EQUITABLE

Retirement Cornerstone Series
Inherited IRA Beneficiary Continuation Option (BCO)

For Assistance, call: (877) 899-3743

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America

This form is applicable if the contract owner's death occurred on or after January 1, 2020.

- **Use this form only if you are an individual beneficiary and want to stretch your death benefit from a Retirement Cornerstone Series IRA (Traditional IRA or Roth Conversion IRA) contract for deaths on or after January 1, 2020.**
- Other death benefit settlement options which may be available to you are a lump sum distribution option or one of several forms of annuity payout options.
- Additional options available to sole spousal beneficiaries are either a spousal rollover or Spousal Contract Continuation.
- Please refer to "Retirement Cornerstone Series - Claim to Annuity Benefits" for instructions on electing one of these other options.

- **Do NOT use this form if:**
  - **You are an entity beneficiary such as most types of trusts or an estate. Please see the Terms and Conditions.**
  - **You want an immediate lump sum payment.**
  - **For an entity beneficiary such as a most types of trusts or an estate or for an immediate lump sum payment option, use the Retirement Cornerstone Lump Sum Distribution form #143997.**

- Before you complete this form, please read the "Terms and Conditions" on pages 2 and 3.
- Your portion of the Annuity Account Value (AAV) of the deceased owner's contract is your "BCO Interest."
- When you elect BCO, the law may require you to take annual minimum distributions from the contract depending on certain factors, including whether the original owner died before or on/after required beginning date.
- By paying income tax only upon receipt of distributions, you may ultimately stretch out the income tax impact on your benefits while your balance continues to be invested.
- You cannot make additional contributions to the contract.
- Please note that the Protection Account, the Performance Account and the Highest Anniversary Value are also referred to, respectively, as the Guaranteed Benefit Account, Non-Guaranteed Benefit Account/Long-Term Accumulation Account and Annual Ratchet in some versions of Retirement Cornerstone.
- **By electing the BCO option, the account value is subject to market fluctuation. There are no guarantees associated with the account value and the sum of withdrawals taken over the life of the BCO contract (including the surrender value) could be less than its beginning account value.**
- **If you elect BCO, fill out the *"Retirement Cornerstone Series — Beneficiary Continuation Option Election"* form beginning on page 4 of this form and return it to the address indicated on the attached form**

Eligibility for BCO

- All beneficiaries must be individuals and identifiable with the exception of certain see-through trusts. BCO is not available to non-natural beneficiaries (e.g., most trusts, charities and estates), other than certain see-through trusts. For Trusts Only: BCO is only available for certain see-through trusts that have an eligible beneficiary structure. Please consult your attorney to make the determination that the trust is a "see-through trust" eligible to elect BCO. The trustee must also complete the "Trustee Certification Form.
- The minimum amount that is required to elect BCO is $5,000.
- Your election, as well as the election of any other beneficiary who chooses to be a Continuation Beneficiary, must be received by September 30 of the calendar year following the calendar year of the deceased owner's or participant's death, along with all required paperwork. Beneficiaries who do not make a timely election will not be eligible for BCO.
- You will not be eligible to elect BCO if you make a death benefit settlement option that is inconsistent with BCO prior to submitting this form. Once you elect the BCO option, it cannot be changed or revoked. Distributions from the contract after your BCO election do not qualify for rollover treatment. (Example: You will not be eligible for BCO if you previously elected spousal rollover, Successor Owner/Annuitant (IRAs only) or an annuity payout option when you submitted the official Claim to Annuity Benefits form and the death certificate.)
- We must receive a separate BCO election form from each Continuation Beneficiary.

Terms and Conditions

1. A Continuation Beneficiary must meet all eligibility requirements stated on page 1. If there are multiple beneficiaries, any beneficiary who does not meet the eligibility requirements can choose to apply his/her share of the death benefit to any settlement option for which the beneficiary is eligible or receive a lump sum payment; all other beneficiaries may still be eligible to elect BCO. If the IRA contract is owned in a custodial IRA account and you are the spousal beneficiary under the custodial IRA account, you may instruct the custodian to elect BCO for the account by substituting yourself as the annuitant.

2. Before making any BCO election, you must determine whether you are an “eligible designated beneficiary” defined under the Internal Revenue Code Section 401(a)(9)(E)(ii). An individual beneficiary who is an "eligible designated beneficiary" or "EDB" is eligible to take annual post-death required minimum distribution payments over the life of the EDB or over a period not extending beyond the life expectancy of the EDB, as long as the distributions start no later than one year after your death. An individual beneficiary who is not an EDB is required to withdraw his/her entire BCO interest within 10 years. Please see Section 1 and check the appropriate category if it applies to you. You should consult your own tax adviser as to whether you qualify as an eligible designated beneficiary. You also acknowledge that Equitable does not provide tax advice. If you check classification as an EDB, by signing this form you indicate your understanding that Equitable shall not be liable to you or your heirs, successors and assigns if it is determined that you are not an EDB and the Internal Revenue Service imposes any fines, penalties or interest as a result of any distributions made or distributions that should have been made under the contract.

