

Variable Annuity Series

Transfer/Rollover of Assets or 1035
Exchange to Another Carrier

Express Mail:
AXA Equitable
EQUI-VEST Processing Office
100 Madison St., Suite 1000
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

1. Owner's Information (Please Print) Please use Catalog # 139737 for TSA contract transfer/exchanges. Do not use this form.

Certificate/Contract Number

Owner's Name (Last, First, Middle)

Owner's Daytime Phone

T.I.N.: S.S.N. (last 4 digits only) E.I.N.

Joint Owner's Name (Last, First, Middle) (if applicable)

Joint Owner's Daytime Phone

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

Annuitant's Name (if other than Owner)

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.

2A. Type of Transaction **Check One** **References to "traditional IRA" include "SEP", "SARSEP" and "SIMPLE IRA".**

AXA Equitable uses the term "Applicable Plans" to cover several types of tax-qualified plans such as a 401(a) (including 401(k)) plan, a 403(b) plan (funded by a TSA annuity contract or custodial mutual fund account) or a governmental employer Section 457(b) EDC plan.

1. Direct Rollover:

- Direct Rollover** in accordance with Internal Revenue Code Sections 401(a)(31), 402 and other applicable tax rules from one eligible retirement plan into another eligible retirement plan. **Check the applicable type in each row. Complete Sections 2B, 3, 4A, 4E and 5 (5A and 5B, if applicable).**

Indicate Type of Retirement Plan Transaction

Source of Funds: Qualified Plan¹ IRA Governmental 457 EDC SIMPLE IRA²

Destination of Funds: Qualified Plan IRA Governmental 457 EDC SIMPLE IRA TSA

2. Direct Transfer:

- Traditional IRA³ to Traditional IRA**— Direct transfer (issuer to issuer, or issuer to custodian or trustee) of an IRA to another IRA. **Complete Sections 2B, 3, 4B and 4E.** During the first two years of participation a SIMPLE IRA cannot be transferred to an IRA.
- Roth IRA³ to Roth IRA**— Direct transfer (issuer to issuer, or issuer to custodian or trustee) of a Roth IRA to a Roth IRA with another carrier. **Complete Sections 2B, 3, 4C and 4E.**
- NQ to NQ**— Exchange of an NQ for another NQ under Section 1035(a) of the Internal Revenue Code of 1986 as amended. **Complete Sections 2B, 3, 4E and 4F.**

3. Taxable Rollover Conversion:

- Taxable Rollover from traditional IRA(3) to Roth IRA**— (Conversion rollover issued by another carrier.) **Complete Sections 2B, 3, 4D and 4E.**
- Taxable Rollover from Applicable Plan to Roth IRA**— (Conversion rollover issued by another carrier.) **Complete Sections 2B, 3, 4D and 4E.**

¹ If you are not the owner of your existing contract (trustee owned) have your employer complete Section 6 of this form "Request for Change of Owner under EQUI-VEST Trusteed Contracts."

² Funds from a SIMPLE IRA may be transferred **after** a 2-year period has expired since you first participated in any SIMPLE IRA plan of the Employer. Any rollover or transfer must comply with the requirements under section 408. If you withdraw an amount from a SIMPLE IRA **during** the 2-year period beginning when you first participated in any SIMPLE IRA plan of the Employer, and the amount is subject to the additional tax on early distributions under section 72(t), this additional tax is increased from 10% to 25%.

³ IRA refers to an individual retirement account and/or an individual retirement annuity under Internal Revenue Code Section 408.

2B. Amount to be Transferred or Rolled Over*

(Check One Box Only)

Partial Transfer/Rollover of \$ _____. (A minimum annuity value must remain in the Contract. For variable annuity contracts, check the prospectus.)

If you have a variable annuity contract and you wish specific dollar amounts to be withdrawn from the Guaranteed Interest Option and/or the Variable Investment Options, complete below. If you do not complete this section, amounts will be withdrawn on a pro rata basis.

