



redefining / standards®

EQUI-VEST® Disbursement

Variable Annuity Series

Return:

Express Mail:

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

Regular Mail:

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

Fax Number:

(201) 583-2683

For Assistance:

Call:

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

To Sign Up For eDelivery:

Visit us at

www.axa-equitable.com

1. Type of Request

Please complete all of the sections listed if you are requesting a:

- **Withdrawal** — sections 2, 3, 8, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Segment Maturity Date Withdrawal** — sections 2, 5, 8 and 12 (If applicable, sections 6 and 11 may need to be completed)
- **72(t) Withdrawal** — sections 2, 3, 8, 9, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Cash Value Surrender** — sections 2, 4, 8, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Change of Owner – Trusteed Contracts** — sections 2, 7 and 12

2. Owner's Information (Certificate/Contract number must be provided to process this request.)

Certificate/Contract number:

Check the appropriate type of Contract listed above:

- TRADITIONAL IRA
 ROTH IRA
 NQ
 SEP/SARSEP
 SIMPLE IRA
 TSA
 TRUSTEED
 KEOGH/HR-10
 GOVERNMENTAL EMPLOYER EDC
 TAX EXEMPT EMPLOYER EDC

Owner's Name : _____
First Middle/MI Last

Owner's Daytime Phone Number: _____
XXX-XXX-XXXX

Taxpayer Identification Number*: _____
XXXXXXXXXX

- T.I.N.
 S.S.N.
 E.I.N.
 Other

Owner's Email Address: _____

Joint Owner's Name: (NQ only) _____
First Middle/MI Last

Joint Owner's Daytime Phone Number: _____
XXX-XXX-XXXX

Annuitant's Name (if other than owner): _____
First Middle/MI Last

Social Security Number (last 4 digits only): _____
XXXXX

Address: _____
Number and Street Apt. / Suite / Floor

City State Zip Code

Please check if this is an address change.

* For Taxpayer Identification Number: fill entirely for TIN, otherwise last 4 digits are sufficient.

3. Withdrawals

Minimum withdrawal amount is \$300. Minimum remaining balance must be \$500. If the withdrawal amount you are requesting is in excess of the maximum amount which can be withdrawn, we will pay you the amount which can be withdrawn without canceling your contract. The total amount withdrawn will include applicable withdrawal charges which are deducted in addition to the withdrawal requested, from your total Annuity Account Value

STEP 1. Choose how much to withdraw from the following choices:

- Specific Amount \$ _____ or _____ %
- Maximum Amount Available (without canceling my contract)
- Maximum Amount Available that is No Longer Subject to CWC or Free Annual Withdrawal Amount
- Specific Amount from Specific Investment Options as listed on the following page (skip Step 2)
- Ad Hoc GAWA (Guaranteed Annual Withdrawal Amount) **see "Withdrawals from the PIB Account Value"** (skip Step 2)
 - Total Available GAWA or Specific Amount \$ _____ not to exceed the GAWA
- Other, please Specify _____

STEP 2. Choose how to prorate your withdrawal

- Option 1 - Prorated from non-PIB Variable Investment Options and GIO first, then from the Special Dollar Cost Averaging account
- Option 2 - Same as 1 above and then from the Fixed Maturity Options (FMOs)
- Option 3 - Same as 2 above and then from the SIO Segment Holding Account and then pro rata from the Segment(s)
- Option 4 - Same as 3 above and then pro rata from the PIB Variable Investment Options **See "Withdrawals from the PIB Account Value"**

Withdrawals from the PIB Account Value (PIB is available only under EQUI-VEST Series 201 and certain EQUI-VEST Strategies Series 900 and 901)