3. **Spousal Beneficiaries:** If you are one of multiple beneficiaries, you can only choose to stretch out payments over your life expectancy. If you are the sole primary beneficiary, you have a number of choices. You can do a spousal rollover or Successor Owner/Annuitant (IRAs only) or stretch BCO payments over your life expectancy. If you choose stretch, you can also defer starting stretch payments from the contract any time up until December 31st of the year in which your deceased spouse would have attained the applicable RMD age. *If the deceased attained (would have attained) age 72 after 2022 and age 73 before 2033, the applicable RMD age is 73. If the deceased would have attained age 74 after 2032, the applicable RMD age is 75. If the deceased were born prior to July 1, 1949, the applicable RMD age is 70 ½, and if the deceased were born on or after July 1, 1949 and before January 1, 1951, the applicable RMD age is 72. Please consult your financial professional to determine the best option for your particular needs.

4. **For disabled beneficiaries or chronically ill beneficiaries:** Please complete the applicable additional certification attached to this form. You may be required to furnish other proof of the existence of your condition in such form and manner as the Internal Revenue Service may require. You agree to maintain the physician’s written statement for your records and provide it upon request to Equitable.

5. If you are eligible and choose to stretch out distributions over life expectancy, we will calculate and distribute these required payments to you annually in December.

6. If you elect the 10-year BCO option, we will distribute any remaining BCO interest in the contract by the end of the 10th calendar year following the year of the owner’s death, unless federal tax rules permit use of a different date. We will not make any scheduled payments, but you can withdraw any amount at any time. Please note that even if you are an EDB eligible to stretch, if you did not make a timely election to stretch your BCO interest, the 10-year option will apply.

7. **Multiple Beneficiaries:** Where there are multiple beneficiaries, unless the deceased contract owner specifically indicated the contrary to us in writing prior to his/her death, we will allocate the Annuity Account Value or Minimum Death Benefit, whichever is higher, on a pro rata basis among these multiple beneficiaries, and we will maintain separate shares for each beneficiary. Under federal income tax rules, we may also be required to include the actuarial value of other benefits under the contract. Each beneficiary may independently select the distribution method of his/her choice.

8. If the deceased owner or participant was past his/her Required Beginning Date of taking lifetime RMD payments and he or she did not take the final lifetime RMD payment for the calendar year which contains his or her death, then the beneficiary(ies) must take that last lifetime RMD payment before amounts are applied to BCO.

9. If the deceased owner died on or after the required beginning date, you may be required to take an annual required minimum distribution even if you are subject to the 10-year option. Equitable will not make any scheduled RMD payments to you. Please consult with your own tax adviser. Failure to take your RMDs by the applicable deadline can result in a 25% (or 10% if corrected during a specified correction window) penalty tax on the amount of the RMD not taken. It is your responsibility to meet the RMD rules.

Terms and Conditions (Continued)

10. Upon the death of a Continuation Beneficiary, the beneficiary named by such Continuation Beneficiary to receive any remaining amounts will receive a lump sum payment of the remaining portion due the Continuation Beneficiary, unless the person designated by the deceased Continuation Beneficiary elects otherwise. A beneficiary of an EDB must take the remaining interest in the contract within 10 years after the death of such EDB. However, for a beneficiary of a non-EDB, the original 10-year period that commenced with the death of the owner/participant will continue to apply to the beneficiary of the non-EDB. If no beneficiary is designated, all remaining amounts will be paid out to the deceased Continuation Beneficiary's estate in a lump sum. Please note that any payment option we offer will be subject to our administrative rules relating to minimum account value and documentation we require at the time of the Continuation Beneficiary's death.

11. A Continuation Beneficiary cannot assign the contract.

12. For federal income tax reasons contract ownership must continue to include the deceased's name.

13. A Continuation Beneficiary has the right to reallocate or transfer amounts among investment options available. For further information on how to transfer some or all of the account value among the various investment options once your request has been processed, call the number above.

14. A Continuation Beneficiary cannot make contributions to the contract.

15. You may withdraw your full balance from this contract at any time without incurring withdrawal charges. This will end your status as a Continuation Beneficiary.

16. Select the appropriate "Beneficiary Continuation Option" and complete this form and return it along with your Claim to Annuity Death Benefits form and a certified death certificate to the address indicated on the form. Please also submit IRS Form W-9 or W-8 BEN as applicable.