Structured Investment Option Segment

\$ _____ S&P 500 1 year -10% Buffer (V1*)¹

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*)

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*)
- \$ _____ 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*)
- \$ _____ EQ/Lord Abbett Large Cap Core (05*)
- \$ _____ EQ/Montag & Caldwell Growth (34*)
- \$ _____ EQ/Mutual Large Cap Equity (6F*)
- \$ _____ EQ/T. Rowe Price Growth Stock (32*)
- \$ _____ EQ/UBS Growth and Income (35*)
- \$ _____ EQ/Van Kampen Comstock (07*)
- \$ _____ EQ/Wells Fargo Omega Growth (83*)
- \$ _____ Fidelity® VIP Contrafund® (7R*)
- \$ _____ MFS® Investors Growth Stock (81*)
- \$ _____ MFS® Investors Trust (7P*)
- \$ _____ Multimanager Aggressive Equity (T2*)
- \$ _____ Multimanager Large Cap Core Equity (57*)
- \$ _____ Multimanager Large Cap Growth (56*)
- \$ _____ Multimanager Large Cap Value (58*)

Small/Mid Cap Stocks

- \$ _____ 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*)
- \$ _____ Goldman Sachs VIT Mid Cap Value (7W*)
- \$ _____ Invesco V.I. Mid Cap Core Equity (7T*)
- \$ _____ Invesco V.I. Small Cap Equity (7X*)
- \$ _____ Ivy Funds VIP Mid Cap Growth (8M*)
- \$ _____ Ivy Funds VIP Small Cap Growth (7Y*)
- \$ _____ Multimanager Mid Cap Growth (59*)
- \$ _____ Multimanager Mid Cap Value (61*)
- \$ _____ Multimanager Small Cap Growth (36*)
- \$ _____ Multimanager Small Cap Value (91*)

International Stocks/Global

- \$ _____ AXA Tactical Manager International (7N*)
- \$ _____ EQ/Global Multi-Sector Equity (78*)
- \$ _____ EQ/International Core PLUS (88*)
- \$ _____ EQ/International Equity Index (TN*)
- \$ _____ 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*)
- \$ _____ Lazard Retirement Emerging Markets Equity (8H*)
- \$ _____ MFS® International Value (8A*)
- \$ _____ Multimanager International Equity (65*)

Bonds

- \$ _____ EQ/Core Bond Index (96*)
- \$ _____ EQ/Global Bond PLUS (47*)
- \$ _____ EQ/Intermediate Government Bond (T*)
- \$ _____ EQ/PIMCO Ultra Short Bond (28*)
- \$ _____ EQ/Quality Bond PLUS (TQ*)
- \$ _____ Invesco V.I. High Yield (8L*)
- \$ _____ Ivy Funds VIP High Income (8G*)
- \$ _____ Multimanager Core Bond (69*)
- \$ _____ Multimanager Multi-Sector Bond (TH*)

Cash Equivalents

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

Sector/Specialty

- \$ _____ EQ/Franklin Core Balanced (6C*)
- \$ _____ EQ/GAMCO Mergers and Acquisitions (25*)
- \$ _____ Invesco V.I. Global Real Estate (8C*)
- \$ _____ Ivy Funds VIP Energy (8D*)
- \$ _____ MFS® Technology (8J*)
- \$ _____ MFS® Utilities (8K*)
- \$ _____ Multimanager Technology (67*)
- \$ _____ Van Eck VIP Global Hard Assets (8N*)

Guaranteed-Fixed

- \$ _____ Guaranteed Interest Option (A1*)

* The number in parenthesis is shown for data input only.

¹ Available for EQUI-VEST Strategies (Series 900) TSA and EDC only.

- **Fixed Maturity Option (FMO)** — Specify the Period and Amount of Withdrawal. Funds will be withdrawn from the FMO only when there are insufficient funds in the other investment options under the contract to satisfy the partial transfer/ rollover, if the FMO is the only investment option selected, or if an amount has been specified to be withdrawn from the FMO as indicated below. If money is withdrawn from the FMO prior to maturity, it will be subject to a market value adjustment and CWC, if applicable.

Fixed Maturity Option – Period _____ maturity year \$ _____ Fixed Maturity Option – Period _____ maturity year \$ _____

Fixed Maturity Option – Period _____ maturity year \$ _____ Fixed Maturity Option – Period _____ maturity year \$ _____

Total Transfer/Rollover of the entire cash value of the Contract number in Section 1. (The Contract must be returned with this form.)

Check here if you selected a total transfer/exchange or rollover and are unable to locate your contract.

