

# **EQUI-VEST**<sup>®</sup> Non-Financial Change

**Variable Annuity Series** 

1.	<b>Type</b>	of	Request	
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Please complete all of the sections listed below if you are requesting a:

- Name Change sections 2, 3, and 6
- Address Change sections 2, 4, and 6
- Billing Change section 2, 5, and 6

## Return:

# **Express Mail:**

AXA Equitable EQUI-VEST Processing Office 100 Madison St., Suite 1000 Syracuse, N.Y. 13202

# Regular Mail:

AXA Equitable EQUI-VEST Processing Office P.O Box 4956 Syracuse, N.Y. 13221-4956

## Fax Number:

(201) 583-2683

### For Assistance:

## Call:

(800) 628-6673 Monday - Thursday 8:00 a.m. - 7:00 p.m. Friday 8:00 a.m. - 5:00 p.m.

# To Sign Up For eDelivery:

Visit us at

www.axa.com

2. Annuitant In	formation	(Contract nu	mber must	be provided to process this request)
Contract Number:				
Annuitant's Name:	First	Middle/M	1	Last
Addroop		,		
Address: Number and Street				Apt. / Suite / Floor
City  □ Please check if	this is an a	State		Zip Code
Daytime Phone Nu		xxx-xxxx		
Owner's Email Add	ress:			
Mobile Phone Num	nher:			
Social Security Nui		XX-XXXX		
3. Change Nan	ne For:			
☐ Annuitant		Owner		
Note: This section license, court decre			marriage, co	ourt decree, or correction. (Attach a copy of the marriage
Current Name:				
First		Middle/MI	Last	t en
New Name:		ddle/MI	Last	
Relationship to Annu		•		

4. Change Mailing Address	
New Address	
City	
State/Zip	
Daytime Phone Number:	
5. Change Billing	
(Applicable only to Individual IRA or NQ contracts)  Mode (check one): □ Annual □ Semi-annual □ Quarterly	
Amount to \$	(mm/dd/yyyy)
6. Authorization/Terms and Conditions	
Signature:	
Annuitant's Signature	Current Date (mm/dd/yyyy)
Signature:	
Owner's Signature (If Different From Annuitant)	Current Date (mm/dd/yyyy)
Circultura	
Signature: Joint Owner's Signature (If Applicable)	Current Date (mm/dd/yyyy)

- 1. Address changes and financial transactions will be verified by a confirmation notice. If you do not receive a notice within 14 days of making a request, please notify us immediately.
- 2. Transactions are effective on the business day this form, properly completed and signed, is received at the EQUI-VEST Processing Office.