



EQUITABLE

Accumulator®
Non-Financial Change
Variable Annuity Series

Equitable Advisors, LLC (Equitable Financial Advisors in MI & TN)
Equitable Distributors, LLC
For Assistance Call: (800) 789-7771
Monday–Thursday 8:30 am - 7:00 pm EST
Friday 8:30 am - 5:30 pm EST
To Sign Up For eDelivery:
Visit us at www.equitable.com

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 Number:
(816) 701-8040

1. Type of Request

Please complete the sections listed below if you are requesting a:

- Name Change or Correction — sections 2, 3, 9
Address Change — sections 2, 4, 9
Ownership Change — section 2, 5, 6, 9
Beneficiary Change — sections 2, 6, 9
Successor Owner Change — sections 2, 7, 9
Successor Owner/Joint Annuitant Change — sections 2, 8, 9

2. Owner’s Information (Please print)

Certificate/Contract Number(s):

Owner’s Name: _____
First Middle/MI Last

Owner’s Taxpayer Identification Number: _____
SSN TIN EIN

Owner’s Daytime Phone Number: _____
xxx-xxx-xxxx

Owner’s Email Address: _____

Joint Owner’s Name: _____
First Middle/MI Last

Joint Owner’s Social Security Number: _____
xxx-xx-xxxx

Joint Owner’s Daytime Phone Number: _____
xxx-xxx-xxxx

Annuitant’s Name (if other than owner): _____
First Middle/MI Last

3. Name Change or Correction

Change the name of: Owner* Annuitant Other _____

From *(former name, please print)* _____

To *(new name, please print)* _____

Reason for Change *(attach copy of legal evidence of the name change)*

Marriage Divorce Correction Other _____

* If this is a name change for the owner, please make sure to sign both old and new names in the signature section on page 5.

4. Address Change

Change the address of: Owner Annuitant Other _____

New Address: _____
Number & Street Apt. / Suite / Floor

City

State

Zip Code

5. Ownership Change

(Only for Non-Qualified contracts - those contracts which do not contain any QP or IRA assets)

- Generally, for all Series 06, 07, 8.0, and 9.0 contracts if ownership changes, all optional benefits terminate; however, in certain cases where an ownership change does not terminate the benefits, the measuring life for the optional benefits will remain the same on the Contract. The date of birth and gender will remain those of the original owner in the cases where benefits do not terminate.
- For Non-Natural Owner contracts where the ownership changes to an individual, benefits will continue based on the life of the original annuitant.
- When ownership is changed, the original beneficiary designations will remain on the contract until the new owner provides new designations. Please complete Section 6 if you wish to update the beneficiary designations on the contract.

Transfer ownership of the Certificate/Contract to:

Name of New Owner *(First, Middle, Last)** Male Female Entity**

Address *(Street, City, State, Zip Code)* Date of Birth *(mm/dd/yyyy)*

Relationship to Current Owner*** Phone Number xxx-xxx-xxxx

New Owner's TIN: Social Security Number EIN Other

New Owner's Occupation New Owner's Citizenship Name of Financer *(if applicable)*

Government Issued Identification ID ID Number Exp. Date State/Country of Issuance
*(Example - Driver's License/Passport/
Green Card/Visa/Passport Number)*

5. Ownership Change (Continued)

Is this individual a Politically Exposed Person****

Yes

No

If **Yes**, please provide position and country _____

** For Trusts: Trust certification that proves the trust exists and indicates the name of the Trustee(s) or submit the front page and signature page of the Trust document.*

*** if the "entity" is selected, the non-natural owner form must be populated and submitted as well*

**** All optional riders and benefits that are subject to a separate charge will be terminated if the new owner is not 1) a family member or 2) a trust established for the benefit of a family member or 3) a trust qualified under Section 501(c) of the Internal Revenue Code or 4) a successor by operation of law, such as an executor or guardian. Please see your contract or prospectus for further information.*

***** A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates – People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP*

6. Beneficiary Change

• **All sections below are mandatory.**

• If a trust is designated as a beneficiary, please include the full name of the trust and the date and name(s) of the present acting trustee(s).

