



redefining / standards®

EQUI-VEST®

Disbursement

Variable Annuity Series

Return:

Express Mail:

AXA Equitable
EQUI-VEST Processing Office
Suite 1000, 100 Madison St.
Syracuse, N.Y. 13202

Regular Mail:

AXA-Equitable
EQUI-VEST Processing Office
P.O. Box 4956
Syracuse, N.Y. 13221

Fax Number:

(201) 583-2683

For Assistance:

Call:

(800) 628-6673
Monday - Thursday
8:00 a.m. - 7:00 p.m. EST
Friday 8:00 a.m. - 5:00 p.m. EST

To Sign Up For eDelivery:

Visit us at

www.axa-equitable.com

1. Type of Request

Please complete all of the sections listed if you are requesting a:

- **Partial Withdrawal** — sections 2, 3, 8, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Segment Maturity Date Withdrawal** — sections 2, 5 and 8 (If applicable, sections 6, 7, 9, 11 and 12 may need to be completed)
- **72(t) Withdrawal** — sections 2, 3, 8, 9, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Cash Value Surrender** — sections 2, 4, 8, 10 and 12 (If applicable, sections 6, 7, and 11 may need to be completed)
- **Change of Owner – Trusteed Contracts** — sections 2, 7 and 12

2. Owner's Information (Contract number must be provided to process this request.)

Certificate/Contract number:

Check the appropriate retirement program for the Contract listed above:

- TRADITIONAL IRA
 ROTH IRA
 NQ
 SEP/SARSEP
 SIMPLE IRA
 TSA
 TRUSTEED
 KEOGH/HR-10
 GOVERNMENTAL EMPLOYER EDC
 TAX EXEMPT EMPLOYER EDC

Owner's Name: _____

Last, First, Middle

Owner's Daytime Telephone Number:

 -

S.S.N. (last 4 digits only)

Owner's Email Address: _____

Joint Owner's Name: _____

Last, First, Middle

Joint Owner's Daytime Telephone Number:

 -

S.S.N. (last 4 digits only)

Annuitant's Name (if other than owner): _____

Last, First, Middle

S.S.N. (last 4 digits only)

Address: _____

Number and Street

Apt. / Suite / Floor

City

State

Zip Code

Please check if this is an address change.

3. Partial Withdrawals

- If the partial withdrawal amount you are requesting is in excess of the maximum amount which can be withdrawn, we will pay you the amount which can be withdrawn without canceling your contract.
- If you request to take a partial withdrawal and the amount in the Segment(s) is needed to satisfy the request, the money will be taken from the Segment(s) on a pro rata basis.
- The total amount withdrawn will include applicable withdrawal charges which are deducted in addition to the partial withdrawal requested, from your total Annuity Account Value.
- Minimum withdrawal amount is \$300. Minimum remaining balance must be \$500.

How you want your withdrawal taken:

- For withdrawals **only** from the Guaranteed Interest Option (GIO) and/or Variable Investment Options (excluding the Fixed Maturity Option (FMO)), **complete Section 3A**. The GIO is not available for EQUI-VEST Express Contracts.
- For withdrawals **only** from the Fixed Maturity Option(s), **complete Section 3B**.
- For withdrawals from **both** the GIO and/or Variable Investment Options, **and** the Fixed Maturity Option, **complete both Sections 3A and 3B**.

Enter entire withdrawal amount requested from Section 3A and/or 3B: \$ _____

(Note: Leave this line blank if a percentage has been selected from **either** Section 3A or 3B.)

A. Withdrawals from the GIO, Variable Investment Options and Segment Holding Account:

Amounts will be withdrawn first from the Variable Investment Options and GIO on a pro rata basis. If the withdrawal exhausts the Variable Investment Options and GIO, or if there is no investment in the Variable Investment Options or GIO, amounts will be withdrawn from the Segment Holding Account. If the withdrawal exhausts the Segment Holding Account, or if there is no investment in the Segment Holding Account, the remainder will be withdrawn from the Segment(s) on a pro rata basis.