1. In order to begin GAWA withdrawals your PIB Account Value must be unrestricted and you must be (i) at least age 59 ½ and (ii) still in your employer's plan and (iii) you must provide your election by completing "Election Form to Begin Taking Withdrawals under the Personal Income Benefit" cat # 150400.
2. All non-PIB Investment Options (including FMOs, the SIO Holding Account and SIO Segments) must be depleted before a withdrawal can be taken from the PIB Variable Investment Options.
3. Any withdrawal from your PIB Account Value before you elect to begin receiving GAWA withdrawals is an early withdrawal. Early withdrawals will reduce your Ratchet Base and GAWA on a pro rata basis.
4. An excess withdrawal is caused when you withdraw more than your GAWA in any contract year from your PIB Account Value. Once a withdrawal causes cumulative withdrawals from your PIB Account Value in a contract year to exceed your GAWA, only the dollar amount of the withdrawal that causes the cumulative withdrawals to exceed the GAWA is considered an excess withdrawal. Excess withdrawals will reduce your Ratchet Base and GAWA on a pro rata basis.
5. An early or excess withdrawal may be subject to withdrawal charges if it exceeds the 10% free withdrawal amount.
6. If you intend to enroll in either of our Automated Withdrawal Options you should consider the impact of taking a withdrawal from your PIB Account Value before or after the Automated Withdrawal Option is elected. To elect GAWA payments under either of our Automated Withdrawal Options, you must complete "Election Form to Begin Taking Withdrawals under the Personal Income Benefit."
7. If you send in a request to enroll in the Maximum Payment Plan (MPP) and you take a withdrawal from the PIB Account Value in the same contract year prior to enrollment in the MPP and that withdrawal exceeds the GAWA, the MPP cannot be put in effect.
8. If you take a withdrawal from the PIB Account Value after your scheduled MPP payments have begun, the MPP program will terminate.
9. If you take a withdrawal from the PIB Account Value in the same contract year prior to enrollment in the Customized Payment Plan (CPP) and that withdrawal exceeds the GAWA, the CPP cannot be put into effect.
10. If you take a withdrawal from the PIB Account Value, after scheduled payments begin under CPP and that withdrawal (together with all withdrawals from the PIB Account Value to date in the contract year) exceeds the GAWA, the CPP will terminate.

Asset Allocation**AXA Allocation**

- \$ _____ AXA Aggressive Allocation (18*)
- \$ _____ AXA Balanced Strategy (8Q*)
- \$ _____ AXA Conservative Allocation (15*)
- \$ _____ AXA Conservative Growth Strategy (8R*)
- \$ _____ AXA Conservative-Plus Allocation (16*)
- \$ _____ AXA Conservative Strategy (8S*)
- \$ _____ AXA Moderate Allocation (T4*)
- \$ _____ AXA Moderate Growth Strategy (8O*)
- \$ _____ AXA Moderate-Plus Allocation (17*)

Target Allocation

- \$ _____ Target 2015 Allocation (6G*)
- \$ _____ Target 2025 Allocation (6H*)
- \$ _____ Target 2035 Allocation (6I*)
- \$ _____ Target 2045 Allocation (6J*)

Other Asset Allocation

- \$ _____ All Asset Growth – Alt 20 (7H*)
- \$ _____ EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)
- \$ _____ EQ/Franklin Templeton Allocation (6P*)

Bonds

- \$ _____ EQ/Core Bond Index (96*)
- \$ _____ EQ/Global Bond PLUS (47*)
- \$ _____ EQ/Intermediate Government Bond (TI*)¹
- \$ _____ EQ/PIMCO Ultra Short Bond (28*)
- \$ _____ EQ/Quality Bond PLUS (TQ*)
- \$ _____ Invesco V.I. High Yield (8L*)⁵
- \$ _____ Ivy Funds VIP High Income (8G*)⁵
- \$ _____ Multimanager Core Bond (69*)
- \$ _____ Multimanager Multi-Sector Bond (TH*)
- \$ _____ Templeton Global Bond Securities (8F*)^{2,5}

Cash Equivalents

- \$ _____ EQ/Money Market (T3*)

Guaranteed-Fixed

- \$ _____ Guaranteed Interest Option (A1*)

International Stocks/Global

- \$ _____ AXA Tactical Manager International (7N*)
- \$ _____ EQ/Global Multi-Sector Equity (78*)
- \$ _____ EQ/International Core PLUS (88*)
- \$ _____ EQ/International Equity Index (TN*)¹
- \$ _____ EQ/International Value PLUS (73*)
- \$ _____ EQ/MFS International Growth (26*)
- \$ _____ EQ/Oppenheimer Global (6A*)
- \$ _____ EQ/Templeton Global Equity (6D*)
- \$ _____ Invesco V.I. International Growth (7Z*)⁵
- \$ _____ Lazard Retirement Emerging Markets Equity (8H*)⁵
- \$ _____ MFS® International Value (8A*)⁵
- \$ _____ Multimanager International Equity (65*)¹

