



EQUITABLE

EQUI-VEST® How to Claim Annuity Benefits

Regular Mail:
Equitable
EQUI-VEST® Processing Office
P.O. Box 4956
Syracuse, NY 13221

Express Mail:
Equitable
EQUI-VEST® Processing Office
Suite 1000
100 Madison St.
Syracuse, N.Y. 13202

How to Begin

Before you submit your claim for processing, it would be helpful to locate the annuity contract, account statements, confirmation notices or correspondence about the contract. These items can help identify the type of annuity contract owned by the deceased and which distribution options may be available to you. If you cannot easily find these items, just call us and we will provide the information from our records.

Your distribution options can vary depending on the type of contract (for example, Non-Qualified or Traditional IRA) and your relationship to the deceased. Your financial professional or the retirement plan administrator may be able to provide some needed information about the contract. Or, you can simply call us at 1-800-628-6673 for answers to your questions about the contract and your distribution options.

Please note: Your distribution election, and its tax consequences, cannot be changed once a payment has been made to you. We strongly recommend that you consult with a tax advisor before you request a distribution.

Completing the forms

Each beneficiary claiming benefits must complete this Claim to *Annuity Benefits* form and any additional forms needed for the distribution option(s) selected. Plus, special kinds of beneficiaries (i.e., a minor, trust, estate, partnership, corporation or non-U.S. citizen) are required to provide additional information. A special beneficiary should call us at 1-800-628-6673 for information and any additional forms needed.

Claim to Annuity Benefits. Each beneficiary must complete this form, in addition to one (or more) of the following forms to elect a distribution option. Exclusions may apply, so please refer to each form for details.

Beneficiary Continuation Option (BCO). This option is only available for beneficiaries of these contract types: Traditional IRA, Roth IRA, SEP, SIMPLE IRA, TSA, TSA Vantage and EQUI-VEST Strategies. It continues the annuity contract and may allow you to choose how to take your benefits.

Trustee Certification Form. If an eligible trust elects the Beneficiary Continuation Option, it will be necessary to complete this form, *in addition* to Beneficiary Continuation Option (BCO) Form. Only available to Traditional IRA, QP IRA, SEP IRA, SIMPLE IRA, Roth IRA, TSA and TSA Vantage.

NQ Beneficiary Continuation Option (NQ BCO). This option is only available for beneficiaries of EQUI-VEST (Series 400, 800 and 801) and EQUI-VEST Express if it is approved within the state where the contract was originally issued. NQ BCO is only available at the death of the contract owner.

Periodic Payment Plan Option. This option is available for *any beneficiary* and can be used in combination with any of the preceding options, including lump sum distributions. It involves the purchase of a fixed or variable deferred annuity with all or a portion of your benefits. (You can ask your Equitable Advisor for a personalized quote.)

Successor Owner/Annuitant (SOA) Option. This option is only available if the spouse is the sole beneficiary of certain contract types (NQ, Traditional IRA, QP IRA, Roth IRA, SEP/SARSEP and Simple IRA) and the annuitant and the owner are the same. It continues the annuity contract and generally lets you decide when you want to take funds from the contract. The spouse becomes the successor owner/annuitant under the existing contract.

Lump Sum Distribution Form. This option is available for any *beneficiary*. Your distribution will be taxable to you in the year paid.

Spousal Benefit Rollover. *Spousal* beneficiaries of Traditional IRA contracts can roll over benefits into eligible retirement plans that will accept funds. Please speak to your financial professional for more information if a new contract is requested as additional forms may be required. Additionally, the death benefit proceeds could vary up or down, based on investment performance, until a new contract is issued.

How to Mail Your Claim

Your completed documents can be mailed to Equitable at the following address or faxed to the EQUI-VEST Processing Office at (816) 701-4967:

Be sure to include the following items:

- a. Your complete *Claim to Annuity Benefits* form.
- b. A death certificate.
- c. Any other claim form that is required for the payment option you have selected (see Section 3 of the form).
- d. Provide any additional required documents such as tax waivers, guardianship papers, estate documents, etc.

Additional documents may be required depending upon the contract type and beneficiary status. Please call us at 1-800-628-6673 to ask whether additional documents are required to process your claim.