* Applicable surrender charges will be deducted when the transfer/rollover is processed. If you have an outstanding loan balance on your annuity contract, this may adversely affect your ability to transfer or roll over funds. Please consult your tax adviser. Contact the appropriate processing office for details.

3. Acceptance of Transfer, Rollover or Exchange*To be completed by new carrier or successor fiduciary*

This section must be completed by the issuer of the NQ annuity or the trustee, custodian or issuer of the eligible retirement plan, Internal Revenue Code Section 403(b) arrangement, traditional IRA, or Roth IRA, as the case may be, that will receive the direct rollover, traditional IRA direct transfer, traditional IRA conversion rollover, or a direct 1035 exchange to an NQ Contract issued by another carrier (generally "successor fiduciary").

NOTE: This is the only form that AXA Equitable will accept for direct rollover or direct transfer requests.

The amount specified in Section 2B (or the net contract value of NQ Contract to be exchanged) should be sent directly to:

Name of Successor Fiduciary or New Carrier

Address

City/State/Zip Code

Contact Person or Attention of (Department)

Phone Number

Contract Number

Name of Agency and Company

I certify that I am an officer of the Successor Fiduciary or New Carrier named in this Section 3 and authorized to accept the funds transferred, rolled over or exchanged as requested in Section 2A in accordance with one of the applicable transactions below: **(check one only)**

- This direct rollover will be applied to an eligible retirement plan within the meaning of Internal Revenue Code Section 402(c)(8)(B), as amended, and the plan accepts this kind of rollover.
- The traditional IRA funds transferred will be applied to a traditional IRA in accordance with Internal Revenue Code Section 408. (During the first two years of participation a SIMPLE IRA cannot be transferred to a traditional IRA.)
- The Roth IRA/Converted Roth IRA funds transferred will be applied to a similar IRA arrangement under Internal Revenue Code Section 408A.
- Funds from the EQUI-VEST traditional IRA will be applied to a conversion Roth IRA with my new carrier. I understand AXA Equitable will file Form 1099-R and my new carrier will file Form 5498.
- Funds from the EQUI-VEST Applicable Plan will be applied to a conversion Roth IRA with my new carrier. I understand AXA Equitable will file Form 1099-R and my new carrier will file Form 5498.
- Another NQ Contract with the same owner, annuitant and beneficiaries of the existing NQ Contract will be issued in exchange (see Absolute Assignment Attached in Section 4F).

Type or Print Name of Certifying Officer

Certifying Officer's Title

Certifying Officer's Signature

Date

4. Representations and Acknowledgments*(To be completed by annuitant, see exception for spouses in 4A.)***A. For Direct Rollovers**

By my signature, I represent that:

- I have checked with the Plan Administrator and have determined that the plan accepts rollovers of this type. I have discussed this transaction with my tax advisor, and I understand that the funds will be subject to the rules of the new plan or contract. If the destination plan or contract is a governmental EDC plan, and the source of funds rolled over is not, I understand these funds will continue to be subject to the additional 10% Federal Income Tax penalty for early withdrawals of Section 72(t) of the Internal Revenue Code.
- I am not rolling over any after-tax contributions, except as specifically permitted and documented.
- I have taken the required minimum distribution, if any, pursuant to Internal Revenue Code Section 401(a)(9) and related federal tax rules.
- The Successor Fiduciary's plan or contract named in Section 3, qualifies as an eligible retirement arrangement.
- I acknowledge having received, read and understood, a notice from the Plan Administrator or Payor, which explains the federal income tax rules and options which apply to eligible rollover distributions, including a description of the direct rollover option. Even if I have not received this explanation at least 30 days before I request the distribution to be made, as required by the IRS, I am nevertheless affirmatively electing to make a direct rollover.
- If you are neither the Owner nor the Annuitant, check whichever applies:

I am eligible to make this direct rollover as:

- surviving spouse beneficiary of deceased Annuitant, or
- spouse or former spouse receiving distribution under a Qualified Domestic Relations Order or "QDRO." (To process this, we must receive directions from the Plan Administrator and receive a copy of the QDRO.)

