



EQUITABLE

Equitable Advisors, LLC
(Equitable Financial Advisors
in MI & TN)
Equitable Distributors, LLC
For Assistance Call 800-789-7771

Equitable's Variable Annuity Series

Authorization for Direct Deposit of Systematic Withdrawals, Scheduled Payments and Annuity Payments

Express Mail:
Equitable Financial Life Insurance Company
Retirement Service Solutions
500 Plaza Drive, 7th Floor
Secaucus, NJ 07094
Regular Mail:
Equitable Financial Life Insurance Company
Retirement Service Solutions
P.O. Box 1547
Secaucus, NJ 07096-1547
Fax:
(816)-701-8040

Owner's Name (*First, Middle, Last*) _____

Owner's Daytime Phone Number _____

Joint Owner's Name (*First, Middle, Last*)* _____

Joint Owner's Daytime Phone Number* _____

Annuitant's Name (*If other than Owner*) _____

Certificate/Contract Number _____

*For Equitable Retirement Income for LifeSM, complete this information for the Successor Owner if he/she is also a joint owner.

Financial Institution Information Please read the information below before completing this section.

Please attach a **VOID** check (Not a deposit slip) and complete the following information below.

Direct Deposit is an easy and convenient way to receive your withdrawal. Your bank or financial institution may take up to 2 or more business days to deposit the funds into your account.

Complete this section for direct payments to either your checking or savings account. Please read the information under the Direct Deposit Agreement before completing this section. Keep in mind that in order to take advantage of direct deposit, your financial institution **MUST** be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association. Please check with your bank to make sure they participate before completing this form.

Please enter your bank account information on lines 1-4. Your bank or financial institution may take up to 2 or more business days to credit the funds to your account.

- This bank account has been previously used by me to electronically receive funds from Equitable. I acknowledge that for my own security, if this cannot be verified, a check payable to me will be mailed to my address of record.
- This bank account has not been used previously for electronic transfer of funds with Equitable. I acknowledge that for my own security, Equitable will attempt to validate the bank account, and if this cannot be verified, a check payable to me will be mailed to my address of record.

PLEASE NOTE: If we are unable to verify the bank account information based on the information you provided, a check will be mailed to your address of record.

Routing Number (9 digits): _____

Account Number _____

Account Holder Name _____

Bank Name (Required) _____

Address of Bank _____

Brokerage Account*

Brokerage Account Number _____

Financial Institution's Name (Required) _____

***A CHECK WILL BE SENT IN THE FOLLOWING CASES:** Not all brokerage accounts accept electronic payments. A check will be mailed to the client's address of record if the electronic payment is unable to successfully process. Distributions on custodial owned contracts will be sent to the custodian.

Financial Institution Information (Continued)

Please read the information below before completing this section.

Direct Deposit Agreement

By my signature in Section 7 I consent to the following:

- I certify that the bank account referenced above is under the same Ownership and Title as the annuity contract that is processing the withdrawal(s).
- By submitting the form with a voided check and signing below you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your financial institution prior to submitting the form to ensure that you have the correct information for direct deposit. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signor on each account and that the funds are being deposited to a financial institution within the US and will remain in a US bank. The funds will not be credited further into a bank located outside the U.S.. I authorize Equitable Financial Life Insurance Company ("Equitable") above to deposit the amount of my withdrawal automatically into my savings or checking account(s).
- 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 may subject such person to criminal and civil penalties.
- I hereby authorize Equitable to directly deposit the amount of my withdrawal in the account listed above at the above-named bank/financial institution. This authorization will become effective only upon acceptance by Equitable. This agreement will remain in full force and effect until Equitable has received written notification from me of its termination in such time and in such manner as to afford Equitable and my bank or financial institution a reasonable opportunity to act on it.
- In the event that Equitable notifies the financial institution that funds to which I am not entitled have been deposited to my account, in error, I hereby authorize and direct the financial institution to return said funds to Equitable as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to Equitable is not possible, I authorize Equitable to recover those funds by off-setting the amount erroneously paid to me from any future payments from Equitable until the amount of the erroneous deposit has been recovered, in full. It is understood that I will be notified by Equitable when this condition occurs.

X

Bank Depositor/Credit Union Member Signature

Date

X

Signature of Owner *(If not Depositor)*

Date

X

Signature of Joint Owner* *(If not Depositor)*

Date

*For Equitable Retirement Income for LifeSM, the Successor Owner must sign if he/she is also a joint owner.