- Specific Amount: \$ _____
- Specific Percent: (specify whole %) _____%
- Maximum Amount Available (without canceling my contract)
- Maximum Amount Available (without accessing the Segment(s))
- Specific Amount from Specific Funds (Funds listed on next page)

Please Note: If you wish to withdraw the entire amount from a specific investment option other than the Segment(s), enter "all" next to that option. The amount withdrawn will be the amount requested plus any applicable withdrawal charges. (See fund listing on next page)

Asset Allocation

AXA Allocation

- \$ _____ AXA Aggressive Allocation (18*)
- \$ _____ AXA Balanced Strategy (8Q*)
- \$ _____ AXA Conservative Allocation (15*)
- \$ _____ AXA Conservative Growth Strategy (8R*)
- \$ _____ AXA Conservative-Plus Allocation (16*)
- \$ _____ AXA Conservative Strategy (8S*)
- \$ _____ AXA Moderate Allocation (T4*)
- \$ _____ AXA Moderate Growth Strategy (8O*)
- \$ _____ AXA Moderate-Plus Allocation (17*)

Target Allocation

- \$ _____ Target 2015 Allocation (6G*)
- \$ _____ Target 2025 Allocation (6H*)
- \$ _____ Target 2035 Allocation (6I*)
- \$ _____ Target 2045 Allocation (6J*)

Other Asset Allocation

- \$ _____ All Asset Growth – Alt 20 (7H*)#
- \$ _____ EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)
- \$ _____ EQ/Franklin Templeton Allocation (6P*)

Bonds

- \$ _____ EQ/Core Bond Index (96*)
- \$ _____ EQ/Global Bond PLUS (47*)
- \$ _____ EQ/Intermediate Government Bond (TI*)¹
- \$ _____ EQ/PIMCO Ultra Short Bond (28*)
- \$ _____ EQ/Quality Bond PLUS (TQ*)
- \$ _____ Invesco V.I. High Yield (8L*)⁵
- \$ _____ Ivy Funds VIP High Income (8G*)⁵
- \$ _____ Multimanager Core Bond (69*)
- \$ _____ Multimanager Multi-Sector Bond (TH*)
- \$ _____ Templeton Global Bond Securities(8F*)^{2,5}

Cash Equivalents

- \$ _____ EQ/Money Market (T3*)

Guaranteed-Fixed

- \$ _____ Guaranteed Interest Option (A1*)

International Stocks/Global

- \$ _____ AXA Tactical Manager International (7N*)
- \$ _____ EQ/Global Multi-Sector Equity (78*)
- \$ _____ EQ/International Core PLUS (88*)
- \$ _____ EQ/International Equity Index (TN*)¹
- \$ _____ EQ/International Value PLUS (73*)
- \$ _____ EQ/MFS International Growth (26*)
- \$ _____ EQ/Oppenheimer Global (6A*)
- \$ _____ EQ/Templeton Global Equity (6D*)
- \$ _____ Invesco V.I. International Growth (7Z*)⁵
- \$ _____ Lazard Retirement Emerging Markets Equity (8H*)⁵
- \$ _____ MFS® International Value (8A*)⁵
- \$ _____ Multimanager International Equity (65*)¹

Large Cap Stocks

- \$ _____ AXA Tactical Manager 500 (7M*)
- \$ _____ EQ/BlackRock Basic Value Equity (81*)
- \$ _____ EQ/Boston Advisors Equity Income (33*)
- \$ _____ EQ/Calvert Socially Responsible (92*)
- \$ _____ EQ/Capital Guardian Research (86*)³
- \$ _____ EQ/Common Stock Index (T1*)
- \$ _____ EQ/Davis New York Venture (6Q*)
- \$ _____ EQ/Equity 500 Index (TE*)
- \$ _____ EQ/Equity Growth PLUS (94*)
- \$ _____ EQ/JPMorgan Value Opportunities (72*)
- \$ _____ EQ/Large Cap Core PLUS (85*)

- \$ _____ EQ/Large Cap Growth Index (82*)
- \$ _____ EQ/Large Cap Growth PLUS (77*)
- \$ _____ EQ/Large Cap Value Index (49*)
- \$ _____ EQ/Large Cap Value PLUS (89*)¹
- \$ _____ EQ/Lord Abbett Large Cap Core (05*)
- \$ _____ EQ/Montag & Caldwell Growth (34*)¹
- \$ _____ EQ/Mutual Large Cap Equity (6F*)
- \$ _____ EQ/T. Rowe Price Growth Stock (32*)
- \$ _____ EQ/UBS Growth and Income (35*)³
- \$ _____ EQ/Van Kampen Comstock (07*)¹
- \$ _____ EQ/Wells Fargo Omega Growth (83*)³
- \$ _____ Fidelity® VIP Contrafund® (7R*)⁵
- \$ _____ Fidelity® VIP Equity Income (7S*)^{2,5}
- \$ _____ Invesco V.I. Diversified Dividend (8B*)^{2,5}
- \$ _____ MFS® Investors Growth Stock (8I*)⁵
- \$ _____ MFS® Investors Trust (7P*)⁵
- \$ _____ Multimanager Aggressive Equity (T2*)
- \$ _____ Multimanager Large Cap Core Equity (57*)³
- \$ _____ Multimanager Large Cap Value (58*)
- \$ _____ Oppenheimer Main Street Fund/VA (7Q*)^{2,5}