17. Use the Request for Disbursement form to request distributions from this contract. Lump sum withdrawals from the contract that are in excess of the required distribution must be at least $300.

18. Election of this feature will not be processed if it is not approved within the state in which the contract was originally issued. For more information, contact our customer service representatives at 1-800-628-6673.

19. A beneficiary's BCO interest is determined in accordance with the beneficiary's share of the Annuity Account Value. When you elect BCO, we will reset the Annuity Account Value as of the date of receipt of all required documentation, to the Guaranteed Minimum Death Benefit (GMDB) that was in effect on the deceased's date of death, if it is higher than the Annuity Account Value. Thereafter, Guaranteed Income Benefit (GIB), provisions will no longer be in effect. All charges for this benefit will cease.

20. Systematic Withdrawal Options are not available for BCO contracts.

21. For income tax reasons contract ownership must continue to include the name of the deceased owner.

EQUITABLE

Retirement Cornerstone Series

Inherited IRA Beneficiary Continuation Option (BCO) Election Form

This form is applicable if the contract owner's death occurred on or after January 1, 2020.

For Traditional IRA and Roth IRA

Beneficiary: Please read the "Terms and Conditions" on page 2 and 3 before you make this election. You must meet eligibility requirements stated on page 1.

Each beneficiary who elects BCO must complete and sign an election form and return it to the Retirement Service Solutions Processing Office no later than September 30th of the calendar year following the calendar year which contains the date of death of the deceased IRA owner. Photocopies of form are permitted; original signature is required in Section 8. For Assistance Call (800) 789-7771.

1. Contract Information

Retirement Cornerstone Series Contract #

Age of Deceased at Death | Date of Birth (Mo./Day/Yr.) | Date of Death (Mo./Day/Yr.)

Deceased's Name: First | Middle Initial | Last

2. Information About You The Beneficiary

A) Are you the only beneficiary? ☐ Yes ☐ No ☐ Don't Know

B) Is the beneficiary a trust? ☐ Yes ☐ No If Yes, complete Trustee Certification Form

C) Are you a U.S. Person? ☐ Yes ☐ No* (Please submit, the appropriate Form W-8)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other _____ ☐ Male ☐ Female

Beneficiary's Name: First | Middle | Last

Social Security Number **(Required)**

( )

Date of Birth (Mo./Day/Yr.) | Best Time to Call/Telephone Number

Beneficiary's Street Address

City | State | Zip Code

Email Address

Are you an "Eligible Designated Beneficiary?" If so, check the category that applies. Please read the Terms and Conditions.

For a designated beneficiary who is disabled or chronically ill, complete the additional Certification of an Eligible Designated Beneficiary section below.

☐ 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) (Please complete the certification below or alternatively, you may submit a copy of your Social Security disability award letter)

☐ An individual who is "chronically ill" within the meaning of Internal Revenue Code Sections 401(a)(9)(E)(ii)(IV) and 7702B(c)(2) (please complete the certification below)

☐ A see-through trust whose sole beneficiary is one of the four individuals mentioned above (if the sole beneficiary is disabled or chronically ill, please follow the instructions below).

PHYSICIAN'S CERTIFICATION OF AN ELIGIBLE DESIGNATED BENEFICIARY WHO IS DISABLED OR CHRONICALLY ILL

If you indicated that you are a "disabled" or "chronically ill" individual beneficiary in section 2, please have your physician complete this certification.

This certification must be executed by a physician (as defined in section 1861(r)(1) of the Social Security Act).

I hereby certify that the beneficiary identified above in section 2 (the "Beneficiary"), was disabled or chronically ill individual, as on the date of the deceased owner's ("Decedent's") death, below.

I. Check whichever one of following boxes applies:

☐ *Disabled*. As of the date of the Decedent's death, the Beneficiary was disabled within the meaning of Internal Revenue Code sections 401(a)(9) and 72(m)(7). In particular, the Beneficiary, as of the date of the Decedent's death –

(1) has been unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment; and

(2) the condition can be expected to last continuously for a long-continued and indefinite duration or can be expected to result in death.

☐ *Chronically ill.* The Beneficiary is a chronically ill individual because he or she:

(1) has been unable, as of the date of the Decedent's death, to perform (without substantial assistance from another individual) at least 2 activities of daily living (within the meaning of Internal Revenue Code section 7702B(c)(2)(B)) for an indefinite period which is reasonably expected to be lengthy in nature due to a loss of functional capacity;

(2) has a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury Department in consultation with the Secretary of Health and Human Services) to the level of disability described in (1); or

(3) requires substantial supervision to protect himself or herself from threats to health and safety due to severe cognitive impairment.