• *Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke all prior beneficiary(ies) designation(s) and make the following designation(s):*

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

Primary Beneficiary #1	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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Primary Beneficiary #2	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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Primary Beneficiary #3	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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6. Beneficiary Change (Continued)**(b) Contingent Beneficiary(ies) (If more than one, indicate %)****

Primary Beneficiary #1	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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Primary Beneficiary #2	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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Primary Beneficiary #3	%	<input type="checkbox"/> SSN	<input type="checkbox"/> TIN	<input type="checkbox"/> EIN	Relationship to Owner
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Address	DOB (mm/dd/yyyy)	Phone # xxx-xxx-xxxx
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* Your spouse must be named the sole primary beneficiary in order for him/her to become the successor owner/annuitant at your death.
** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

7. Successor Owner Change (Pre Series 06)

This only applies to NQ certificates/contracts where Owner and Annuitant are different persons. Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke the prior Successor Owner designation and make the following new designation:

Male Female

Name (First, Middle, Last)

Address (Street, City, State, Zip Code)

Date of Birth (mm/dd/yyyy)

Home Phone Number xxx-xxx-xxxx

SSN TIN EIN

Government Issued Identification ID (Example - Driver's License/Passport/ Green Card/Visa/Passport Number)	ID Number	Exp. Date	State/Country of Issuance
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8. Successor Owner/Joint Annuitant Change (For Contracts with GWBL)

A. I am electing to **drop** the Successor Owner/Joint Annuitant (as applicable).

I understand that the Successor Owner's signature is required in *Section 9* if he/she is also a joint owner. I understand that if no withdrawal has been taken from the contract specified in *Section 2*, the charge will be adjusted prospectively to reflect the charge for a Single Life contract.

For contracts with individual owners: I also understand that payments are guaranteed for my life only and that my age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Successor Owner after this transaction is processed.

For contracts with non-natural Owners: I also understand that payments are guaranteed for the remaining Annuitant's life only, whose age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Joint Annuitant after this transaction is processed.

For all Contracts: I also understand that if a withdrawal has already been taken, the charge will not be adjusted and the Applicable Percentage will remain at its current level.

8. Successor Owner/Joint Annuitant Change (For Contracts with GWBL) (Continued)

B. I am electing to **change** the Successor Owner/Joint Annuitant (as applicable). *(This option is not available if a withdrawal has already been taken from the contract.)*

For contracts with individual owners: I understand that the signature of the current Successor Owner who is currently designated in the contract is required in *Section 9* if he/she is also a joint owner and is currently living. I also understand that the new Successor Owner must be my current spouse. I also understand that the age of the younger of the two of us will determine the Applicable Percentage when I first take a withdrawal from the contract.

For contracts with non-natural owners: I understand that the new Joint Annuitant must be the current spouse of the Annuitant. I also understand that the age of the younger of the two Annuitants will determine the Applicable Percentage when I first take a withdrawal from the contract.

For all contracts: Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract referenced in *Section 2*, I hereby revoke the prior Successor Owner designation and make the following new designation:

Name *(First, Middle, Last)* Male Female Entity

Address *(Street, City, State, Zip Code)* _____
Date of Birth (mm/dd/yyyy)

Home Phone Number xxx-xxx-xxxx SSN TIN EIN

I elect to designate the new Successor Owner as a joint owner.

Government Issued Identification ID ID Number Exp. Date State/Country of Issuance
*(Example - Driver's License/Passport/
Green Card/Visa/Passport Number)*

9. Signatures

Effective Date: After receipt and approval by Equitable Financial Life Insurance Company, the change(s) shall be effective as of the date of signing below but without prejudice to Equitable on account of any payment made or action taken before receipt of this request. Equitable may require additional signatures or information.

Signature: _____
Owner *(if owned by an entity, show title;
if name change, sign former owner's name)* _____
Current Date (mm/dd/yyyy)

Signature: _____
Joint Owner _____
Current Date (mm/dd/yyyy)

Signature: _____
New Owner *(if ownership change is indicated in Section 5)* _____
Current Date (mm/dd/yyyy)

Signature: _____
Witness *(Required for change of owner)* _____
Current Date (mm/dd/yyyy)

9. Signatures (Continued)

General Information about Signature Requirements

Multiple/Joint Owners: Must be signed by all Owners.

Assignments: 1) Collateral — Assignee and present Owner;
2) Absolute — Assignee.

Corporation: One officer other than the Insured on behalf of the corporation.

Attorney-in-Fact/Guardian: Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.

Partnerships (Not available for Select or Series C contracts): Requests must be submitted in the name of the Partnership and signed by a partner other than the Insured, or two partners if Insured signs.

10. Special Instructions



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