Current Online Transactions

- Address Changes
• Allocation Changes
• Dollar Cost Averaging Set Ups
• Inquiries
• Systematic Asset Rebalancing
• Transfers

Each beneficiary should complete this form

About This Form

Each beneficiary is required to complete a copy of this form to claim death benefits from an Equitable annuity contract. Additional forms may be required as described on the instructions attached to this form.

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.

1. Provide Information About the Deceased

Deceased's Name (first, middle initial, last)
Date of Death (month/day/year) Social Security or Other Taxpayer ID Number
Street Address
City, State, Zip
Contract(s) or certificate number(s):

2. Provide Information About the Beneficiary

Are you a(n): Individual Minor Estate Trust Corporation Partnership
What is your relationship to the deceased?
If former spouse, what state did the divorce take place in? When?
For Trust/Estate: State to be used for taxation purposes
Are you a U.S. citizen? Yes No (if not, call 1-800-628-6673 for further instructions.)
Your Name (first, middle initial, last)
Street Address
City, State, Zip
Date of Birth (month/day/year) Beneficiary's Social Security or Other Taxpayer ID Number
Daytime Telephone Number Mobile Telephone Number
Email Address

3 . How Would You Like To Receive Payment ?

I have reviewed the options available to me and have consulted with my tax advisor before requesting benefits. Please pay my benefits using one or more of the following options:

Beneficiary Continuation Option (BCO)

(Complete applicable *Beneficiary Continuation Option* form for IRA, TSA or NQ.)

Periodic Payment Plan Option

(Complete *Periodic Payment Plan Option* form.)

Successor Owner/Annuitant Option (SOA)

(Complete *Successor Owner/Annuitant Option* form. Note that this option is available to spousal beneficiaries only.)

Lump Sum Distribution Option

(Complete the *Lump Sum Distribution* form.)

Spousal Benefit Rollover

(Speak with your financial professional to establish a new contract or if you want to roll the funds into an eligible retirement plan that will accept funds, please indicate the contract number here: _____.)

4 . Please Read and Sign Here

Please check your state of residence on the list below:

Alabama

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

Rhode Island

Tennessee

Texas

Virginia

Washington

West Virginia

Other (please indicate): _____

By signing below, I affirm that I have read the appropriate disclosure language found in Section 5, if any, for my state of residence and that I have provided my correct Taxpayer ID Number. (New York State Residents: Do not sign here. Instead, please sign affidavit below New York State Fraud Warning in Section 5 (below) of this form.) Each beneficiary must complete and sign a Claim to Annuity Benefits Form. Photocopies of forms are permitted; however, original signatures are required in this section.

Your Signature

Date

It is important that you provide us with all required documentation on a timely basis in connection with settling your claim. Failure to do so may result in the death benefit being considered abandoned property under state law. We are required to report property that we are holding that is inactive for a set period of time (usually between one and five years) as unclaimed or abandoned property and remit such property to the applicable state.

We have furnished this form to you before any review of the annuity contract. Equitable Financial Life Insurance Company reserves the right to determine whether any annuity benefits were in force.

5 . Special State Disclosures

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 and 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 under state law.

Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, Texas, West Virginia:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties, including fines and confinement in prison.

Arizona and California:

For your protection, Arizona or California 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 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:

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.

District of Columbia, 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 or any other person. 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 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 subjects such person to criminal and civil penalties.

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 Jersey:

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.

NY STATE RESIDENTS READ AND SIGN ONLY:

I have read and understood the New York State Fraud Warning.

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.

5. Special State Disclosures (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 dollars (\$5,000) and not more than ten thousand dollars (\$10,000), 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.

Next Steps

Upon receipt of your claim, we'll either distribute your benefits or we'll notify you that additional information is required to process your distribution. Please be assured that we'll make every effort to process your claim quickly and give you access to your funds.

Depending on the distribution option(s) you selected, you can expect to receive any one or more of the following:

If you chose...

You will receive...

Successor Owner/Annuitant

- Confirmation notice and endorsement

Spousal Benefit Rollover

- Confirmation notice

Beneficiary Continuation Option

- Confirmation notice, welcome letter, prospectus

Periodic Payment Plan

- First payment check
- Periodic payment plan contract
- A Direct Deposit form to mail payments to your financial institution, if desired

Lump Sum Distribution

- A Lump Sum Check, OR
- If you elect, an Access Account Draftbook

Questions ?

You can rely on your financial professional to answer your questions or you can call Equitable at 1-800-628-6673. We appreciate this opportunity to be of service to you.