II. By signing this document, I certify that I am authorized to sign this certification and that each of the statements and answers given herein are true and complete to the best of my knowledge.

_____

Physician's Printed Name

_____ _____

Signature of Physician Date

3. What Is Your BCO Choice

3A. Please Select One Payment Option.

Important Note: If the deceased owner died on or after the required beginning date, you may be required to take an annual required minimum distribution (RMD) even if you are subject to the 10-year option. Federal tax rules governing RMD payments are highly complex. Please consult with your own tax adviser. Failure to take your RMDs by the applicable deadline can result in a 25% (or 10% if corrected during a specified correction window) penalty tax on the amount of the RMD not taken. It is your responsibility to meet the RMD rules.

☐ **10-Year Option.** I understand that this is the only option available to non-EDBs, but that EDBs may also make this choice. I understand that by choosing this option all the funds in the contract must be liquidated by the end of the 10th calendar year following the calendar year of the original owner's date of death. I have the option to take a withdrawal at any time during the 10 years and understand that if I may be required to take an RMD annually depending on whether the deceased owner died before, or on or after the required beginning date. I understand that Equitable does not calculate any applicable RMD for me and that I need to consult with my own tax advisor and request an RMD each year if required. I further understand that any remaining amounts will be automatically distributed to me by the end of the 10th calendar year following the year of the owner's death.

☐ **Stretch.** I understand that this option is only available to EDBs. I understand that by making this choice, I choose to stretch my BCO interest over the period of my life expectancy using the IRS Single Life Table. I understand that you will make the scheduled BCO payments once a year in December beginning with the year after the deceased's death and that I can withdraw additional amounts at any time. I further understand that if I do not timely elect to stretch my BCO interest, I will not be able to stretch the payments, and the 10-year option will automatically apply to my BCO interest. See Terms and Conditions.

☐ **Spousal Stretch.** I understand that this option is only available to the surviving spouse of the decedent. I understand that by making this choice, I can defer starting RMD payments from the contract any time up until December 31st of the year in which my deceased spouse would have attained the applicable RMD age. I have documented my status. I don't want to start my once-a-year scheduled BCO payments in December of the year after my deceased spouse's death. I further understand that by making this election, I will have to initiate and request each payment to satisfy my RMD and that Equitable will not make any scheduled RMD payments to me.

Please read the "Terms and Conditions" on page 2 before completing this form.

3. What Is Your BCO Choice (Continued)

3B. Traditional IRA only:

If the deceased owner 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 f or the calendar year which contains his or her death, then you must take that last lifetime payment before amounts are app lied to BCO. You can satisfy this requirement by taking the RMD amount from any other traditional IRA previously owned by the deceased. Failure to take your RMDs by the applicable deadline can result in a 25% (or 10% if corrected during a specified correction window) penalty tax on the amount of the RMD not taken. It is your responsibility to meet the RMD rules. Please consult with your own tax adviser.

☐ Please check this box if you want to take the last lifetime RMD amount from the certificate/contract.

3C. Tax Withholding Election:

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

If no election is made, we must withhold at a default 10% 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 withheld from my withdrawal or surrender unless required.

B. ☐ I WANT 10% Federal Income Taxes withheld from my withdrawal or surrender.

C. ☐ I WANT _____% State Income Taxes withheld from my withdrawal or surrender, if applicable.

4. Custodial IRA Contract If the IRA contract is owned in a custodial IRA account please complete this section.

Other death benefit settlement options are available to beneficiaries of a custodial IRA account. Additional options for sole spousal beneficiaries include Spousal Rollover and Spousal Contract Continuation. In order for a beneficiary which is a custodial IRA account to effect a BCO election, the deceased's surviving spouse must be the sole beneficiary under the custodial IRA account and the custodian must substitute the deceased's surviving spouse as the annuitant under the contract. Please refer to Claim to Annuity Benefits information on other options.

Brokerage Account Number

Financial Representative's Name | Daytime Phone

Custodian Name and Title | TIN

Custodian Signature (Not Financial Representative or Broker Signature) | Date

Unless you specify otherwise on the line below, all withdrawals, including BCO payments, will be taken from your account value on a pro rata basis from the variable investment options.

Withdrawal Instructions:

5. Name of the Beneficiary(ies) Who Should Receive Your BCO Interest

If you die before the entire amount of your BCO interest (i.e., your portion of the Annuity Account Value of the deceased owner's contract) is distributed to you, we will pay any remaining amount to your estate in a lump sum unless you name a beneficiary for any remaining BCO interest at your death. If you name a beneficiary, we will make payments to that beneficiary. The BCO interest at that time will be the total Annuity Account Value (and any other value required by federal income tax rules to be allocated to you) as of the date we receive satisfactory proof of your death and all required documentation. If you name more than one beneficiary, we will divide any remaining BCO interest equally among beneficiaries unless you tell us otherwise. Include full names, Social Security Numbers (if available) and relationships to you. Please read the Terms and Conditions before you complete this Section.

