



**Instructions for completing the "Settlement Option" Form
For Assistance Call (800) 789-7771**

Read this information if you are electing a Settlement Option. The instructions relate directly to each item on the attached form.

1. Information About the Deceased

Provide the name and date of the death of the deceased. Please list all annuity contracts and/or certificates that are being applied to the Settlement Option. If you are the beneficiary of more than one annuity, and you would like to elect a different Settlement Option for each annuity, make photocopies of this form and complete a separate form for each Settlement Option.

2. Information About the Beneficiary (Annuitant)

Annuitant/Payee Information: Fill in your name, address, date of birth, sex and Social Security Number. If you are not a U.S. citizen, contact the Retirement Service Solutions Processing Office for more instructions.

3. Designate a Beneficiary for the Settlement Option

If you are electing a single life income annuity option *without* the additional refund or period certain guarantees, you can skip this question. In the case of a single life income annuity, payments end when the annuitant dies. For more information about payments to beneficiaries under a Settlement Option, see the Settlement Option section in the "When You Lose A Loved One Beneficiary" brochure.

You have the right, as the owner of the Settlement Option, to designate one or more beneficiaries to receive any guaranteed payments that are left unpaid in the event that you die. As the owner of the Settlement Option, you may change your beneficiary at any time by writing to us.

4. How Much Would You Like to Apply?

You may apply all or a portion of your benefits to the Settlement Option. In order to elect a Settlement Option, you must apply at least \$2,000 to the plan and each payment must be at least \$20.

5. Which Settlement Option Do You Elect?

- A. The Life Income Option guarantees you income for as long as you live. If you elect one of the Life Income Options, you may also elect an Additional Optional Guarantee.
- B. Special Installment Option: The Special Installment Option is the only option available to beneficiaries that are entities, i.e., not individuals. In the case of tax-qualified plans, the time period may be restricted. The minimum time period for the Special Installment Option is 5 years, the maximum is the lesser of your life expectancy or 30 years.
- C. Special Deposit Option: The Special Deposit Option is only available to beneficiaries of non-qualified annuities. Do not select this option if you want to spread out the tax impact on your benefits. The minimum time period for the Special Deposit Option is 2 years, the maximum is 5 years.

For more information about your choices, see the "Equitable Beneficiary Guide".

6. How Frequently Do You Want Payments Made?

You may choose to receive payments monthly, quarterly, twice a year or once a year.

7. Where Do You Want the Payments Sent?

We normally send payments to the address given in part 2. If you would like to receive them at a different address (your office, for example), please provide that address here. We can also provide direct deposit of your checks. Your first payment will automatically include a direct deposit form and other instructions.

8. Income Tax Withholding

If you are electing a Settlement Option as an annuity beneficiary, all or a portion of each payment will be subject to income tax.

If you are electing the Life Income Option, unless you instruct us not to have withholding apply, we are required to withhold federal income tax from the taxable portion of each payment. Some states also require that state income tax be withheld if federal income tax is withheld. In most cases, your federal withholding election would also apply to a state withholding election, although the rate of tax may vary among states. We will only perform mandatory withholding if required by state law. Consult your tax adviser for the rules that apply to you.

You may change or revoke your income tax withholding election at any time. Your election for income tax withholding will remain in effect until you file a new election. Forms to change or revoke your income tax withholding election are available from Equitable Equitable's Retirement Service Solutions Processing Office. Any completed election or revocation will take effect within 30 days of the date we receive it.

A. "I want federal income tax withheld." We will withhold income tax from the taxable portion of each payment in the same way as income tax is withheld on wages. Indicate your marital status and the number of withholding allowances. If you do not give this information, we will assume that you are married and claim three withholding allowances. If you do not give us your correct Taxpayer Identification Number (Social Security Number), we will withhold as if you were single and claim zero withholding allowances.

B. "I would like to have additional federal income tax withheld." Check this box and fill in the correct amount if you would like to have additional taxes withheld from each payment.

C. "I DO NOT want federal income tax withheld." If you choose not to have taxes withheld, or the amount of tax withheld is not enough, you may be responsible for payment of estimated tax. In addition, you may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient to cover your tax liabilities. Therefore, for this purpose, you may want to consult your tax adviser.

We cannot honor your request not to withhold if you do not provide us with your correct Taxpayer Identification Number (Social Security Number). Also, if you are a U.S. citizen or legal resident and you presently live outside of the U.S., we are required to withhold tax even if you provide us with your correct Taxpayer Identification Number.

