



To Receive Your Funds in a Single Payment About This Form

If you need funds immediately to pay taxes, settle large debts or invest yourself, use this form. If you need more information we ask that you call us at 1-800-789-7771. Please note that the term contract applies to "certificates under a group contract." In order to complete a transfer, this Lump Sum Distribution form must be completed and submitted with all applicable transfer forms signed by an authorized officer at accepting company.

- I understand that as a beneficiary, taking a lump sum distribution is not my only option and that certain options may be combined.
- I understand that while Equitable does not provide tax advice, some options may result in tax consequences and that I should consult a tax professional when making decisions.
- Please note for non-qualified contracts, a lump sum distribution will result in tax consequences on any investment gains in the contract. Please consult a tax professional when making decisions.

1. Provide Information About the Deceased

Deceased's Name (first, middle initial, last) _____

Date of Death (month/day/year) _____ Date of Birth (month/day/year) _____

Street Address (No P.O. Box Permitted) _____

City, State, Zip _____

Contract(s) or Certificate Number(s) Lost Enclosed

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2. Provide Information About Yourself

A) Are you a(n): Individual Minor Estate Trust Corporation Partnership

B) Are you the spouse of the deceased? Yes No

If not, what is your relationship to the deceased? _____

C) Are you the sole beneficiary? Yes No Don't know

D) Are you a U.S. Citizen? Yes No (If not, call 1-800-789-7771 for further instructions.)

Your Name (first, middle initial, last) _____

Street Address (No P.O. Box Permitted) _____

City, State, Zip _____

Date of Birth (month/day/year) Social Security No. EIN Other Taxpayer ID No.

Daytime Telephone Number _____ Evening Telephone Number _____

Email Address _____

3. How Much Would You Like to Receive in a Lump Sum Payment?

A. All of the death benefit proceeds

B. A portion of the death benefit proceeds

Indicate desired amount: \$ _____

What do you want us to do with the balance of the proceeds? _____

Additional form(s) will be required. For more information, refer to "Guaranteed Growth Annuity — How to Claim Annuity Benefits".

C. **For 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 for the calendar year which contains his or her death, then I understand that I must take that last lifetime payment. I understand that I can satisfy this requirement by taking the RMD amount calculated for this contract from any other traditional IRA previously owned by the deceased owner.

4. Mail Payment To **Address in Section 2 of this Form** **Address Indicated Below**

Street Address

City, State, Zip

5. Tax Withholding

- Income taxes will be withheld unless you elect (and are eligible) not to have taxes withheld. Please note, we may be required to withhold income taxes if you do not provide your correct Taxpayer ID Number or if you are taking certain kinds of distributions from a tax-qualified retirement plan. For more information, consult the **‘Equitable Beneficiary Guide’** booklet.
- Some states require us to withhold state income tax if Federal Income Tax is withheld.
- If you are not a US citizen/legal resident please call 1-800-789-7771 for further instructions.
- Please consult your tax advisor for rules that apply to you. If you are a US citizen/legal resident and the check is sent abroad, we must withhold tax.

Withholding Election:

- A.** I **DO NOT WANT** Federal Income Taxes and state income tax (if applicable) withheld from the taxable portion of my benefits. I have provided my U.S. residence address and correct Taxpayer Identification Number below. I have provided the correct Social Security Number for an individual or Employer Identification Number for a non-natural owner. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.
- B.** In addition to the federal and state (if applicable) income taxes withheld from the taxable portion of my benefits, I would also like additional income tax withheld:
- Federal: _____% and State (if applicable): _____%.

Please Read and Sign Here

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (NOTE: Cross out Item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns.)

If the correct Taxpayer Identification Number is not supplied or is left blank, federal and state income tax withholding may apply, despite any election to the contrary.

Your Signature

Date

6A. 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 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 subject to criminal and civil penalties.

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

6A. State Fraud Warnings (Continued)

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.

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.

6B. 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.

7. Acknowledgement of Fraud Warning

Please check the appropriate state of residence, and read the State Fraud Warnings for your state in Section 6. **If your state is not listed, please check the "OTHER" box below.**

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Idaho | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Indiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New York | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Ohio | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Maine | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> Oregon | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Pennsylvania | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Puerto Rico | |
| <input type="checkbox"/> Other (Please indicate state): _____ | | | |

I have read and understand the appropriate fraud warning in Section 6 for this state.

(New York State Residents: Do not sign here. Instead, sign affidavit below New York State Fraud Warning in Section 6 of this form.)

X _____
Your Signature — REQUIRED FOR ALL STATES

Date

This form is furnished prior to determination by Equitable Financial Life Insurance Company 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 "Lump Sum Distribution" form to:

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

For Assistance Call 800-789-7771.