(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

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

Contingent Beneficiary #1	%	☐ SSN ☐ TIN ☐ EIN	Relationship to Owner
Address		Date of Birth	Phone Number
Contingent Beneficiary #2	%	☐ SSN ☐ TIN ☐ EIN	Relationship to Owner
Address		Date of Birth	Phone Number
Contingent Beneficiary #3	%	☐ SSN ☐ TIN ☐ EIN	Relationship to Owner
Address		Date of Birth	Phone Number

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

6. Allocation to Investment Options

Investment Account Investment Options

(You may only specify funds that are being withdrawn from the Performance Account)

	Retirement Cornerstone 1	Retirement Cornerstone 11	Retirement Cornerstone 12	Retirement Cornerstone 13	Retirement Cornerstone 15	Retirement Cornerstone 17	Retirement Cornerstone 19		Contribution Allocation % (Required)
Performance Account Investment Options									
Asset Allocation									
1290 VT Moderate Growth Allocation	N/A	N/A	N/A	N/A	N/A	✓	✓		%
AB VPS Balanced Hedged Allocation Portfolio	✓	✓	✓	N/A	N/A	N/A	N/A		%
American Funds Insurance Series Managed Risk Asset Allocation Fund	✓	✓	✓	✓	N/A	N/A	N/A		%
BlackRock Global Allocation V.I. Fund	✓	✓	✓	✓	✓	✓	✓		%
Delaware Ivy VIP Asset Strategy	✓	✓	✓	✓	✓	N/A	N/A		%
EQ/AB Dynamic Aggressive Growth	N/A	N/A	N/A	N/A	N/A	✓	✓		%
EQ/AB Dynamic Growth Portfolio	N/A	N/A	N/A	N/A	✓	✓	✓		%
EQ/AB Dynamic Moderate Growth Portfolio	✓	✓	✓	✓	✓	✓	✓		%
EQ/Aggressive Allocation	✓	✓	✓	N/A	N/A	N/A	N/A		%
EQ/Aggressive Growth Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/All Asset Growth Allocation	✓	✓	✓	✓	✓	✓	✓		%
EQ/American Century Moderate Growth Allocation	N/A	N/A	N/A	N/A	N/A	✓	✓		%
EQ/Balanced Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/Conservative Growth MF/ETF Portfolio	✓	✓	✓	✓	✓	✓	✓		%
EQ/Conservative Growth Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/Conservative Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/Franklin Moderate Allocation	N/A	N/A	N/A	N/A	✓	✓	✓		%
EQ/Goldman Sachs Growth Allocation	N/A	N/A	N/A	N/A	N/A	✓	✓		%
EQ/Goldman Sachs Moderate Growth Allocation	N/A	N/A	N/A	N/A	✓	✓	✓		%
EQ/Growth MF/ETF Portfolio	N/A	N/A	N/A	N/A	N/A	N/A	✓		%
EQ/Growth Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/Invesco Moderate Allocation	N/A	N/A	N/A	N/A	✓	✓	✓		%
EQ/Invesco Moderate Growth Allocation	N/A	N/A	N/A	N/A	N/A	✓	✓		%
EQ/JPMorgan Growth Allocation	N/A	N/A	N/A	N/A	N/A	✓	✓		%
EQ/Moderate Allocation	✓	✓	✓	✓	✓	✓	✓		%
EQ/Moderate Growth MF/ETF Portfolio	N/A	N/A	N/A	N/A	N/A	N/A	✓		%
EQ/Moderate Growth Strategy	✓	✓	✓	✓	✓	✓	✓		%
EQ/Moderate Plus Allocation	✓	✓	✓	N/A	N/A	N/A	N/A		%
Fidelity® VIP Asset Manager Growth® Portfolio	✓	✓	N/A	N/A	N/A	N/A	N/A		%
Fidelity® VIP Freedom 2015 Portfolio	✓	✓	N/A	N/A	N/A	N/A	N/A		%
Fidelity® VIP Freedom 2020 Portfolio	✓	✓	N/A	N/A	N/A	N/A	N/A		%
Fidelity® VIP Freedom 2025 Portfolio	✓	✓	N/A	N/A	N/A	N/A	N/A		%

EQUITABLE

Investment Account Investment Options

(You may only specify funds that are being withdrawn from the Performance Account)