Large Cap Stocks

- \$ _____ AXA Tactical Manager 500 (7M*)
- \$ _____ EQ/BlackRock Basic Value Equity (81*)
- \$ _____ EQ/Boston Advisors Equity Income (33*)
- \$ _____ EQ/Calvert Socially Responsible (92*)
- \$ _____ EQ/Capital Guardian Research (86*)³
- \$ _____ EQ/Common Stock Index (T1*)
- \$ _____ EQ/Davis New York Venture (6Q*)
- \$ _____ EQ/Equity 500 Index (TE*)
- \$ _____ EQ/Equity Growth PLUS (94*)
- \$ _____ EQ/JPMorgan Value Opportunities (72*)
- \$ _____ EQ/Large Cap Core PLUS (85*)
- \$ _____ EQ/Large Cap Growth Index (82*)
- \$ _____ EQ/Large Cap Growth PLUS (77*)
- \$ _____ EQ/Large Cap Value Index (49*)
- \$ _____ EQ/Large Cap Value PLUS (89*)¹

- \$ _____ EQ/Lord Abbett Large Cap Core (05*)
- \$ _____ EQ/Montag & Caldwell Growth (34*)¹
- \$ _____ EQ/Mutual Large Cap Equity (6F*)
- \$ _____ EQ/T. Rowe Price Growth Stock (32*)
- \$ _____ EQ/UBS Growth and Income (35*)³
- \$ _____ EQ/Van Kampen Comstock (07*)¹
- \$ _____ EQ/Wells Fargo Omega Growth (83*)³
- \$ _____ Fidelity® VIP Contrafund® (7R*)⁵
- \$ _____ Fidelity® VIP Equity Income (7S*)^{2,5}
- \$ _____ Invesco V.I. Diversified Dividend (8B*)^{2,5}
- \$ _____ MFS® Investors Growth Stock (8I*)⁵
- \$ _____ MFS® Investors Trust (7P*)⁵
- \$ _____ Multimanager Aggressive Equity (T2*)
- \$ _____ Multimanager Large Cap Core Equity (57*)³
- \$ _____ Multimanager Large Cap Value (58*)
- \$ _____ Oppenheimer Main Street Fund/VA (7Q*)^{2,5}

Personal Income Benefit (PIB) Variable Investment Options⁵

- \$ _____ PIB AXA Moderate Growth Strategy (Q1*)⁴
- \$ _____ PIB EQ/AllianceBernstein Dynamic Wealth Strategies (Q2*)⁴
- \$ _____ PIB AXA Balanced Strategy (Q3*)⁴
- \$ _____ PIB AXA Conservative Growth Strategy (Q4*)⁴
- \$ _____ PIB AXA Conservative Strategy (Q5*)⁴

Sector/Specialty

- \$ _____ EQ/Franklin Core Balanced (6C*)
- \$ _____ EQ/GAMCO Mergers and Acquisitions (25*)³
- \$ _____ Invesco V.I. Global Real Estate (8C*)⁵
- \$ _____ Ivy Funds VIP Energy (8D*)⁵
- \$ _____ MFS® Technology (8J*)⁵
- \$ _____ MFS® Utilities (8K*)⁵
- \$ _____ Multimanager Technology (67*)
- \$ _____ Pimco VIT CommodityRealReturn® Strategy (8E*)^{2,5}
- \$ _____ Van Eck VIP Global Hard Assets (8N*)⁵