Sector/Specialty

- \$ _____ EQ/Franklin Core Balanced (6C*)
- \$ _____ EQ/GAMCO Mergers and Acquisitions (25*)³
- \$ _____ Invesco V.I. Global Real Estate (8C*)⁵
- \$ _____ Ivy Funds VIP Energy (8D*)⁵
- \$ _____ MFS® Technology (8J*)⁵
- \$ _____ MFS® Utilities (8K*)⁵
- \$ _____ Multimanager Technology (67*)
- \$ _____ Pimco VIT CommodityRealReturn® Strategy (8E*)^{2,5}
- \$ _____ Van Eck VIP Global Hard Assets (8N*)⁵

Small/Mid Cap Stocks

- \$ _____ American Century VIP Mid Cap Value (7V*)^{2,5}
- \$ _____ AXA Tactical Manager 400 (7L*)
- \$ _____ AXA Tactical Manager 2000 (7K*)
- \$ _____ EQ/AllianceBernstein Small Cap Growth (TP*)
- \$ _____ EQ/AXA Franklin Small Cap Value Core (6E*)
- \$ _____ EQ/GAMCO Small Company Value (37*)
- \$ _____ EQ/Mid Cap Index (55*)
- \$ _____ EQ/Mid Cap Value PLUS (79*)
- \$ _____ EQ/Morgan Stanley Mid Cap Growth (08*)
- \$ _____ EQ/Small Company Index (97*)
- \$ _____ Fidelity VIP Mid Cap (7U*)^{2,5}
- \$ _____ Goldman Sachs VIT Mid Cap Value (7W*)⁵
- \$ _____ Invesco V.I. Mid Cap Core Equity (7T*)⁵
- \$ _____ Invesco V.I. Small Cap Equity (7X*)⁵
- \$ _____ Ivy Funds VIP Mid Cap Growth (8M*)⁵
- \$ _____ Ivy Funds VIP Small Cap Growth (7Y*)⁵
- \$ _____ Multimanager Mid Cap Growth (59*)¹
- \$ _____ Multimanager Mid Cap Value (61*)¹
- \$ _____ Multimanager Small Cap Growth (36*)¹
- \$ _____ Multimanager Small Cap Value (91*)¹

Structured Investment Option

- \$ _____ Segment Holding Account for S&P 500 1year -10% Buffer (V1)⁴

* The number in parenthesis is shown for data input only.
New name on or about May 21, 2012.
¹ Not available for EQUI-VEST (Series 201).
² Available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901) only.
³ Not available for EQUI-VEST (Series 201) and EQUI-VEST Strategies (Series 901).
⁴ Available for EQUI-VEST (Series 201), EQUI-VEST Strategies (Series 900) and EQUI-VEST Strategies (Series 901) only.
⁵ VIT funds are not available under EQUI-VEST (Series 201) and EQUI-VEST strategies (Series 901) in Texas.

6. Spousal Consent Requirement

For TSA plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) & all Non-Trusteed Keogh (HR-10) plans and contracts which were formerly trustee owned: If you are a current or former Annuitant in one of these plans, your spouse’s consent is required for a partial withdrawal or surrender transaction, as your spouse is entitled to benefits under your retirement plan according to the Retirement Equity Act of 1984 (REA).

One of the following two statements must be completed and witnessed by a Notary Public or Plan Administrator.

1. *I am the current spouse of the above named Annuitant, and I hereby consent, by my signature appearing below, to a partial withdrawal from or surrender of the contract by the Annuitant. I also acknowledge that I understand I have the right to receive a benefit under the terms of the plan in which my spouse is a current or former Annuitant and that I hereby waive such right to the requested distribution.*

I acknowledge that I understand the consequences of this consent: x _____

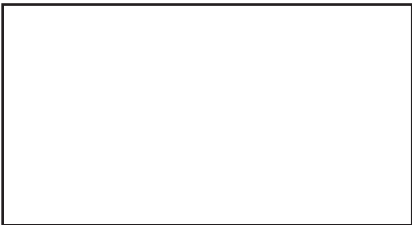
2. I am the above-named Annuitant and certify that I am not married: x _____

Notary Public/Plan Administrator (Needs to be completed)

State of _____, County of _____.