B. For Traditional IRA Direct Transfers

By my signature, I represent that:

- The Successor Fiduciary's annuity contract or account named in Section 3 qualifies as an Internal Revenue Code Section 408 individual retirement arrangement.
- I have taken the required minimum distribution, if applicable, pursuant to Internal Revenue Code Sections 408 and 401(a)(9) and related federal tax rules.

C. For Roth IRA Direct Transfers

By my signature, I represent that:

- The Successor Fiduciary's annuity contract or account named in Section 3 qualifies as a Roth IRA under Internal Revenue Code Sections 408 and 408A.

D. For traditional IRA or Applicable Plan to Roth IRA Taxable Conversion Rollovers.

AXA Equitable Life is required to withhold federal income tax on payments from annuity contracts which may be included in gross income. Please check the appropriate box below and provide your U.S. residence address and your Taxpayer's Identification Number to elect out of withholding.

I wish to elect out of withholding. Under penalty of perjury, I certify that the following Taxpayer Identification Number is correct: S.S.N E.I.N. Other _____

I wish to have 10% (20% on TSA contracts) withheld from my conversion amount.

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 foreign, you may need to complete additional tax forms before your transaction can be processed.

By my signature, I represent that:

- I understand that if I elect out of withholding, 100% of the amount requested to be converted will be applied to my Roth IRA.
- I understand that if I do not elect out of withholding, the amount of deemed withdrawal from my traditional IRA, or Applicable Plan, net of the appropriate amount of federal and any applicable state income tax withheld, will be forwarded to my new carrier for application to my new Roth IRA.
- The Successor Fiduciary's annuity contract or account named in Section 3, qualifies as an Internal Revenue Code Section 408 individual retirement arrangement or if applicable, a Roth IRA under IRC Section 408A.

4. Representations and Acknowledgments (cont'd)

(To be completed by annuitant, see exception for spouses in 4A.)

E. For All Transactions

By my signature, I represent that:

- I am the Owner of the Contract listed in Section 1. If I am not, I am a participant in an eligible retirement plan and the Owner or Plan Administrator has approved this transaction in Section 5.
- I acknowledge that withdrawal charges as specified in the Contract may be imposed on the Annuity Account Value of my Annuity Contract prior to this transaction and, acknowledge that it may not be in my best interest to begin a new withdrawal charge schedule, under a new Contract or other arrangement with a Successor Fiduciary or New Carrier and,
- I acknowledge that any higher investment return which may occur as a result of this transaction may be outweighed by applicable withdrawal charges assessed against the Annuity Account Value of my Annuity Contract as specified in Section 1.
- I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.
- I acknowledge that AXA Equitable has not given me tax advice in connection with this transaction and has directed me to consult with my own tax or legal adviser and, hold AXA Equitable harmless from any income or excise tax liability, including penalties and interest, as a result of this transaction.
- I authorize AXA Equitable to deduct a \$25 processing fee from my EQUI-VEST, EQUI-VEST Express or EQUI-VEST Strategies Contract, if it is a rollover or direct transfer from an IRA or an NQ exchange or an EDC under the EQUI-VEST Series 300, 400, 700, 701, 800, 801 and 900 Contracts.
- I understand that the direct rollover or direct transfer 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.
- I hereby authorize AXA Equitable to process this transaction.

Signature of Owner/Participant

Date

Print Name of Spouse (if applicable) (See Section 4A)