Small/Mid Cap Stocks

- \$ _____ American Century VIP Mid Cap Value (7V*)^{2,5}
- \$ _____ AXA Tactical Manager 400 (7L*)
- \$ _____ AXA Tactical Manager 2000 (7K*)
- \$ _____ EQ/AllianceBernstein Small Cap Growth (TP*)
- \$ _____ EQ/AXA Franklin Small Cap Value Core (6E*)
- \$ _____ EQ/GAMCO Small Company Value (37*)
- \$ _____ EQ/Mid Cap Index (55*)
- \$ _____ EQ/Mid Cap Value PLUS (79*)
- \$ _____ EQ/Morgan Stanley Mid Cap Growth (08*)
- \$ _____ EQ/Small Company Index (97*)
- \$ _____ Fidelity VIP Mid Cap (7U*)^{2,5}
- \$ _____ Goldman Sachs VIT Mid Cap Value (7W*)⁵
- \$ _____ Invesco V.I. Mid Cap Core Equity (7T*)⁵
- \$ _____ Invesco V.I. Small Cap Equity (7X*)⁵
- \$ _____ Ivy Funds VIP Mid Cap Growth (8M*)⁵
- \$ _____ Ivy Funds VIP Small Cap Growth (7Y*)⁵
- \$ _____ Multimanager Mid Cap Growth (59*)¹
- \$ _____ Multimanager Mid Cap Value (61*)¹
- \$ _____ Multimanager Small Cap Growth (36*)¹
- \$ _____ Multimanager Small Cap Value (91*)¹

Structured Investment Option

- \$ _____ Segment Holding Account for S&P 500 1year -10% Buffer (V1)⁴
- \$ _____ S&P 500 1yr -10% Buffer (V2*)⁴

* The number in parenthesis is shown for data input only.

¹ Not available for EQUI-VEST (Series 201).

² Available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901) only.

³ Not available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901).

⁴ Available for certain EQUI-VEST (Series 201), EQUI-VEST Strategies (Series 900) and EQUI-VEST Strategies (Series 901) only.

⁵ VIT funds and the PIB Variable Investment Options are not available in Texas for public schools, open enrollment charter schools (K-12) and Texas ORP Plans.

6. Spousal Consent Requirement

For plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) (which may include 403(b) plans, trustee plans & Non-Trustee Keogh (HR-10) plans and contracts which were formerly trustee owned): If you are a current or former participant in one of these plans, your spouse's consent is required for a partial withdrawal or surrender transaction, as your spouse may be entitled to benefits under your retirement plan according to the Retirement Equity Act of 1984 (REA).

One of the following two statements must be completed and witnessed by a Notary Public or Plan Administrator.

1. *I am the current spouse of the above named Annuitant who is or was a participant in a plan subject to ERISA, and I hereby consent, by my signature appearing below, to a withdrawal from or surrender of the contract by the Annuitant. I also acknowledge that I understand I have the right to receive a benefit under the terms of the plan in which my spouse is a current or former participant and that I hereby waive such right to the requested distribution.*

I acknowledge that I understand the consequences of this consent: x_____

2. I am the above-named Annuitant who is or was a participant in a plan subject to ERISA and certify that I am not married: x_____

Notary Public/Plan Administrator (Needs to be completed)

State of _____, County of _____.

On _____ (month/day) of _____ (year) before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that (s)he executed the same.



Title & Signature of Notary Public or Plan Administrator

Notary Public – Stamp Here

For TRUSTEED (Corporate & Keogh [HR-10]) plans, the Trustee, by signing as Contract Owner, certifies that either spousal consent will be received by the Trustee prior to distribution, or that the Annuitant is unmarried & that the Notice required by the Internal Revenue Code will be or has been given to the Annuitant, or a former Annuitant of a Qualified Retirement Plan.

7. Request to Change Owner to Annuitant who is Plan Participant Under EQUI-VEST Trusteed Contracts

This section may be completed in lieu of "the EQUI-VEST Request for Change of Owner form" (Cat. #125170) if it is accompanied by a request for a disbursement of funds. ***If an ownership change is required, the funds will be withdrawn on the business day following the receipt of the disbursement request in the EQUI-VEST Processing Office.***

The status of the Contract will be a "non-transferable annuity contract" or "NTA" and distributions from the Contract will be subject to withholding and information reporting as described below and in section 8 of the form.

This section must be signed by the Trustee of the Plan. The title "Trustee" should be shown after the signature. You must also sign in the assigned area.

Note: The Spousal Consent (Section 6) must be completed by you and your spouse in order to process this surrender or withdrawal. Your Social Security number must be provided in Section 2 of this form.