9/10. State Fraud Warnings and Acknowledgment of Fraud Warning.

Read the fraud warning that is applicable in your state. For New York State residents, your signature is required in section 10.

For all other states, your signature is required in Section 11.

11. Authorizations and Signatures

Your signature is required in this section.



EQUITABLE

Guaranteed Growth Annuity Settlement Option Election Form

(Please read attached instructions before completing this form)

For Assistance Call (800) 789-7771

1. Provide Information About the Deceased

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

Date of Death (month/day/year) _____

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

City, State, Zip _____

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

2. Provide Information About Yourself

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

Are you the spouse of the deceased? Yes No

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

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

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. Designate a Beneficiary for this Payment Plan

You must designate a new beneficiary to receive remaining payments, if any, under the plan you select. To name more than one beneficiary, please indicate whether each beneficiary is a primary or contingent beneficiary.

(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
Address	_____	Date of Birth	Phone Number
Primary Beneficiary #2	_____ %	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
Address	_____	Date of Birth	Phone Number
Primary Beneficiary #3	_____ %	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
Address	_____	Date of Birth	Phone Number

3. Designate a Beneficiary for this Payment Plan (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
Address		Date of Birth	Phone Number
Primary Beneficiary #2	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
Address		Date of Birth	Phone Number
Primary Beneficiary #3	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN	Relationship to Owner
Address		Date of Birth	Phone Number

** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

4. How Much Would You Like to Apply to the Settlement Option?

- A. All of the 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 the "How to Claim Annuity Benefits" form.

5. Which Settlement Option Do You Elect?

- A. **Life Income Option**
 - SINGLE LIFE — Guaranteed Income for as long as the annuitant is alive.
 - Additional Guarantees for the Life Income Option (Optional for 5A above)**
 - PERIOD CERTAIN — Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime. However, in no event for less than the time period elected. Time period guaranteed: _____ years (5, 10, 20 up to life expectancy).
 - REFUND CERTAIN — Guaranteed income with additional guarantee that payments will be made for the annuitant's lifetime. However, in no event will the total payments made be less than the death benefit proceeds originally applied to this option.
- B. **Special Installment Option**
 - Time period selected _____ years (5 to 30 years not to exceed life expectancy). An entity may elect only a 5-year time period.
- C. **Special Deposit Option (only available for non-qualified annuities)**
 - Guaranteed interest only for a fixed number of years, principal stays intact.
Time period selected _____ years (2 to 5 years)

6. How Frequently Do You Want Payments Made?

- Monthly Quarterly Twice a year (every 6 months) Once a year

7. Where Do You Want Payments Sent?

- The annuitant's address (listed in 2A) Send them to the annuitant at the address listed below:

Address _____ City _____ State _____ Zip _____

- Please send a Direct Deposit form with my first payment.

8. Income Tax Withholding for All Settlement Options

See Instructions for additional information.

- A.** I **WANT** federal income tax (and state income tax, if required) withheld from my periodic payments:
 Married Single Number of withholding allowances: _____
- B.** I want the following **additional** amount of income tax withheld from each periodic payment:
Federal: \$ _____ State (if applicable): \$ _____
- C.** I **DO NOT** want federal income tax (or state income tax, if applicable) withheld from my periodic payments.

9.A. 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 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.

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:

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: _____

9.A. State Fraud Warnings (Continued)

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.

(\$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.

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

9.B. 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.

10. Acknowledgement of Fraud Warning

Please check the appropriate state of residence, and read the State Fraud Warnings for your state in Section 10. 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 10 for this state.

(New York State Residents: You must also sign affidavit below New York State Fraud Warning in Section 10 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.

11. Authorizations and Signatures

Important: Please read the following statement before signing this form.

Rates in effect at the time we receive your election will apply. If the rates are not as favorable as those quoted to you, you may return any payments made to you under this option along with the Contract for the Settlement Option you have elected within 15 days of the issue date (or any other period required by law) and we will refund your principal which may be subject to tax.

By signing this form, you are agreeing to the following:

1. The statements and answers in all parts of this form are true and complete to the best of my knowledge and belief. Equitable may rely on them in acting on this form.
2. No Financial Professional has authority to modify this form or to waive any of Equitable's rights or requirements.
3. Certification — Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number.

X

Signature of Proposed Annuitant

Date

Financial Professional Name

X

Financial Professional Signature

Date

Firm/Financial Professional Code

Mail To

Mail completed "*Settlement Option Election*" 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.