Signature of Spouse

Date

F. Absolute Assignment To Effect NQ 1035(a) Exchange To A Replacing Carrier — To Be Completed By Owner

- I hereby make a complete and absolute assignment and transfer all rights, title and interest of every nature and character in and to the AXA Equitable annuity contract listed in Section 1 to _____ (New Company as listed in Section 3) in a Contract exchange intended to qualify under Section 1035 of the Internal Revenue Code.
- I understand that upon receipt, AXA Equitable will surrender the above annuity contract as listed in Section 1 and forward the net proceeds to the New Company contract issued by the new company for which I have submitted an application and understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the AXA Equitable annuity contract listed in Section 1.
- By my signature below, I represent that (i) the AXA Equitable annuity contract listed in Section 1 has not matured and can be surrendered for its current cash value, (ii) the Annuitant, Owner and Beneficiary(ies) of the New Company contract are the same as the Annuitant, Owner and Beneficiary(ies) of the AXA Equitable annuity contract listed in Section 1, (iii) there are no outstanding liens, claims or charges of any kind against the AXA Equitable annuity contract listed in Section 1 or the value thereof, and (iv) there are no outstanding bankruptcy or other insolvency proceedings instituted by or against me.
- I understand that for the transaction to qualify as a "1035 tax deferred exchange" the AXA Equitable annuity contract listed in Section 1 must be an annuity contract and the New Company contract issued to me in exchange must be an annuity contract.
- I understand that I may incur tax liability (taxable gain that is reportable to the Internal Revenue Service) if any part of the cash value of the AXA Equitable annuity contract listed in Section 1 has been paid out to me as cash withdrawal. Should this transaction result in a taxable situation, I do hereby elect not to have part of the gain withheld. I understand that in so doing, I may incur a penalty under the estimated tax rules. I understand that before proceeding, I am advised to consult with my tax adviser about the tax implications of this exchange transaction. I acknowledge that AXA Equitable has no responsibility over the legal or tax consequences of the exchange of contracts herein contemplated. I understand that as of the date of surrender of the AXA Equitable annuity contract listed in Section 1, that contract will no longer provide any benefits.
- I understand that if the person upon whose life the AXA Equitable annuity contract listed in Section 1 was issued ("Covered Person") dies before the surrender value of such contract is received by the New Company, AXA Equitable will effect payment of proceeds of the AXA Equitable annuity contract listed in Section 1 to the named beneficiary under the AXA Equitable annuity contract listed in Section 1 provided that AXA Equitable has been properly notified. If the proceeds have already been transferred to the New Company, then payment of the proceeds will be made in accordance with the terms of the New Company's contract issued in exchange.

X

Owner (if owned by an entity, show title)

Date

X

Joint Owner (if owned by an entity, show title)

Date

X

Witness

X

Witness

Signed this _____ day of _____ year of _____ at _____

5. Plan Administrator and Spousal Consent Requirements:

Complete 5A if source of funds is a Governmental EDC or a Qualified Plan which is subject to the Employee Retirement Income Security Act (ERISA).

If you are uncertain as to whether or not your plan is subject to the terms of ERISA, please contact your employer or Plan Administrator.

A. PLAN ADMINISTRATOR'S OR OWNER'S ACKNOWLEDGMENT:

- I hereby attest that this is a (check one) Governmental EDC, Qualified Plan and that I am the Plan Administrator/Owner of the Contract identified in Section 1.
- I hereby concur with this request for a direct rollover made by the Annuitant.
- I acknowledge that AXA Equitable will not be held responsible for any income or excise tax liability, including penalties and interest, or for any negative investment experience resulting from this transfer.

Signature of Plan Administrator/Owner

Date

Print Name of Plan Administrator/Owner

Print Title

B. SPOUSAL CONSENT

(Important: This section must be witnessed by a Notary Public or Plan Administrator.)

If the Annuitant under the Contract identified in Section 1 is married and is a participant in an Internal Revenue Code Section 401(a) plan which is subject to ERISA, the Annuitant's spouse is entitled to benefits under this arrangement in accordance with the Retirement Equity Act of 1984 ("REA"). Moreover, REA requires that the spouse consents to any direct rollover or direct rollover transaction. Accordingly, one of the following, as applicable, should be completed and witnessed:

1. I, the named Annuitant of the Contract identified in Section 1, hereby certify that I am NOT married.

Signature of Plan Annuitant

Date

2. I am the current spouse of the above-named Annuitant. By affixing my signature below, I hereby consent to this request for a direct rollover. I further acknowledge and fully understand the consequences of this consent. I acknowledge and understand that I have the right to receive a benefit from the Contract identified in Section 1 which was purchased under a 401(a) plan, and that I hereby waive such right with respect to the amount being directly rolled over from the Contract.

Signature of Plan Annuitant's Spouse

Print Name of Annuitant's Spouse

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

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

This section must be completed only if you are not the owner of the contract. ***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 5B) must be completed by you and your spouse in order to process this rollover. Your Social Security number must be provided in Section 1 of this form.

(1) Trustee to Complete: **X** _____
Signature of Present Owner/Title

Date: _____
Month Day Year

(2) Signature of New Owner: **X** _____
Your Signature

In signing the above, each party certifies that this information is true, correct and complete.

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