(1) Trustee to Complete:

Signature: _____
Signature of Present Owner / Title Current Date (mm/dd/yyyy)

(2) Signature of New Owner:

Signature: _____
Your Signature Current Date (mm/dd/yyyy)

By signing the above, each party certifies that this information is true, correct and complete. The new owner is verifying his/her understanding that he/she is the payee and recipient of this (and any future) taxable payments which may be subject to withholding (refer to Section 8A of this form).

8. Important Tax Notification - Income Tax Withholding

Federal income tax withholding generally applies to the taxable portion of withdrawals from, or surrenders of, NQ contracts, and gross distributions from IRAs, TSAs, and other employer-sponsored retirement plans. You may be able to “elect out” of this income tax withholding in some cases. Any income tax withheld is a credit against your income tax liability. If you do not have sufficient income tax withheld or do not make sufficient estimated income tax payments, you may incur penalties under the estimated income tax rules.

State income tax withholding may also be required from these payments and distributions. In the states requiring income tax withholding generally the state withholding follows the federal withholding. However, in some states generally requiring withholding, you may elect out of state withholding, even if federal withholding applies. In some states the income tax withholding is completely independent of federal income tax withholding. Please note that AXA Equitable will not withhold state income tax unless it determines that the laws requires it to do so from this type of payment. If you need more information concerning a particular state or any required forms, call our Processing Office at 800 628-6673. The withholding rate depends on the type of contract, the type of distribution, and other factors.

Withdrawals and surrenders are non-periodic payments. If a non-periodic payment from certain employer-sponsored retirement plans is an “eligible rollover distribution” and we pay it to you, we must withhold 20% as federal income tax. You cannot “elect out” of this withholding. If a non-periodic payment from certain employer-sponsored retirement plans is not an “eligible rollover distribution” we withhold at the rate of 10%. We also withhold at the rate of 10% of non-periodic payments from NQ and IRA contracts. You may be able to “elect out” of this withholding, as described below.

AXA Equitable may require additional documentation prior to processing any requested transaction in the case of payments made to persons who are not United States citizens; foreign citizens who are residents of the United States and treated as “United States persons,” or United States persons living abroad. If you are not a “United States person” AXA Equitable requires IRS Form W-8BEN. We will withhold 30% tax unless your Form W-8BEN properly indicates to us that we may withhold at a different rate.

Please consult your tax advisor for the rules that apply to you.

A. TSA, governmental EDC plan, Annuitant-Owned Keogh/HR-10, or Non-transferable Annuities (NTA) contracts:

Eligible rollover distributions and other tax issues are explained in the applicable “Special Tax Notice Regarding Plan Payments” which you may get from your financial professional or the Processing Office. (Form #982-4000A, Cat.# 144799 is “For Payments Not From A Designated Roth Account”; Form #982-4000A, Cat.# 144798 is “For Payments From A Designated Roth Account”.) Tax regulations generally require that you receive the Special Tax Notice no less than 30 days and no more than 90 days prior to receiving an eligible rollover distribution.

By your signature in section 12, you affirm that you have received and reviewed the special tax notice or wish to waive the 30 day period in order for your distribution to be processed promptly.

Generally, all payments from TSA, governmental EDC plan, and NTA Contracts are eligible rollover distributions unless they fall within an exception such as a distribution which is a “required minimum distribution” after age 70½ or retirement from service with the Employer; or a periodic payment for life. AXA Equitable will rely on the authorization and direction of the plan administrator, the Employer or other Employer’s Designee as applicable, as to whether, and to what extent, a payment is an eligible rollover distribution for any recipient.

If you want to directly roll over all or part of an eligible rollover distribution, ask your financial professional or call 1-800-628-6673 for the required AXA Equitable form which applies to your type of plan. By completing this Request for Disbursement form, you acknowledge having received the “Special Tax Notice Regarding Plan Payments” explaining the federal income tax rules and options which apply to eligible rollover distributions. If you request payment of any part of an eligible rollover distribution be made to you, you are affirmatively electing not to make a direct rollover and you acknowledge your understanding that AXA Equitable **will do mandatory federal income tax withholding of 20% of the eligible rollover distribution (and any applicable state income tax withholding)** from any payment to the extent that it is an eligible rollover distribution. If you are receiving a distribution which is not eligible to be rolled over, you must provide us a statement explaining why it is ineligible for rollover along with your election regarding tax withholding. See 8B “Withholding on Non-periodic distributions”, below.

