



EQUITABLE

Equitable Variable Annuity Series

For Use With:
Retirement Cornerstone®
Structured Capital Strategies®
Investment Edge®

Equitable Advisors, LLC
(Equitable Financial Advisors in MI & TN)
Equitable Distributors, LLC

Express Mail:
Equitable Financial Life Insurance Company
Retirement Service Solutions
500 Plaza Drive, 7th Floor
Secaucus, NJ 07094-3619
Regular Mail:
Equitable Financial Life Insurance Company
Retirement Service Solutions
P.O. Box 1547
Secaucus, NJ 07096-1547
Fax Number:
(816) 701-8040

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

For Assistance with Retirement Cornerstone/Investment Edge Contracts: Call 800-789-7771
For Assistance with Structured Capital Strategies Contracts: Call 877-899-3743

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 _____

How To Receive Your Distribution

PLEASE COMPLETE THIS SECTION. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

PLEASE PROVIDE A VOIDED CHECK FOR THE DIRECT DEPOSIT OR WIRE TRANSFER OPTION. IF YOU DO NOT, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

- First Class Mail** No Fee – Please allow 5-10 business days for delivery of your check.
- Direct Deposit** No Fee – **Please enter your bank account information on lines below.** 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.

How To Receive Your Distribution (Continued)**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