

Accumulator®

Variable Annuity Series

Automatic Required Minimum Distribution (RMD) Withdrawal Service

Express Mail:

AXA Equitable Life Insurance Company
Retirement Service Solutions
500 Plaza Drive, 6th Floor
Secaucus, NJ 07094

Regular Mail:

AXA Equitable Life Insurance Company
Retirement Service Solutions
P.O. Box 1547
Secaucus, NJ 07096-1547

Fax Number:

(816)-701-8040

**AXA EQUITABLE**

AXA Advisors, LLC
AXA Distributors, LLC

For Assistance Call 800-789-7771

General Instructions

*Client: Use this form to authorize AXA Equitable to automatically pay you an annual withdrawal to satisfy IRS lifetime required minimum distribution (RMD) requirements. **If you choose our automatic withdrawal service, our automated system will calculate your lifetime required amount based on Treasury Regulations. Complete this form only if you are enrolling in the Automatic RMD service for the first time. The Automatic RMD program is not available in the first calendar year a contract is issued, nor is it available with Qualified Plans.***

Please read the "More Information" section on page 3 for important information about changes to RMD withdrawals in 2008 before completing this form.

1. Owner's Information

Owner's Name (First, Middle, Last)

Owner's Daytime Phone Number

Owner's Social Security No.

Certificate/Contract Number

2. New Service Election

**Read the "Method of Calculation" on page 3 before completing this section.*

Please choose only one option from A, B or C below:

- A. ☐ My Accumulator Series contract was established before December 31, 2011. Please enroll me in the Automatic Required Minimum Distribution Service.
- B. ☐ My Accumulator Series contract was established in 2012 and I have already taken my Required Minimum Distribution. Please enroll me in the Automatic Required Minimum Distribution Service beginning in December 2013.
- C. ☐ My Accumulator Series contract was established in 2012 and I have **not yet** taken my Required Minimum Distribution. As of **December 31, 2011 my Account Value (plus the actuarial present value of any additional guaranteed benefits under my contract)* was** _____. Please enroll me in the Automatic Required Minimum Distribution Service beginning in December 2012.

3. Automatic Required Minimum Distribution Method

Please calculate my required minimum distribution using the method I have elected below. **You may elect only one method:**

- A. ☐ Uniform Life Expectancy (Unless you qualify for and would like to elect "B" below, this is the only option applicable to you.)
- B. ☐ Joint Life Expectancy — Recalculated annually (This option is only available if your spouse is your sole primary beneficiary and is more than 10 years younger than you.)

Name of Spouse

Date of Birth

Spouse's Social Security Number

4. How to Receive Your Distribution

PLEASE COMPLETE THIS SECTION. 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.

- ☐ **Direct Deposit No Fee** — Please enter your bank account information on lines 1-4 on page 2. Your bank or financial institution may take up to 2 or more business days to credit the funds to your account.
- ☐ **First Class Mail No Fee** — Please allow 5-10 business days for delivery of your check.
- ☐ I would like an annual check payable to me on _____ (Month/Day/Year) of each year (no later than the 28th of any month).

Please attach a **VOID** check (Not a deposit slip) and complete the information on the following page.

Complete lines 1-4 on the following page if you elected Direct Deposit to either your checking or savings account. Please read the information under the Direct Deposit Agreement before completing this section. 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.

4. How to Receive Your Distribution (continued)

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

Enter your bank account information on lines 1-4 below.

1
Your Name
1234 Address Rd.
City, ST 56789

123
000-00/000

Date

Pay to the Order of

Dollars

2
Financial Institution
1234 Anytown Lane
City, ST 56789

3
For
123456789 123 456 7891234567

4
MP

Routing Number

Account Number

- 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 #

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.

Direct Deposit Agreement

By my signature in Section 9 I consent and agree to the following:

- By submitting the form with a voided check and signing below you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your financial institution prior to submitting the form to ensure that you 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 on 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 into an international bank. I authorize AXA Equitable above to deposit the amount of my withdrawal automatically into my savings or checking account(s).
- Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.
- 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 when this condition occurs.

5. Withholding Election Information

We will automatically withhold 10% Federal Income Tax from the gross amount of your distributions unless you make an election below. Some states require us to withhold state income tax if federal income tax is withheld. Please consult your tax advisor for rules that apply to you. If you are a US citizen/legal resident and the check is sent abroad, we must withhold tax.