On the _____ day of _____ year before me personally

appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that (s)he executed the same.



Title & Signature of Notary Public or Plan Administrator

Notary Public – Stamp Here

For TRUSTEED (Corporate & Keogh [HR-10]) plans, the Trustee, by signing as Contract Owner, certifies that either spousal consent will be received by the Trustee prior to distribution, or that the Annuitant is unmarried & that the Notice required by the Internal Revenue Code will be or has been given to the Annuitant, or a former Annuitant of a Qualified Retirement Plan.

7. Request for Change of Owner Under EQUI-VEST Trusteed Contracts

This section may be completed in lieu of “the EQUI-VEST Request for Change of Owner form” (Cat. #125170) if it is accompanied with a request for a disbursement of funds. ***If an ownership change is required, the funds will be withdrawn on the business day following the receipt of the disbursement request in the EQUI-VEST Processing Office.***

This section must be signed by the Trustee of the Plan. The title “Trustee” should be shown after the signature. You must also sign in the assigned area.

Note: The Spousal Consent (Section 6) must be completed by you and your spouse in order to process this surrender or withdrawal. Your Social Security number must be provided in Section 2 of this form.

(1) Trustee to Complete:

Signature: _____

Signature of Present Owner / Title

(mm/dd/yy)

(2) Signature of New Owner:

Signature: _____

Your Signature

(mm/dd/yy)

In signing the above, each party certifies that this information is true, correct and complete. The new owner is verifying his/her understanding that he/she is the payee and recipient of this (and any future) taxable payments which may be subject to 20% federal withholding (refer to Section 8A of this form).

Note: In completing this owner change, your status is now referenced on this form as a “Former Annuitant of a Qualified Retirement Plan” (NTA).

8. Important Tax Notification

A. TSA, Annuitant-Owned Keogh/HR-10, or Annuitants of other Qualified Retirement Plans (Non-Transferable Annuities [NTAs] and governmental EDC plans):

You *must* read the *Special Tax Notice Regarding Plan Payments* (Catalog #144798/144799) obtained from your financial professional or the Processing Office. If you want to directly roll over your disbursement, see your financial professional or call 1-800-628-6673 for the required form which applies to your type of plan. By completing this Request for Disbursement form, you acknowledge having received the *Special Tax Notice Regarding Plan Payments* explaining the federal income tax rules and options which apply to eligible rollover distributions, and acknowledge you are affirmatively electing not to make a direct rollover. If you are receiving a distribution which is not eligible to be rolled over, *you must provide us a statement* explaining why it is ineligible for rollover along with your election regarding tax withholding. See 8B below. **In the absence of such a statement, we will do mandatory federal income tax withholding of 20% of the eligible rollover distribution (and any applicable state income tax withholding.)**

B. Withholding on Non-Periodic Distributions

(Complete this section in all cases including NQ contracts.) DO NOT COMPLETE THIS SECTION if you are an Annuitant in a tax exempt employer EDC plan or Trusteed Plan. For TSAs, Annuitant-Owned Keogh/HR-10 plans, former Annuitants of Qualified Retirement Plans (NTAs) and governmental EDC plans, this section can only be completed if this is not an eligible rollover distribution, and a statement to that effect accompanies this form. Hardship or unforeseeable emergency distributions are not eligible rollover distributions and not subject to the mandatory 20% tax withholding. (See below for tax withholding information for tax exempt employer EDC or TRUSTEED contracts.)

We will automatically withhold 10% federal income tax from the taxable portion of your withdrawal **unless you check the box below**. Some states require us to withhold state income tax if federal income tax is withheld. **If this is a TSA, we will withhold 20% federal income tax and you cannot elect out**. Please consult your tax advisor for rules that apply to you. AXA Equitable is required to withhold federal income tax on payments from annuity contracts which may be included in gross income. In the case of distributions from a Roth IRA, we may not be able to calculate the portion of the distribution (if any) subject to tax. We may be required to withhold on the gross amount of the distribution unless you elect out of withholding. This may result in tax being withheld even though the Roth IRA distribution is not taxable in whole or in part. If we withhold income tax, any income tax withheld is a credit against your income tax liability.