	Retirement Cornerstone 1	Retirement Cornerstone 11	Retirement Cornerstone 12	Retirement Cornerstone 13	Retirement Cornerstone 15	Retirement Cornerstone 17	Retirement Cornerstone 19	Contribution Allocation % (Required)
Performance Account Investment Options - *Continued*								
Asset Allocation (Continued)								
Fidelity® VIP Freedom 2030 Portfolio	✓	✓	N/A	N/A	N/A	N/A	N/A	%
First Trust / Dow Jones Dividend and Income Allocation Portfolio	✓	✓	✓	✓	✓	✓	✓	%
First Trust Multi Income Allocation Portfolio	N/A	N/A	N/A	✓	✓	✓	✓	%
Franklin Allocation VIP Fund	✓	✓	✓	✓	✓	✓	✓	%
Franklin Income VIP Fund	✓	✓	✓	✓	✓	✓	✓	%
Invesco V.I. Equity and Income Fund	N/A	N/A	N/A	N/A	✓	✓	✓	%
Large Cap Blend Stocks								
ClearBridge Variable Appreciation Portfolio	N/A	N/A	N/A	N/A	✓	✓	✓	%
EQ/500 Managed Volatility	✓	✓	N/A	N/A	N/A	N/A	N/A	%
EQ/AB Sustainable U.S. Thematic Portfolio	N/A	N/A	N/A	N/A	N/A	N/A	✓	%
EQ/Capital Group Research Portfolio	✓	✓	✓	✓	N/A	N/A	N/A	%
EQ/ClearBridge Select Equity Managed Volatility	✓	✓	✓	N/A	N/A	✓	✓	%
EQ/Common Stock Index	✓	✓	✓	✓	✓	✓	✓	%
EQ/Equity 500 Index	✓	✓	✓	✓	✓	✓	✓	%
EQ/Fidelity Institutional AM® Large Cap	✓	✓	✓	✓	✓	✓	✓	%
EQ/Franklin Rising Dividends	✓	✓	✓	✓	✓	✓	✓	%
Hartford Disciplined Equity HLS Fund	N/A	N/A	N/A	✓	✓	✓	✓	%
MFS® Investors Trust Series	✓	✓	✓	✓	✓	✓	✓	%
Large Cap Growth Stocks								
1290 VT Socially Responsible Portfolio	N/A	N/A	N/A	N/A	N/A	N/A	✓	%
Blackrock Large Cap Focus Growth V.I. Fund	✓	✓	✓	✓	✓	✓	✓	%
EQ/ClearBridge Large Cap Growth ESG	✓	✓	✓	✓	N/A	✓	✓	%
EQ/JPMorgan Growth Stock Portfolio	✓	✓	✓	✓	✓	✓	✓	%
EQ/Large Cap Growth Index	✓	✓	✓	✓	✓	✓	✓	%
EQ/Large Cap Growth Managed Volatility	✓	✓	✓	✓	N/A	N/A	N/A	%
EQ/Loomis Sayles Growth	✓	✓	✓	✓	✓	✓	✓	%
MFS® Massachusetts Investors Growth Stock Portfolio	✓	✓	✓	✓	✓	✓	✓	%
Multimanager Aggressive Equity	N/A	N/A	✓	✓	✓	✓	✓	%

EQUITABLE

Investment Account Investment Options

(You may only specify funds that are being withdrawn from the Performance Account)