If you are not a US citizen/legal resident we require additional information. In addition to this form, please send us a letter requesting this distribution, indicating your current residence and citizenship status, along with an 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.

- ☐ I do not want Federal Income Taxes (and state, if applicable) withheld from my distribution. I have provided my U.S. residence address and Social Security Number below. 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 Social Security Number is correct:
Address: _____
Street City State Zip Code
- ☐ I want to have 10% Federal income tax withheld from the taxable amount of the distribution (You may also designate an additional amount below)
☐ I want the following additional percentage withheld from the distribution _____% + 10% = _____%

6. Signature

I authorize AXA Equitable Life Insurance Company to calculate and distribute my Required Minimum Distributions to me per my elections above.

X

Owner

Date

More Information

Lifetime Required Minimum Distributions (RMDs)

Generally, beginning the year you reach age 70½, Federal regulations require that you begin to take a lifetime minimum distribution each year out of certain tax-favored retirement plans and contracts such as qualified plans, traditional IRAs, or TSAs. These are called lifetime required minimum distributions. If you do not take distributions when required there can be adverse tax consequences including a 50% excise tax on the required amount(s) which are NOT taken by the Federal Income Tax deadline. Distributions must begin no later than your Required Beginning Date. For traditional IRAs, the Required Beginning Date is April 1st of the calendar year following the year in which you become 70½. (Generally for TSAs or qualified plans, the Required Beginning Date is April 1st of the calendar year following the calendar year you (A) become 70½ or (B) retire from service with the employer that provided the funds, whichever is later.)

Our Automatic RMD Withdrawal Service is available if you would like us to automatically calculate and pay your lifetime RMD withdrawals from your Accumulator Series contract. You will receive your check once a year, in December. *Note: We calculate the lifetime RMD on the basis that your Accumulator Series contract is your only retirement plan or contract. If you have other retirement plans or contracts, you should consult with your tax advisor concerning any lifetime RMDs which could be required under different plans or contracts. If this contract is held by your IRA custodian, you should consult with your tax advisor before you elect our RMD Withdrawal Service. As we calculate the lifetime RMD on the basis that the Accumulator Series contract is the only asset held in your IRA by your custodian, our Automatic RMD Withdrawal Service may not be appropriate for Accumulator Series contracts held by IRA custodians. Also, electing our Automatic RMD Withdrawal Service does not replace RMD withdrawals that should have been taken previously.*

We will calculate the distribution amount based on the information you give us. We are not responsible for errors that can result from inaccuracies in the information you provide to us. You can cancel this feature at any time. We do not offer this option if your TSA has an outstanding loan or if you are not a resident of the United States. **Foreign residents who are required to take RMDs must annually request a withdrawal if not annuitizing.**

Method of Calculation

To calculate your annual lifetime RMD amount, we divide your prior year account balance by a divisor, which corresponds to your age on an IRS table.

This rule may not apply if your spouse is your sole designated beneficiary **and** is more than 10 years younger than you. If this applies to you, you can take your annual RMD based on the joint life expectancies of you and your spouse. This will produce a lower RMD amount in most cases.

This is not the exclusive way for you to take your lifetime RMD. After consultation with your tax advisor, you may decide to compute required minimum distributions yourself and request withdrawals each year by completing a Withdrawal Request form. **In such a case, a withdrawal charge may apply.** Make sure to indicate on the form that the withdrawal is sufficient to satisfy your RMD requirement for the current year. You can also annuitize your contract.

Under tax regulations effective for distributions beginning in 2006, the IRS requires an amount to be added to the year-end value of an annuity contract in calculating the RMD to be withdrawn for any year. The amount to be added is the “actuarial present value” of certain additional guaranteed contract benefits that will be provided under the contract (such as an enhanced death benefit or the Guaranteed Income Benefit).

Determining the Withdrawal Amount

We take into account any partial withdrawals you have made during the current year, plus any applicable withdrawal charge we charged you and any other adjustment required by the RMD Regulations prior to determining how much you are required to withdraw. The minimum amount we will pay out is \$250, or the Annuity Account Value if it is less than \$250.

Withholding

Your RMD amount is subject to 10% Federal Income Tax withholding (and related state income tax withholding, if applicable) unless you elect not to have withholding apply (see Section 5).