

## CHANGE OF ADDRESS FORM

Please Be Sure To Include Contract Number

**Contract Number:** \_\_\_\_\_

**Social Security Number** (at least last 4 digits): \_\_\_\_\_

**Actual Date of Permanent Address:** \_\_\_\_\_

### ANNUITANT'S PHYSICAL ADDRESS FOR TAX REPORTING:

Printed Name of Annuitant: \_\_\_\_\_

Address Number and Street (Apt/Suite/Floor): \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Area Code & Telephone #: ( ) \_\_\_\_\_

**Signature of Owner/Annuitant\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of  
Joint Owner/Joint Annuitant\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please note:** If you are signing this address change form as Power of Attorney or Guardian for the Annuitant and you have not yet submitted the Power of Attorney document to AXA-Equitable, please enclose a copy with this form. Thank you.\*

### POWER OF ATTORNEY OR GUARDIAN SECTION:

Printed Name of Representative: \_\_\_\_\_

Address Number and Street (Apt/Suite/Floor): \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Area Code & Telephone #: ( ) \_\_\_\_\_

**Signature of  
Representative\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SEND ALL CORRESPONDENCES TO:**

(Please check one)      Annuitant      Power of Attorney or Guardian