B. Withholding on Non-Periodic Distributions

Complete this subsection for IRA and NQ contracts. DO NOT COMPLETE THIS SECTION if you are an Annuitant who is a participant in a tax exempt employer EDC plan or Trusteed qualified Plan. For TSAs, governmental EDC plan, Annuitant-Owned Keogh/HR-10 plans, or Non-transferable Annuities (NTA) Contracts, this subsection can only be completed if all or a specified part of your distribution is not an eligible rollover distribution, and a statement to that effect accompanies this form. Hardship or unforeseeable emergency distributions are not eligible rollover distributions and not subject to the mandatory 20% tax withholding. (See below for tax withholding information for tax exempt employer EDC or TRUSTEED contracts.)

8. Important Tax Notification - Income Tax Withholding (continued)

We will automatically withhold 10% Federal Income Tax from the taxable portion (NQ contracts) or the gross amount (all IRAs) of your withdrawal unless you specify a different election below including applicable state tax. You cannot elect out of withholding unless you provide us with your correct Taxpayer Identification Number and a United States residence address. You cannot elect out of withholding if we are sending the payment out of the United States. If your address of record is not a U.S. residence address, you cannot elect out of withholding and you must complete the appropriate Form noted below. Processing of the requested transaction for a non-U.S. address may be delayed until we receive required documentation.

If your address of record is not a US residence, please complete the following (Check one):

- I am a U.S. citizen, or a non-U.S. citizen who is treated as a "U.S. person".
 I am not a U.S. citizen. I attach IRS Form W-8BEN.

Withholding Election:

I do NOT want Federal Income Taxes (and state income tax, if applicable) withheld from my withdrawal or surrender. I have provided my U.S. residence address in section 2 and correct Taxpayer Identification Number below. I have provided the correct Social Security Number for an individual or Employer Identification Number for a non-natural owner. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.

Under penalty of perjury, I certify that the following Taxpayer Identification Number is correct:

Social Security Number / EIN / Other _____

I WANT to have 10% Federal Income Tax (and applicable state income tax) withheld from my withdrawal or surrender (default option) (you may also designate an additional percentage below).

I want an additional percentage of Federal Income Tax withheld from my withdrawal or surrender

_____ % + 10% = _____ %. (Applicable state tax will be withheld.)

I want State Tax withholding different from my Federal election above.

Withhold _____ % or \$ _____ for state (if applicable)

Some states require us to withhold state income tax if Federal Income Tax is withheld

If this is a TSA, governmental EDC plan, Annuitant-Owned Keogh/HR-10 plan or Non-transferable Annuities (NTA)

Contracts, this is not an eligible rollover distribution because [indicate the reason here: _____]

C. Traditional (including SIMPLE IRA) or Roth IRA Tax Penalty

Amounts you withdraw from your contract may be included in your gross income, and if you are under age 59½, may also be subject to an early 10% penalty tax. (Your SIMPLE IRA is a form of traditional IRA and the 10% penalty is increased to 25% if the premature withdrawal is made within the first 2 years of your participation in the SIMPLE IRA plan.) However, exemptions from the 10% or 25% penalty tax may be available for certain qualifying withdrawals or transactions. Please consult your tax advisor.

FOR TAX EXEMPT EMPLOYER EDC OR TRUSTEED QUALIFIED PLAN CONTRACTS:

For Annuitants who are participants under Tax Exempt EDC plans you may NOT elect out of tax withholding on partial withdrawals and surrender requests. Withholding is prescribed by law. However, we will pay the employer, as Owner, who in turn is to make distribution, as payor, to the Annuitant as payee. The employer is responsible for tax withholding on distributions made to the Annuitant who is plan participant. For EQUI-VEST TRUSTEED qualified plan contracts, we will pay partial withdrawal or surrender amounts to the Trustee as owner, who, in turn, is to make distribution, as payor, to the Annuitant, as payee (if applicable). The Trustee is responsible for tax withholding on distributions made to the Annuitant who is plan participant.

