an additional guarantee that total payments made under this plan will never be less than the amount you originally used to purchase this option.

II. Variable Immediate Annuity (Section 7 must be completed.)

For IRAs and QP contracts, you must meet the special RMD rules that apply to your payments. Please consult with your tax advisor to determine if your Variable Immediate Annuity election satisfies the RMD requirements.

☐ **Single life** — This option guarantees payments during your life.

☐ **Period Certain** — This option provides you with an additional guarantee that payments will be made at least during the time period you elect. Please guarantee my payments for _____ (2 to 30 years for NQs and 2 to 10 years for IRAs and qualified plan contracts) but not to exceed my life expectancy.

B. Special Installment Plan

☐ I understand that this option guarantees payment during the time period I select. Please guarantee my payments for _____ (2 to 30 for NQs, and 2 to 10 for IRAs and qualified plan contracts) years but not to exceed my life expectancy. An entity may elect only 2-5 year time period.

7. Investment Fund Allocation (Variable Income Annuity Option)

Complete this section if you elected a Variable Immediate Annuity in Section 6A.

I want the premium that is being applied to my Variable Income Annuity to be allocated as follows (enter whole numbers to total 100%):

_____ % EQ/AB Small Cap Growth	_____ % EQ/Large Cap Value Managed Volatility
_____ % EQ/Common Stock Index	_____ % EQ/Moderate Allocation
_____ % EQ/Core Plus Bond	_____ % EQ/Money Market
_____ % EQ/Equity 500 Index	_____ % EQ/Quality Bond PLUS
_____ % EQ/Intermediate Government Bond	_____ % Multimanager Aggressive Equity
_____ % EQ/International Equity Index	100% Total

8. Where Should Payments be Sent? *(Choose only one)*

☐ Send payments to me at the address listed in section 2 of this form. Plus,
☐ send a Direct Deposit form if this box is checked.

☐ Send payments to me at the address listed below:

Street Address: _____

City, State, Zip: _____

☐ Send payments to another payee, upon proper authorization, and send me the form to complete.

9. Do You Want Taxes Withheld From Your Payments?

Federal tax law requires Equitable ("Equitable") to withhold Federal Income Tax from your annuity payments, unless you elect not to have withholding apply. For IRAs, tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excludible from gross income. This withholding procedure may result in excess withholding on the payment.

Except for Roth IRA accounts, Equitable will withhold federal income tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4 of Internal Revenue Service (IRS) Form W-4P ("Default Withholding") if you do not elect out of withholding or do not send a completed IRS Form W-4P. IRS Form W-4P is available at www.irs.gov. Default Withholding will also apply if you submit an incomplete or invalid IRS Form W-4P.

If you elect not to have taxes withheld from your payments, or if you do not have enough Federal income tax withheld, you will be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you change or revoke it by filing a new election. You can change your withholding election at any time, or stop withholding from future payments, by submitting IRS Form W-4P to us.

Certain states may also require income tax withholding from the taxable portion of your annuity. 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, Equitable will only perform mandatory withholding if required by state law.

Your election will remain in effect until you file a new election, and you may make or revoke an election as often as you wish. Any completed election or revocation will take effect within 30 days of the date Equitable receives it.

Note: Please make certain the Social Security Number indicated on this election form is correct. If you fail to provide us with your correct Taxpayer Identification Number or a Social Security Number, Default Withholding will apply even if you elected out of withholding. Withholding is required on any payments that are to be delivered to you outside the United States or its possessions.

If you are not a U.S. person for tax purposes (also called a nonresident alien), you are subject to up to 30% federal tax withholding unless you provide a valid IRS Form W-8BEN (or other appropriate Form W-8) and a lower rate of withholding applies under the applicable income tax treaty.

For more information, see the "Equitable Beneficiary Guide."