	Retirement Cornerstone 1	Retirement Cornerstone 11	Retirement Cornerstone 12	Retirement Cornerstone 13	Retirement Cornerstone 15	Retirement Cornerstone 17	Retirement Cornerstone 19		Contribution Allocation % (Required)
Performance Account Investment Options - *Continued*									
Large Cap Value Stocks									
1290 VT Equity Income	✓	✓	✓	✓	✓	✓	✓		%
EQ/Invesco Comstock	✓	✓	✓	✓	✓	✓	✓		%
EQ/JPMorgan Value Opportunities	✓	✓	✓	✓	N/A	✓	✓		%
EQ/Large Cap Value Index	✓	✓	✓	✓	✓	✓	✓		%
EQ/Large Cap Value Managed Volatility	✓	✓	✓	✓	✓	✓	✓		%
EQ/Value Equity	✓	✓	✓	✓	✓	✓	✓		%
Invesco V.I. Diversified Dividend Fund	✓	✓	✓	✓	✓	✓	✓		%
Mid Cap Stocks									
ClearBridge Variable Mid Cap Portfolio[1]	N/A	N/A	N/A	N/A	✓	✓	✓		%
EQ/400 Managed Volatility	✓	✓	N/A	N/A	N/A	N/A	N/A		%
EQ/American Century Mid Cap Value	✓	✓	✓	✓	✓	✓	✓		%
EQ/Goldman Sachs Mid Cap Value	✓	✓	✓	✓	✓	✓	✓		%
EQ/Janus Enterprise	✓	✓	✓	✓	✓	✓	✓		%
EQ/MFS Mid Cap Focused Growth Portfolio	✓	✓	✓	✓	✓	✓	✓		%
EQ/Mid Cap Index	✓	✓	✓	✓	✓	✓	✓		%
EQ/Mid Cap Value Managed Volatility	✓	✓	✓	✓	✓	✓	✓		%
Fidelity® VIP Mid Cap Portfolio	✓	✓	✓	✓	✓	✓	✓		%
Invesco V.I. Main Street Mid Cap Fund®	✓	✓	✓	✓	✓	✓	✓		%
Small Cap Stocks									
1290 VT GAMCO Small Company Value	✓	✓	✓	✓	✓	✓	✓		%
1290 VT Microcap	N/A	N/A	N/A	N/A	N/A	✓	✓		%
1290 VT Small Cap Value	N/A	N/A	✓	✓	✓	✓	✓		%
EQ/2000 Managed Volatility	✓	✓	N/A	N/A	N/A	N/A	N/A		%
EQ/AB Small Cap Growth	✓	✓	✓	✓	✓	✓			%
EQ/Franklin Small Cap Value Managed Volatility	✓	✓	✓	N/A	N/A	N/A	N/A		%
EQ/Small Company Index	✓	✓	✓	✓	✓	✓	✓		%
Invesco V.I. Small Cap Equity Fund	✓	✓	✓	✓	✓	✓	✓		%

[1] Prior to on or about 4/29/2016, this Investment Option was called “ClearBridge Variable Mid Cap Core Portfolio”.

EQUITABLE

Investment Account Investment Options

(You may only specify funds that are being withdrawn from the Performance Account)

	Retirement Cornerstone 1	Retirement Cornerstone 11	Retirement Cornerstone 12	Retirement Cornerstone 13	Retirement Cornerstone 15	Retirement Cornerstone 17	Retirement Cornerstone 19	Contribution Allocation % (Required)
Performance Account Investment Options - *Continued*								
International/Global Stocks								
1290 VT SmartBeta Equity ESG	✓	✓	✓	N/A	N/A	✓	✓	%
American Funds Insurance Series® Global Small Capitalization Fund℠	✓	✓	✓	✓	✓	✓	✓	%
American Funds Insurance Series® New World Fund®	✓	✓	✓	✓	✓	✓	✓	%
EQ/Emerging Markets Equity PLUS	✓	✓	✓	✓	✓	✓	✓	%
EQ/Global Equity Managed Volatility	✓	✓	✓	✓	N/A	N/A	N/A	%
EQ/International Core Managed Volatility	✓	✓	✓	✓	✓	✓	✓	%
EQ/International Equity Index	✓	✓	✓	✓	✓	✓	✓	%
EQ/International Managed Volatility	✓	✓	N/A	N/A	N/A	N/A	N/A	%
EQ/International Value Managed Volatility	✓	✓	✓	✓	N/A	N/A	N/A	%
EQ/Invesco Global Portfolio	✓	✓	✓	✓	✓	✓	✓	%
EQ/Lazard Emerging Markets Equity	✓	✓	✓	✓	✓	✓	✓	%
EQ/MFS International Growth	✓	✓	✓	✓	✓	✓	✓	%
EQ/MFS International Intrinsic Value	✓	✓	✓	✓	✓	✓	✓	%
Templeton Developing Markets VIP Fund	✓	✓	✓	✓	✓	✓	✓	%
Specialty								
1290 VT GAMCO Mergers & Acquisitions	✓	✓	✓	✓	✓	✓	✓	%
1290 VT Multi-Alternative Strategies	✓	✓	N/A	N/A	N/A	N/A	N/A	%
1290 VT Natural Resources	✓	✓	✓	✓	✓	✓	✓	%
1290 VT Real Estate Portfolio	✓	✓	✓	✓	✓	✓	✓	%
Eaton Vance VT Floating-Rate Income Fund	N/A	N/A	N/A	N/A	✓	✓	✓	%
EQ/Invesco Global Real Assets	✓	✓	✓	✓	✓	✓	✓	%
EQ/MFS Technology	✓	✓	✓	✓	✓	✓	✓	%
EQ/ Utilities Series	✓	✓	✓	✓	✓	✓	✓	%
EQ/T. Rowe Price Health Sciences	✓	✓	✓	✓	✓	✓	✓	%
EQ/Wellington Energy Portfolio	✓	✓	✓	✓	✓	✓	✓	%
Guggenheim VIF Global Managed Futures Strategy Fund	✓	✓	N/A	N/A	N/A	N/A	N/A	%

