

CHANGE OF ADDRESS FORM

Please Be Sure To Include Contract Number

AC: _____ Certificate Number: _____

Social Security Number: _____

Actual Date of Permanent Address: _____

PAYEE'S PHYSICAL ADDRESS FOR TAX REPORTING:

Printed Name of Payee: _____

Address Number and Street (Apt/Suite/Floor): _____

City and State: _____ Zip Code: _____

Daytime Area Code & Telephone #: () _____

**Signature of
Retiree*:** _____ **Date:** _____

***Please note:** If you are signing this address change form as Power of Attorney or Guardian for the Payee 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:** _____

Please note: The Address of Record should be where the payee actually resides for tax reporting. A correspondence address will be noted for record keeping purposes only.