Federal Tax Withholding

- A. ☐ I DO NOT want Federal income tax (or state income tax, if applicable) withheld from my periodic payments. (DO NOT complete Lines B or C).
- B. ☐ I want Federal income tax (and any applicable state income tax) Default Withholding to apply from my periodic payments.
- C. ☐ I want Federal Income Tax withheld from my periodic payments based on the attached IRS Form W-4P. I understand that if no IRS Form W-4P is attached to this Form, or if the IRS Form W-4P is incomplete or invalid, that Default Withholding will apply until a complete, valid IRS Form W-4P, is received.

If your address of record is not a U.S. residence address, complete the following statement: (Check one):

- ☐ I am a U.S. Person
- ☐ I am not a U.S. Person. Please submit a completed IRS Form W-8BEN.

State Tax Withholding

If no selection is made, to the extent required, we will withhold at your state's default rate.

- A. ☐ I DO NOT want State Income Tax withheld from my periodic payments.
- B. ☐ I WANT State Income Tax withheld based on my total number of allowances and marital status:
of allowances: _____ and/or ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
- ☐ I want the following additional dollar amount withheld from each payment (whole numbers only): \$ _____
- C. ☐ I WANT the following fixed dollar amount withheld. \$ _____

10A. 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.

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.

10A. State Fraud Warnings (Continued)**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.

10B. 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.

11. Acknowledgement of Fraud Warning

*Please check the appropriate state of residence, and read the State Fraud Warnings for your state in Section 8. **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 10A for this state.

(New York State Residents: You must sign affidavit below New York State Fraud Warning in Section 10A of this form.)

12. Terms and Acknowledgment of Fraud Warning

By signing below, I acknowledge and understand the following terms and conditions:

- The rates in effect at the time you receive my completed application will apply.
- I have answered all questions in this application truthfully, completely and to the best of my knowledge and belief. Equitable may rely on my answers in acting on this application.
- No agent or Equitable Advisor has authority to modify this application or to waive any of Equitable's rights or requirements.
- For traditional IRAs and QP contracts, if the deceased owner/participant was past his/her Required Beginning Date for taking lifetime RMD payments, I confirm that the last lifetime payment had been taken out from this contract or another same type of contract previously owned by the deceased owner/participant (if permitted under federal tax law).

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (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.

X

Annuitant's Signature

Date

For EQUI-VEST Financial Professional Use Only

Agent or Equitable Advisor Name

Code No.

Signature

Date



EQUITABLE

EQUI-VEST®

Request Personalized Estimate of Monthly Payments

For Assistance Call: (800) 628-6673
Monday – Thursday
8:00 a.m. – 7:00 p.m. EST
Friday 8:00 a.m. - 5:00 p.m. EST

About This Form

Use this form to request a personalized estimate of monthly payments for selected Periodic Payment Plans.

1. Information About You

Your Name (first, middle initial, last)

Email Address

Daytime Phone Number

Mobile Phone Number

Mailing Address

City, State, Zip

Date of Birth (month/day/year)

Your gender: ☐ Male ☐ Female

2. Which Periodic Payment Plan(s) Interest You?

The Periodic Payment Plans are described in the prospectus. For EQUI-VEST Series 202, only the Fixed Immediate Annuity options are available.

Please select one of the following.

☐ Fixed Immediate Annuity

☐ Variable Immediate Annuity

Please select one of the following.

☐ Single Life

☐ Single Life with Refund Certain

☐ Single Life with Period Certain

Select a time period:

_____ years 2 to 30 for NQs, and 2 to 10 for IRAs or

_____ life expectancy

☐ Special Installment Option

_____ years 2 to 30 for NQs, and 2 to 10 for IRAs or

_____ life expectancy

3. How Much Are You Using to Purchase a Periodic Payment Plan?

If you do not know how much you will be receiving, check "Entire death benefit."

☐ Entire death benefit or

☐ \$ _____

Contract number: _____

If you are considering this option, please return this page to your Equitable Advisor. If you do not have a Equitable Advisor, please call Customer Service at (800) 628-6673.