

# EQUI-VEST®

## Non-Financial Change

Variable Annuity Series

**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](http://www.axa.com)

**1. Type of Request**

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

**2. Annuitant Information** (Contract number must be provided to process this request)

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

Annuitant's Name: \_\_\_\_\_  
First Middle/MI Last

Address: \_\_\_\_\_  
Number and Street Apt. / Suite / Floor

City State Zip Code

Please check if this is an address change.

Daytime Phone Number: \_\_\_\_\_  
xxx-xxx-xxxx

Owner's Email Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
xxx-xx-xxxx

**3. Change Name For:**

Annuitant  Owner

Note: This section is for change of name by marriage, court decree, or correction. (Attach a copy of the marriage license, court decree, or drivers license.)

Current Name: \_\_\_\_\_  
First Middle/MI Last

New Name: \_\_\_\_\_  
First Middle/MI Last

Relationship to Annuitant: \_\_\_\_\_