EQUITABLE

Investment Account Investment Options

(You may only specify funds that are being withdrawn from the Performance Account)

	Retirement Cornerstone 1	Retirement Cornerstone 11	Retirement Cornerstone 12	Retirement Cornerstone 13	Retirement Cornerstone 15	Retirement Cornerstone 17	Retirement Cornerstone 19		Contribution Allocation % (Required)
Performance Account Investment Options - *Continued*									
Specialty (Continued)									
Multimanager Technology	N/A	N/A	N/A	N/A	✓	✓	✓		%
PIMCO VIT CommodityRealReturn® Strategy Portfolio	✓	✓	✓	✓	✓	✓	✓		%
PIMCO VIT Emerging Markets Bond Portfolio	✓	✓	✓	✓	N/A	N/A	N/A		%
ProFund VP Bear	✓	N/A	N/A	N/A	N/A	N/A	N/A		%
ProFund VP Biotechnology	✓	✓	✓	✓	✓	✓	✓		%
VanEck VIP Global Resources Fund	✓	✓	✓	✓	✓	N/A	N/A		%
International/Global Bonds									
EQ/Core Plus Bond	✓	✓	✓	✓	✓	✓	✓		%
Templeton Global Bond VIP Fund	✓	✓	✓	✓	✓	✓	✓		%
High Yield Bonds									
1290 VT High Yield Bond	✓	✓	✓	✓	✓	✓	✓		%
Delaware Ivy VIP High Income	✓	✓	✓	✓	✓	✓	✓		%
Invesco V.I. High Yield Fund	✓	✓	✓	✓	✓	✓	✓		%
Bonds									
1290 VT DoubleLine Opportunistic Bond	N/A	N/A	N/A	N/A	✓	✓	✓		%
American Funds Insurance Series The Bond Fund of America	✓	✓	✓	✓	✓	✓	✓		%
EQ/Core Bond Index	✓	✓	✓	✓	✓	✓	✓		%
EQ/Intermediate Government Bond	✓	✓	✓	✓	✓	✓	✓		%
EQ/PIMCO Global Real Return	✓	✓	✓	✓	✓	✓	✓		%
EQ/PIMCO Real Return	✓	✓	✓	✓	✓	✓	✓		%
EQ/PIMCO Total Return ESG	✓	✓	✓	✓	✓	✓	✓		%
EQ/PIMCO Ultra Short Bond	✓	✓	✓	✓	✓	✓	✓		%
Fidelity VIP Strategic Income Portfolio	✓	✓	✓	✓	✓	✓	✓		%
Lord Abbett Bond Debenture	✓	✓	✓	✓	✓	✓	✓		%
PIMCO VIT Income Portfolio	N/A	N/A	N/A	N/A	N/A	✓	✓		%
Cash/Cash Equivalents									
EQ/Money Market	✓	✓	✓	✓	✓	✓	✓		%
Guaranteed Interest Option (GIO) (maximum 25%)	✓	✓	✓	✓	✓	✓	✓[2]		%
Guaranteed Interest Option (GIO) (maximum 5%)	N/A	N/A	N/A	N/A	N/A	N/A	✓[2]		%
Total (Total of all Investment Options chosen must equal 100%)									100%

[2] The maximum allocation to the GIO is 25% for Retirement Cornerstone 19 contracts with applications signed before May 22, 2023, and 5% for contracts with applications signed on or after May 22, 2023.

7A. 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.

7A. 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.

7B. 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.

8. 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 7. ***If your state is not listed, please check the "OTHER" box below.***

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

I have read and understand the appropriate fraud warning in Section 7 for this state.

(New York State Residents: You must also sign the affidavit for New York State Fraud Warning in Section 7 of this form.)

By electing BCO and signing this form I authorize Equitable Financial Life Insurance Company, Equitable Financial Life Insurance Company of America to distribute my portion of the interest in the deceased owner's certificate/contract according to my election in Section 3. I have read and understand *Eligibility for BCO* on page 1 and the *Terms and Conditions* on pages 2 and 3 of this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
2. I am a *U.S. person (including a U.S. resident alien), and
3. I am not subject to backup withholding due to failure to report interest and dividend income.

* If you are not a U.S. person for tax purposes, you must complete and submit the appropriate Form W-8.

X _____ _____

YOUR SIGNATURE – REQUIRED FOR ALL STATES DATE

This form is furnished prior to determination by Equitable Financial Life Insurance Company, Equitable Financial Life Insurance Company of America 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 *"Inherited IRA Beneficiary Continuation Option Election"* form to:

Regular Mail:
Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America
Retirement Service Solutions
P.O. Box 1016
Charlotte, NC 28201-1016

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