9. Exemption Under 72(t) or 72(q)

Sections 72(t) and 72(q) of the Internal Revenue Code impose a 10% premature distribution income penalty tax on distributions from non-qualified contracts, qualified plans, TSAs and IRAs, prior to age 59½. This penalty tax is 25% on distributions made from a SIMPLE IRA during the participant's first two years of participation. The first two years of participation commence on the first day that contributions are deposited by the employer into an individual's SIMPLE IRA. This penalty tax is in addition to any ordinary income tax due on the distribution.

An exception to the penalty tax is available if this withdrawal is part of a series of "Substantially Equal Periodic Payments (SEPP)"; Internal Revenue Code Sections 72(t) (qualified) or 72(q) (non-qualified). **AXA Equitable does not calculate the amount of the SEPP Exception withdrawal as well as any possible tax penalties; this is your responsibility.** You should discuss with your tax advisor which method to use to calculate the SEPP Exception withdrawal as well as any possible tax penalties. If this is a qualified plan or TSA, you may need to meet additional requirements. If you have an outstanding loan on your TSA contract, you cannot elect to receive payments under this section 72(t) penalty exception. In order for EQUI-VEST to report your withdrawal properly on Form 1099-R we need to know which IRS approved method you are using to calculate your SEPP Exception withdrawals. We cannot code the distribution for the SEPP Exception unless you check one of the boxes below. Please see IRS Rev. Rul. 2002-62, 2002-42 I.R.B. 710 for more information. You can find this in the Internal Revenue Bulletin dated October 21, 2002.

The calculation was based on (check one)

Single Life

Joint Life Name and Birthdate of Joint Life (If applicable) _____
Name Birth Date (mm/dd/yyyy)

I have used the following method to calculate my SEPP Exception:

Required minimum distribution method

Fixed distribution method

Fixed annuitization method

Regardless of the calculation method you use, you may owe additional taxes or penalties if you stop, change or roll over the annual withdrawals from the contract or make additional contributions or rollovers to the contract before the later of 59½ or five years from the date of the first distribution. Please note that the 1099 form will be revised at the end of the calendar year to note that the 72(t) exceptions may no longer be applicable.

By your signature in Section 12 you indicate to us that this withdrawal comes within the SEPP Exception from the 10% penalty tax and that you will not hold AXA Equitable responsible if the withdrawal amount you calculate is later found to be incorrect. If this exception becomes invalid at any time you will advise us of this change in writing. If you use the required minimum distribution method to calculate the withdrawal amount, the amount will be different every year. Therefore, a new Systematic Withdrawal Option (SWO) form, or Request for Disbursement form must be completed and submitted every year.

10. Delivery Options

PLEASE SELECT ONLY ONE OPTION FOR WHERE YOU WOULD LIKE YOUR PAYMENT SENT. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

- First Class Mail** No Fee — Please allow 5-10 business days for delivery of your check.
- Direct Deposit** No Fee — **Please enter your bank account information on lines 1-4 below.** Please allow 5-7 business days for delivery. **You must attach a voided personal check for Direct Deposit requests. We cannot process your request without it.**
- Express Delivery** \$35 fee — Allow 4 business days for delivery of your check.
- Wire Transfer** \$90 fee — **Only available for net wire amounts of \$10,000 or more. Please enter your bank account information on lines 1-4 below.** Allow 2 business days for delivery of your funds. **You must attach a voided personal check for Wire Transfer requests. We cannot process your request without it.**

IF YOU ELECTED DIRECT DEPOSIT OR WIRE TRANSFER YOU MUST COMPLETE THIS SECTION OR YOUR REQUEST WILL BE DELAYED.

Enter your bank account information on lines 1-4.

The diagram shows a check with four numbered callouts:

- 1: Points to the 'Pay to the Order of' field.
- 2: Points to the 'Financial Institution' field.
- 3: Points to the routing number field (123456789).
- 4: Points to the account number field (1234567891234567).

 Below the check, arrows point from the labels 'Routing Number' and 'Account Number' to their respective fields on the check.

