



AXA EQUITABLE
BENEFIT PAYMENTS SERVICES GROUP
P.O. BOX 4993
SYRACUSE, NY 13221

Fax to (855) 268-6371
Call us at (800) 245-1230

AUTHORIZATION FOR DIRECT DEPOSIT OF ANNUITY CHECKS

PART 1 – TO BE COMPLETED BY PAYEE

POLICY IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER

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PAYEE NAME _____

HOME ADDRESS _____

IS THIS A NEW ADDRESS? YES _____ NO _____ EFFECTIVE DATE OF CHANGE _____

I AM THE PAYEE UNDER THE ABOVE POLICY IDENTIFICATION NUMBER AND I HEREBY REQUEST THAT UNTIL FURTHER WRITTEN NOTICE FROM ME IS FILED WITH AXA EQUITABLE, ALL PAYMENTS BE DIRECTLY DEPOSITED IN MY ACCOUNT AT THE BANK DESIGNATED BELOW. I AUTHORIZE THE BANK DESIGNATED TO DEBIT MY ACCOUNT AND TO REFUND ANY OVERPAYMENTS TO AXA EQUITABLE.

PAYEE SIGNATURE _____ DATE _____

JOINT PAYEE SIGNATURE _____ TELEPHONE () _____

ACCOUNT TYPE:

CHECKING (Attach a VOIDED Check) BANK NAME _____

SAVINGS (Complete PART 2) BANK ADDRESS _____

PART 2 – TO BE COMPLETED BY BANK (Complete PART 2 only if you are using a SAVINGS ACCOUNT or NOT ATTACHING A VOIDED CHECK)

BANK NAME _____

BANK ADDRESS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

BANK REPRESENTATIVE _____ TELEPHONE () _____

Please return this completed Enrollment Form along with a **VOIDED** check in the envelope provided. AXA Equitable will process this request and directly deposit your payments within 45 days of receipt of this form unless further information is needed. When writing to us please use the address at the top of this form and always include your Policy Identification Number.

Please provide 30 days advance written notice of your intent to change this arrangement.