- By checking this box, I certify that I do not want federal income taxes (and state, if applicable) withheld from my partial withdrawal or surrender. I have provided my U.S. residence address and correct Taxpayer Identification Number below. I have provided the correct Social Security Number for an individual or Employer Identification Number for a non-natural owner. I understand that I am responsible for the payment of any estimated taxes, and that I may incur penalties if my payments are not enough. Under penalty of perjury, I certify that the following*

Taxpayer Identification Number is correct: SSN EIN Other _____

If your address of record is not a U.S. residence address, complete the following statement:

(Check one): I am a U.S. citizen. I am not a U.S. citizen. I reside in _____
(name of country)

If you are not a U.S. citizen, you may need to complete additional tax forms before your transaction can be processed.

C. Traditional (including SIMPLE IRA) or Roth IRA Tax Penalty

Amounts you withdraw from your contract may be included in your gross income, and if you are under age 59½, may also be subject to an early 10% penalty tax. (Your SIMPLE IRA is a form of traditional IRA and the 10% penalty is increased to 25% if the premature withdrawal is made within the first 2 years of your participation in the SIMPLE IRA plan.) However, exemptions from the 10% or 25% penalty tax may be available for certain qualifying withdrawals or transactions. Please consult your tax advisor.

FOR EDC OR TRUSTEED CONTRACTS:

For Annuitants under Tax Exempt EDC plans you may not waive tax withholding on partial withdrawals and surrender requests. Withholding is prescribed by law. However, we will pay the employer, as Owner, who in turn is to make distribution, as payor, to the Annuitant as payee. The employer is responsible for tax withholding on distributions made to the Annuitant. For EQUI-VEST TRUSTEED contracts, we will pay partial withdrawal or surrender amounts to the Trustee as owner, who, in turn, is to make distribution, as payor, to the Annuitant, as payee (if applicable). The Trustee is responsible for tax withholding on distributions made to the Annuitant.

9. Exemption Under 72(t) or 72(q)

Sections 72(t) and 72(q) of the Internal Revenue Code impose a 10% premature distribution income penalty tax on distributions from non-qualified contracts, qualified plans, TSAs and IRAs, prior to age 59½. This penalty tax is 25% on distributions made from a SIMPLE IRA during the participant's first two years of participation. The first two years of participation commence on the first day that contributions are deposited by the employer into an individual's SIMPLE IRA. This penalty tax is in addition to any ordinary income tax due on the distribution.

An exception to the penalty tax is available if this withdrawal is part of a series of "Substantially Equal Periodic Payments (SEPP)"; Internal Revenue Code Sections 72(t) (qualified) or 72(q) (non-qualified). **EQUI-VEST does not calculate the amount of the SEPP Exception withdrawal as well as any possible tax penalties; this is your responsibility.** You should discuss with your tax advisor which method to use to calculate the SEPP Exception withdrawal as well as any possible tax penalties. If this is a qualified plan or TSA, you may need to meet additional requirements. If you have an outstanding loan on your TSA contract, you cannot elect to receive payments under this section 72(t) penalty exception. In order for EQUI-VEST to report your withdrawal properly on Form 1099-R we need to know which IRS approved method you are using to calculate your SEPP Exception withdrawals. We cannot code the distribution for the SEPP Exception unless you check one of the boxes below. Please see IRS Rev. Rul. 2002-62, 2002-42 I.R.B. 710 for more information. You can find this in the Internal Revenue Bulletin dated October 21, 2002.

The calculation was based on (check one)

Single Life

Joint Life Name and Birthdate of Joint Life (If applicable) _____
Name Birth Date

I have used the following method to calculate my SEPP Exception:

Required minimum distribution method

Fixed distribution method

Fixed annuitization method

Regardless of the calculation method you use, you may owe additional taxes or penalties if you stop, change or rollover the annual withdrawals from the contract or make additional contributions or rollovers to the contract before the later of 59½ or five years from the date of the first distribution. Please note that the 1099 form will be revised at the end of the calendar year to note that the 72(t) exceptions may no longer be applicable.

By your signature in Section 13 you indicate to us that this withdrawal comes within the SEPP Exception from the 10% penalty tax and that you will not hold AXA Equitable responsible if the withdrawal amount you calculate is later found to be incorrect. If this exception becomes invalid at any time you will advise us of this change in writing. If you use the required minimum distribution method to calculate the withdrawal amount, the amount will be different every year. Therefore, a new Systematic Withdrawal Option (SWO) form, or Request for Disbursement form must be completed and submitted every year.

