

Beneficiary Change Request Form For SPDA And Annuity Benefits

Express Mail:
AXA Equitable Life Insurance Company
100 Madison Street Suite 1000
Maildrop 37-4
Syracuse, NY 13202

Regular Mail:
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Syracuse, NY 13221
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AXA Equitable Life Insurance Company

For Assistance:
Annuity Benefits (800) 245-1230
Single Premium Deferred Annuity (800) 628-7789

Please complete this form if you are requesting a Beneficiary Change. For general information regarding requirements for a change of Beneficiary, please see last page of form.

1. Owner's Information	<i>(Please print)</i>	
Contract Number(s) <i>(Required)</i>		
Annuitant's Name <i>(Last, First, Middle Initial)</i>		
Owner's Name <i>(Last, First, Middle Initial)</i> <i>(if other than Annuitant)</i> or Name of Entity If Corporation, Partnership or Trust Owned		
Owner's Address	Apt./Suite/Floor	
City	State	Zip Code
Owner's Daytime Telephone Number		
Joint Owner's Name <i>(Last, First, Middle Initial)</i> <i>(if applicable)</i>		

2. Designation of New Beneficiary(ies)					
<ul style="list-style-type: none"> • This form may be used for more than one contract, provided all have the same Owner and Annuitant and the same Beneficiary designation. • For request to be accepted, all alterations must be initialed and dated by the contract Owner(s). • The legal residence and mailing address of all proposed Beneficiaries are required. • If the proposed Beneficiary is a Trust, the date of the Trust Agreement, name and address of Trustee, and Tax Identification Number must be indicated. • Before completing this request, please read the Beneficiary provisions in the General Information section at the back of this form. • Do not return the contract with this request. 					
PRIMARY BENEFICIARY(IES):					
List name of new Primary Beneficiary(ies) and relationship to the Annuitant, address, Taxpayer Identification Number, and daytime phone number <i>(please print)</i> : Attach an additional completed form if more Beneficiaries are requested than this section allows).					
()					
First	Middle	Last	Phone #	Relationship	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code
()					
First	Middle	Last	Phone #	Relationship	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code
AND/OR					
Organization, Trust/Trustee, or Other			Phone #	Relationship/Title	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code

continued on next page

2. Contingent Beneficiary(ies)

(Attach an additional completed form if more Beneficiaries are requested than this section allows).

Provide name of new Contingent Beneficiary(ies), relationship to the Annuitant, address, Taxpayer Identification Number, and daytime telephone number *(please print)*:

			()		
First	Middle	Last	Phone #	Relationship	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code
			()		
First	Middle	Last	Phone #	Relationship	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code
AND/OR			()		
Organization, Trust/Trustee, or Other			Phone #	Relationship/Title	Taxpayer Identification Number
Address Number and Street			City	State	Zip Code

3. Signature Section**By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation.****X**

Signature of Owner (Title, if applicable) Date (mm/dd/yy)

XSignature of Joint Owner (if applicable) Date (mm/dd/yy)
(Refer to General Information on Signature and Supplement Document Requirements section at end of form.)

For Internal Use Only:

AXA Equitable certifies that this change has been recorded.

Date: _____ By: _____

Please detach these pages from the Beneficiary Change Request Form before mailing. A copy of this form containing a company endorsement will be sent to the Owner(s) once this Beneficiary change has been recorded.

General Information on Signature and Supplemental Document Requirements

- Individual/Joint Owners Must be signed by all Owners.
 - Assignments Present Owner.
 - Attorney in Fact Must be signed by the Attorney in Fact, if the Power of Attorney is in effect and not expired by its own terms. A current copy of the Declaration of Attorney in Fact will also be required. Please contact the Service Center to obtain this form.
- Corporations:** One officer OTHER than the Annuitant and the Officer's title must accompany his/her signature.
- Partnership:** One officer OTHER than the Annuitant and the Officer's title must accompany his/her signature.

General Information on Beneficiary Provisions

- Unless otherwise specified in the request: (a) if two or more persons are named as Beneficiaries, those surviving the Annuitant will share equally; (b) if no stated Beneficiary is living when the Annuitant dies, for Annuity Benefits we will pay the benefits to the estate of the Annuitant. For SPDA, we will pay the benefits to the children of the Annuitant in equal shares. If there are none surviving, then to the estate of the Annuitant.
- Unless otherwise provided, installments due after the death of the Annuitant under an installment-type plan or provision will be paid when due to the Beneficiaries, if then living, in the order named. A Beneficiary who is not a natural person (such as a corporation) or who is a fiduciary will generally receive payment in one sum.
- A change of Beneficiary shall revoke any previous Beneficiary designation, whether primary or contingent or election of a payment option.

Sample Beneficiary Designations

- Annuitant's executors or administrators (Annuitant's estate)
- Annuitant's wife, MARGARET H. ROE.
- Annuitant's husband, JAMES ROE, If living at the death of the Annuitant, if not then living in equal shares to the Annuitant's children who are then living.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the Annuitant, if not then living in equal shares to the Annuitant's children who are then living and to the then living children of any deceased child of the Annuitant per stirpes.
- Annuitant's wife, MARGARET H. ROE, if living at the death of the Annuitant, if not then living to the Annuitant's son, JOHN ROE.
- In equal shares to the Annuitant's children who are living at the death of the Annuitant, should none then be living in equal shares to the Annuitant's parents, NANCY ROE and JAMES ROE, who are then living.
- JAMES ROE Trust Agreement dated February 1, 1981; NANCY ROE and MARGARET ROE, Trustees.
- JAMES ROE Trust created in the Instrument admitted to probate as the Last Will and Testament of the Annuitant; MARGARET ROE, Trustee.
- JAMES ROE Trust created in the instrument admitted to probate as the Will and Testament of the Annuitant dated February 1, 1981; MARGARET ROE, Trustee.