

**AXA EQUITABLE**

redefining / standards®

AXA Equitable Life Insurance Company
MONY Life Insurance Company of America
AXA Equitable Life and Annuity Company

Life Insurance Non-Financial Change

Traditional and Variable Life Series

Return:**Express Mail:**

AXA Equitable Life Insurance Company
National Operations Center
8501 IBM Dr, Suite 150
Charlotte NC 28262-4333

Regular Mail:

AXA Equitable Life Insurance Company
National Operations Center
P.O. Box 1047
Charlotte, NC 28201-1047

Toll-free Fax Number:

(855) 268-6378

For Assistance:**Call:**

(800) 777-6510
Monday-Friday
8:00 a.m. – 7:00 p.m. EST

To Sign Up For eDelivery:

Visit us at
www.axa-equitable.com

Type of Request

Please complete the sections listed below if you are requesting a:

- New Address — section 1, 7
- Name Change — sections 1, 2, 7
- Change of Dividend Election — sections 1, 3, 7
- Change of Premium Mode/Billing Amount — sections 1, 4, 7
- Issue Statement of Insurance Coverage — sections 1, 5, 7
- Issue Duplicate Policy — sections 1, 6, 7

1. Owner's Information (Please Print)☐ Please check if this is an address change.

Policy Number(s) (Required):

Owner's Taxpayer Identification Number:

XXXXXXXX☐ Social Security Number ☐ Employer Identification Number ☐ OtherInsured's Name:

First	Middle/MI	Last
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Owner's Name (if other than insured):

or Name of Entity If Corporation,

First	Middle/MI	Last
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Partnership or Trust OwnedOwner's Daytime Phone Number:

XXX-XXX-XXXXOwner's Email Address:

Joint Owner's Name:

First	Middle/MI	Last
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Owner's Address:

Number and Street	Apt. / Suite / Floor
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City	State	Zip Code
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For Addresses Outside the United States:

Country:

Country Postal Code:

2. Name Change

Completing the Form

- This section is for change of name by marriage, court decree, or correction.
- Designating a new beneficiary must be submitted on a Request for Change of Beneficiary form (Catalog #137177).
- Designating a new owner must be submitted on a Request for Change of Owner form (Catalog #137178).

Please identify party to be updated: ☐ Owner ☐ Insured ☐ Beneficiary ☐ Assignee

From: _____
First Middle/MI Last

To: _____
First Middle/MI Last

3. Change of Dividend Election

Please select desired Dividend Election from the available options below:

- ☐ Purchase Paid-up Additional Insurance ☐ Apply toward Loan Principal
☐ Pay in Cash ☐ Accumulate at Interest
☐ Apply toward Premium Payment
(not available for System-Matic policies)

Note: If you intend to discontinue either the Economatic Benefit Provision, the Premium Payment Alternative, or the Term Dividend Option (or if this option is desired), please contact your financial professional or the National Operations Center to secure the proper form. A change in dividend election will be effective on the next policy anniversary. If a premium is currently due, you must also complete a Life Insurance Disbursement form (Catalog #138187).

4. Change of Premium Mode/Billing Amount To

- ☐ Annual ☐ Semiannual ☐ Quarterly
☐ Regular Monthly¹ ☐ Monthly System-Matic* ☐ Quarterly System-Matic*²
☐ Salary Allotment or Military Employer's Name/Branch of Service _____
Unit # _____ Employee Serial # _____
_____ is the due date of the first regular premium payable on the new mode.
(mm/dd/yyyy)

Universal Life/Incentive Life only: ☐ Start/Change Billing Amount to: \$ _____
(Minimum billing amount \$100, \$50 for System-Matic/Salary Allotment except for Athena I and Athena II policies which is \$100)

¹ Not available with all products.

² Available only with Universal and Incentive Life type contracts, including Survivorship.

³ Premium mode changes are based on the register/anniversary date and an irregular premium payment may be required.

* A completed Request for System-Matic Plan. Form 153-1104D (Catalog #060739E) and a sample voided check must accompany a request for a change to System-Matic (deposit slip is not acceptable).

5. Issue Statement of Insurance Coverage

This policy contract was:

☐ Lost ☐ Stolen ☐ Destroyed On or About (Date): _____
(mm/dd/yyyy)

☐ I am requesting a Statement of Insurance at no cost to me. The Statement of Insurance will be sent to the Policyowner's current address of record.

6. Issue Duplicate Policy

This policy contract was:

☐ Lost

☐ Stolen

☐ Destroyed

On or About (Date): _____
(mm/dd/yyyy)

☐ I am requesting a duplicate policy. Enclosed is a check for \$35, made payable to AXA Equitable, to cover the replacement costs. The Duplicate Policy will be sent to the Policyowner's current address of record.

7. Signatures

Signature: _____
Signature of Owner or Absolute Assignee

Current Date (mm/dd/yyyy)

Signature: _____
Signature(s) of Joint Owner(s) or Collateral Assignee

Current Date (mm/dd/yyyy)

Signature: _____
Signature of Corporation Officer, Partner or Trustee

Title (Required)

Current Date (mm/dd/yyyy)

Print Name of Corporation, Partnership or Trust

AXA Equitable and MONY Life Insurance Company of America will only accept a financial professional's request for address changes, dividend election changes, and mode or billing amount changes without the policyowner's signature.

Financial Professional's Name

Code #

Signature: _____
Financial Professional's Signature

Daytime Phone Number xxx-xxx-xxxx

General Information about Signature Requirements

Multiple/Joint Owners: Must be signed by all Owners.

Assignments: 1) Collateral — Assignee and present Owner;
2) Absolute — Assignee.

Corporation: One officer other than the Insured on behalf of the corporation.

Attorney-in-Fact/Guardian: Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.

Partnerships: Requests must be submitted in the name of the Partnership and signed by a partner other than the Insured, or two partners if Insured signs.

8. Special Instructions

Cat. #049548E (4/13)



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