

CHANGE OF ADDRESS FORM

Please Be Sure To Include Contract Number

Contract Number: _____

Social Security Number (at least last 4 digits): _____

Actual Date of Permanent Address: _____

ANNUITANT'S PHYSICAL ADDRESS FOR TAX REPORTING:

Printed Name of Annuitant: _____

Address Number and Street (Apt/Suite/Floor): _____

City and State: _____ Zip Code: _____

Daytime Area Code & Telephone #: () _____

Signature of Owner/Annuitant*: _____ **Date:** _____

**Signature of
Joint Owner/Joint Annuitant*:** _____ **Date:** _____

***Please note:** If you are signing this address change form as Power of Attorney or Guardian for the Annuitant and you have not yet submitted the Power of Attorney document to AXA-Equitable, please enclose a copy with this form. Thank you.*

POWER OF ATTORNEY OR GUARDIAN SECTION:

Printed Name of Representative: _____

Address Number and Street (Apt/Suite/Floor): _____

City and State: _____ Zip Code: _____

Daytime Area Code & Telephone #: () _____

**Signature of
Representative*:** _____ **Date:** _____

SEND ALL CORRESPONDENCES TO:

(Please check one) Annuitant Power of Attorney or Guardian