

Designation or Change of Beneficiary Form

Bundled/Full Service

Return via Mail or Fax:

AXA Equitable
PO Box 8095
Boston, MA 02266-8095

redefining / standards®



Fax Number:
(816) 218-0412

For Assistance:
Call (800) 528-0204
www.axa.com

PLEASE PRINT

1. Participant Information

First Name, Middle Initial _____ Last Name _____ Social Security Number _____
Address _____
Daytime Phone Number _____ Mobile Phone Number _____ Email Address _____
Employer's Name _____ Contract ID Number _____
Are you married? Yes No Participant's Date of Birth (mm/dd/yyyy) _____/_____/_____

2. Beneficiary Designation

I hereby designate the following as my beneficiary(ies) under the Master Plan adopted by my Employer subject to my right to change this designation as provided in said plan:

Primary Beneficiary(ies)

1. Name _____ % of Share _____
Relationship _____ Sex Male Female
Social Security Number _____ Date of Birth _____
Address _____
Preferred Phone Number _____ Email Address _____
2. Name _____ % of Share _____
Relationship _____ Sex Male Female
Social Security Number _____ Date of Birth _____
Address _____
Preferred Phone Number _____ Email Address _____

Contingent Beneficiary(ies)

1. Name _____ % of Share _____
Relationship _____ Sex Male Female
Social Security Number _____ Date of Birth _____
Address _____
Preferred Phone Number _____ Email Address _____
2. Name _____ % of Share _____
Relationship _____ Sex Male Female
Social Security Number _____ Date of Birth _____
Address _____
Preferred Phone Number _____ Email Address _____

AXA EQUITABLE LIFE INSURANCE COMPANY

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3. General Provisions

1. Except to the extent otherwise expressly provided on the face of this Designation, all sums payable under the Plan to a beneficiary(ies) at or by reason of the death of the participant:
 - (a) Shall be equally divided between such of the primary beneficiaries named on the face of this Designation as survive the Participant, except where a nonsurviving primary beneficiary has been survived by a contingent beneficiary or beneficiaries who were living at the time of the Participant's death. Such beneficiaries shall receive the share such primary beneficiary would have received if he or she had survived the Participant.
 - (b) If any primary beneficiary is not living at the time of the Participant's death, his or her share of such payment shall be equally divided between such of the contingent beneficiaries designated for such primary beneficiary who are living at the time of the Participant's death.
 - (c) If upon the death of a person there is no designated beneficiary then living entitled to receive any amount which becomes payable to a beneficiary, such amount shall be payable to the first surviving class of the following classes of successive preference beneficiaries: (1) the Participant's widow or widower; (2) the Participant's surviving children; (3) the Participant's surviving parents; (4) the Participant's surviving brothers and sisters; (5) the executors or administrators of the person upon whose death the payment becomes due.
 - (d) By expressly providing on the face of this Form the manner in which you wish your beneficiary designation to be executed, you may override the provisions outlined in a, b or c above.
2. A Beneficiary Designation or Change dated and signed by the Participant and the spouse, if applicable, and witnessed by a Plan Representative or a Notary Public shall be valid upon receipt by the Plan Administrator of said notice and shall be effective as of the date shown on said notice as the date on which it was signed, whether or not the person making such Designation or Change is living at the time of receipt, but without further liability on the part of the Trustees and the Insurer with respect to any payment made before receipt of said notice.
3. The terms, provisions and limitations of the Plan and Trust Agreement and any amendments thereof which may hereafter be made from time to time are controlling over the above-stated General Provisions and shall govern all the rights of the Participant, his or her designated beneficiaries, and any person claiming rights under such Agreements.

IMPORTANT NOTICE: This beneficiary designation under the plan should be carefully reviewed from time to time as changes occur in the law or in your personal or financial situation. Please advise us if any of your beneficiaries change their addresses.

4. Signatures/Authorization

If you name your spouse as the primary beneficiary disregard the spousal consent signature lines below.

This designation is subject to the General Provisions. Under the terms of your Employer's plan, pre-retirement survivor benefits will be provided to the spouse of a married participant unless the spouse consents below to waive such benefits. In addition, the law provides that a married participant who is under age 35 may only make a qualified election to designate a beneficiary other than his or her spouse. The qualified election requires the consent of his or her spouse and is effective for the period beginning on the date of such election and ending on the first day of the Plan Year in which the participant will attain age 35. At that time a new election, also consented to by his or her spouse, is required in order for the beneficiary to continue to be other than the spouse. The spouse's consent, given below, must be witnessed by a Plan Representative or Notary Public. *Note: the date of the witnesses signature **must** be the same date as the spouse's signature.* I, as the spouse indicated below, understand that I am waiving my right to receive survivor benefits under the plan which would otherwise be paid to me automatically upon the above-named Participant's death.

X _____ Signature of Participant (required at all times)	_____ Print Name	_____ Date (mm/dd/yyyy)
X _____ Signature of Trustee/Authorized Individual for the Plan (required at all times)	_____ Print Name	_____ Date (mm/dd/yyyy)
X _____ Signature of Spouse (if indicated above that Participant is married)	_____ Print Name	_____ Date (mm/dd/yyyy)
X _____ Signature of Plan Representative (or Notary Public) as Witness to Spouse's Signature	_____ Print Name	_____ Date (mm/dd/yyyy)