① _____
Name as it appears on bank account

② _____
Name of Bank / Financial Institution

_____ Bank Address

_____ Bank - City, State, & Zip Code

③ _____
Bank ABA / Routing # (9 Digits)

④ _____
Account #

**For Wire Transfers only:
For Further Credit To:**

_____ Name of Client

_____ Account Number

Additional Information

- The Owner's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.
- Keep in mind that in order to take advantage of direct deposit, your financial institution **MUST** be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association.
- Please check with your bank to make sure they participate before completing this form.

Direct Deposit Agreement

By my signature in Section 12 I consent to the following:

- I certify that the bank routing number and bank account number provided are accurate. I understand that I should certify these with my bank or financial institution prior to submitting the form to ensure that I have the correct information for direct deposit. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signor for each account and that the funds are being deposited to a financial institution within the US and will remain in a US Bank. The funds will not be credited further to an international bank.
- I hereby authorize AXA Equitable Life Insurance to directly deposit the amount of my withdrawal in the account listed above at the above-named bank/financial institution. This authorization will become effective only upon acceptance by AXA Equitable. This agreement will remain in full force and effect until AXA Equitable has received written notification from me of its termination in such time and in such manner as to afford AXA Equitable and my bank or financial institution a reasonable opportunity to act on it.
- In the event that AXA Equitable notifies the financial institution that funds to which I am not entitled have been deposited to my account, in error, I hereby authorize and direct the financial institution to return said funds to AXA Equitable as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to AXA Equitable is not possible, I authorize AXA Equitable to recover those funds by off-setting the amount erroneously paid to me from any future payments from AXA Equitable until the amount of the erroneous deposit has been recovered, in full. It is understood that I will be notified by AXA Equitable when this condition occurs.

11. Special Instructions For Contracts Subject to Withdrawal Restrictions

Withdrawal restrictions under federal income tax rules and the terms of the plan could apply to some or all of the amounts in Contracts under 403(b) plans, corporate trustee plans and governmental employer Section 457(b) plans. The withdrawal restrictions depend on a number of factors, including the type of the contribution made to the plan or contract, when the contribution was made, and the status of the plan participant who is the Annuitant under the Contract (for example, age; active employment status; etc.) If our records show that amounts in a Contract are subject to withdrawal restrictions we will not process the requested withdrawal from restricted funds unless the plan administrator indicates that the funds are not subject to withdrawal restrictions and the reason why (for example, if the participant has separated from service, we need the date of the separation.)

NOTE: Hardship withdrawals may be permitted from restricted funds under specified circumstances. "Unforeseeable emergency withdrawals" similar to hardship withdrawals may be permitted from restricted funds under governmental employer Section 457(b) plans under specified circumstances. **If you are requesting a hardship withdrawal, do not complete this form. Please complete the Request for Hardship Withdrawal Form.** If this is a governmental employer Section 457(b) plan and you are requesting an unforeseeable emergency withdrawal, please contact customer service at 1-800-628-6673 for assistance.

The amount requested is not subject to withdrawal restrictions for the following reason(s):

- The participant separated from service on _____/_____/_____. Vesting % _____
- The participant is age 59 1/2 or older, for EDC 70 1/2
- The participant is disabled
- Other _____ (please explain)

12. Authorize the Transaction

The information on this form is correct and complete to the best of my knowledge. I authorize AXA Equitable to process the transaction(s) requested on this form. I understand that the transaction(s) requested will be effective on the date that this form, properly completed and signed, is received at AXA Equitable's EQUI-VEST Processing Office. I also understand that upon receipt of the properly completed and signed form, AXA Equitable has 5 business days to process this request.

Financial transactions will be verified by a confirmation notice. If you do not receive the notice within 14 days of the transaction, please notify us immediately.

Signature: _____
Annuitant's Signature Current Date (mm/dd/yyyy)

Signature: _____
Signature of Owner, if Other than Annuitant Current Date (mm/dd/yyyy)

Signature: _____
Signature of Joint Owner (if Applicable) Current Date (mm/dd/yyyy)

As Employer/Plan Administrator/Trustee or other authorized person, I acknowledge that this transaction is permitted under the employer's plan and I approve of this transaction.

Signature: _____
Plan Administrator/Trustee Signature Current Date (mm/dd/yyyy)

Title of Plan Administrator/Trustee

Cat. #126203 (3/13)