10. Delivery Options

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.

- First Class Mail** No Fee — Please allow 5-10 business days for delivery of your check.
- Direct Deposit** No Fee — **Please enter your bank account information on lines 1-4 below.** Please allow 5-7 business days for delivery.
- Express Delivery** \$35 fee — Allow 4 business days for delivery of your check.
- Wire Transfer** \$90 fee — **Only available for net wire amounts of \$10,000 or more. Please enter your bank account information on lines 1-4 below.** Allow 2 business days for delivery of your funds.

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

Enter your bank account information on lines 1-4.

The diagram shows a check with the following fields and callouts:

- 1**: Your Name (123), 1234 Address St., City, ST 56789
- 2**: Financial Institution (1234 Anytown Lane, City, ST 56789)
- 3**: Routing Number (123456789)
- 4**: Account Number (123 456 7891234567)

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 #

**For Wire Transfers only:
For Further Credit To:**

_____ Name of Client

_____ Account Number

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.
- 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.

Direct Deposit Agreement

By my signature in Section 12 I consent to the following:

- By submitting and signing below you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your bank or 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 for 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 to an international bank.
- 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.

11. Special Instructions For TSA Annuitants

NOTE: Hardship withdrawals of elective deferral contributions made 1/1/89 or later (but not earnings on same) are permitted, subject to plan provisions, the Code, and the regulations on hardships. If you are requesting a hardship withdrawal, do not complete this form. Please complete the Request for Hardship Withdrawal (Catalog # 141050).

The Internal Revenue Code of 1986, as amended ("Code"), places restrictions on certain withdrawals from TSAs. Restricted TSA funds are the following:

- Employee elective deferral contributions made 1/1/89 and later, together with earnings, and
- Earnings only on the 12/31/88 TSA account balance. *Note:* Your 12/31/88 TSA balance is grandfathered and exempt from withdrawal restrictions.

EXCEPTIONS: The above restrictions do not apply if you are age 59½ or older, disabled, separated from service or in the event of your death. Employer contributions and earnings are not restricted. Any amounts in your contract attributable to amounts transferred from a custodial account under Section 403(b)(7) of the Internal Revenue Code, are restricted.

If your request for partial withdrawal or surrender cannot be satisfied from unrestricted funds (i.e. from your December 31, 1988 account balance and any employer contributions made after December 31, 1988, and earnings on such contributions) and provided you are eligible for one of the exceptions listed above, your Plan Administrator must sign below.

NOTE: No certification is needed if you are age 59½ and over.

If you are under age 59½ and are requesting a withdrawal which exceeds your "unrestricted" account balance, your Plan Administrator must certify below that you are eligible to make the withdrawal from "restricted" funds under one of the exceptions indicated:

- The Participant is disabled **X**
Signature of Plan Administrator/Title
- The Participant separated from service on _____ **X**
Month-Day-Year Signature of Plan Administrator/Title

ATTENTION: For TSA Annuitants who have requested withdrawal of "restricted" TSA funds, but are not eligible for one of the above exceptions and whose request cannot be satisfied from available "unrestricted" funds; if you sign below, we will pay only the amount available from "unrestricted" funds.

Signature: _____
(mm/dd/yy)
Annuitant's Signature:

12. Authorize The Disbursement

The information on this form is correct and complete to the best of my knowledge. I authorize AXA Equitable to make a partial withdrawal from or surrender of my contract. I understand that the partial withdrawal or surrender will be effective on the date that this form, properly completed and signed, is received at AXA Equitable's EQUI-VEST Processing Office. I also understand that upon receipt of the properly completed and signed form, AXA Equitable has 5 business days to process this request.

Financial transactions will be verified by a confirmation notice. If you do not receive the notice within 14 days of the transaction, please notify us immediately.

Signature: _____
(mm/dd/yy)
Annuitant's Signature

Signature: _____
(mm/dd/yy)
Signature of Owner, if Other than Annuitant

Signature: _____
(mm/dd/yy)
Signature of Joint Owner (if Applicable)

Title of Owner if Applicable

Signature: _____
(mm/dd/yy)
Plan Administrator/Trustee Signature

Title of Plan Administrator/Trustee

Cat. #126203 (05/12)

