

LIFE INSURANCE

CLAIM TO LIFE INSURANCE BENEFITS

Express Mail:
AXA Equitable Life Insurance Company
National Operations Center
10840 Ballantyne Commons Parkway
Charlotte, NC 28277

Regular Mail:
AXA Equitable Life Insurance Company
National Operations Center
P.O. Box 1047
Charlotte, NC 28201-1047
Fax Number:
(704) 540-2203



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

**For Assistance: Call (800) 777-6510
Monday-Friday, 8:00 a.m. – 7:00 p.m. EST**

Instructions

If you need help in completing this form or have a question, contact your AXA Representative or our office at 800-777-6510. You may also visit www.axa-equitable.com for our Beneficiary Resource Center.

This form contains instructions to file a claim for life insurance benefits. The form is supplied upon request without prior verification of coverage and without any assurances that the recipient will be the appropriate payee or beneficiary of such benefits.

FOR PROMPT PROCESSING, PLEASE COMPLETE THIS FORM AND SUBMIT WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE, THE ORIGINAL POLICY(IES), AND ANY OTHER REQUIREMENT FROM THE LIST BELOW THAT MAY BE APPLICABLE.

- **Death Certificate**

Provide an original or certified copy of certificate of death. Required for all claims.

- **Policy**

Provide the original policy or mark the box indicating it has been lost.

- **Certificate of Court Appointment**

If the proceeds are payable to an **Executor, Administrator, Guardian, or other legal representative**, provide a copy of the appointment (or evidence of authority) by the Court.

- **Proof of Death of the Named Beneficiary**

If the primary beneficiary dies before the insured, we will require a photocopy of that person's death certificate. If there was no named secondary beneficiary, then the surviving children of the insured may be entitled to the policy benefits. Please contact us if you need additional information.

- **Children's Statement**

If children were not identified by name in the actual beneficiary designation on record with the Company, or become secondary beneficiaries under the terms of the policy, provide one **signed** statement listing the name, address, date of birth and Social Security number of all surviving children, including legally adopted children. This statement can be signed by the insured's spouse or one of the insured's listed children.

- **Power of Attorney Instrument**

If you are claiming as Attorney in Fact on behalf of the beneficiary, send in the Power of Attorney Instrument.

- **Minor Beneficiary**

Laws regarding payment to minors vary by state and by the amount of the policy proceeds. Please contact our office at 800-777-6510 to discuss your particular circumstances.

- **Trust as Beneficiary**

Provide a copy of the first page of the trust, the page(s) naming the trustee/successor trustee and the signature page (include any applicable amendments, restatements and resignations). Claim forms should be completed by the trustee including the trust's tax payer ID number. If the beneficiary is the trust under the Last Will & Testament of the decedent or a Testamentary Trust, we will require a copy of the Last Will & Testament.

- **Spouse/Former Spouse**

State law may revoke a former spouse's interests even if there is no disqualification by virtue of the terms of the divorce decree or property settlement agreement.

If you are submitting a claim as the **SPOUSE** of the insured, then you represent to AXA that (i) you were lawfully married to the insured at his/her death; and (ii) no divorce or annulment had been granted or issued to dissolve your marriage; and (iii) no marital agreement (e.g., prenuptial, postnuptial, separation, property settlement or marital property agreement) precludes, prohibits, or impairs your right to make this claim.

If you are submitting this claim as the **FORMER SPOUSE** of the insured, then you represent to AXA that your divorce decree or decree of annulment does not disqualify you as beneficiary and you have no reason to believe that you are otherwise disqualified. You may be asked to provide a copy of your divorce decree and a copy of the property settlement agreement.

Payment Options

You are eligible to select from the following payment options, unless the policy restricts your rights.

A. Lump Sum Check

B. Interest-Bearing Account (If You Elect an AXA Equitable Access Account — Please Read):

Financial decisions usually require a great deal of thought and consideration. However, at this time you may not feel prepared to make the right decision about the money you are about to receive. We understand your position. That's why we developed the AXA Equitable Access Account. The AXA Equitable Access Account works in most respects like an interest-bearing checking account. We set the current interest rate periodically, based upon a review of current market interest rates. We reserve the right to change this procedure. This gives you the extra time and flexibility you may need, while giving you immediate access to a portion or all of your benefits. The AXA Equitable Access Account provides you with safety, liquidity and interest earnings. The account, which is established in your name, allows you to write an unlimited number of checks (minimum \$250 per check) on your balance, with no checkwriting charges. Money in the AXA Equitable Access Account is fully backed by AXA Equitable but not guaranteed by the government or other federal agency. You may leave your benefits in the AXA Equitable Access Account and continue to earn interest for as long as you wish, or you may write a check to yourself to withdraw the total balance in your account. If the balance in your account goes below \$1,000, the account will be terminated and a check for the balance will be sent to you. Deposits to the AXA Equitable Access Account cannot be accepted.

THE AXA EQUITABLE ACCESS ACCOUNT PROVIDES YOU WITH:

- ✓ Interest earned from the date the account is established, compounded daily and credited monthly.
- ✓ Convenient access to your funds with free personalized checks, and no check charges.
- ✓ Special fees apply for return checks, stop payments, wire transfers and express mail.
- ✓ Monthly statements showing account activity.
- ✓ Specially trained representatives to help you with questions you may have regarding your account.
- ✓ Most importantly, unlimited time to decide what you want to do with your insurance benefits.

Please be sure to:

- ✓ Fill in your name as you would like to have it printed on the checks.
- ✓ Sign as you would normally sign a check. This signature will be used to verify checks when they are submitted for payment.

In most cases, we will establish an AXA Equitable Access Account in your name. However, life insurance benefits cannot be paid through an AXA Equitable Access Account if:

- ✓ The beneficiary does not have a Social Security number;
- ✓ The benefits payable to the beneficiary are less than \$10,001 (if a portion of the proceeds has been assigned, the unassigned portion may be eligible for the AXA Equitable Access Account if not less than \$10,001);
- ✓ The beneficiary is a minor, corporation, partnership, tax-exempt entity, estate or trust with more than two trustees;
- ✓ The beneficiary resides outside the U.S.;
- ✓ The beneficiary elects at the time of claim that he/she wishes not to have the AXA Equitable Access Account;
- ✓ The policyowner established specific provisions regarding payment of the death benefits;
- ✓ Benefits for the beneficiary are being claimed under a Power of Attorney;
- ✓ The policy is an AXA Equitable Life and Annuity (EOC) contract.

For current AXA Equitable Access Account rate information or to obtain answers to questions you may have about the AXA Equitable Access Account, you may call or write to the following: AXA Equitable Life Insurance Company, c/o The Northern Trust Company, 75 Remittance Drive, Suite 3169, Chicago, IL 60675-3169, toll-free telephone (866) 494-4265. **DO NOT SEND CLAIM FORMS TO THE ABOVE ADDRESS.**

C. Interest Option

This deferred payment option is an interest-bearing contract. There are no penalties or charges for withdrawals.

D. Installment Payments

This deferred payment option pays your insurance proceeds plus interest in annual or more frequent installments for a period you select or in an amount you select.

E. Life Income Options

This deferred payment option pays you a guaranteed income for life.

Additional descriptions of above options C, D & E and eligibility requirements are provided with our respective election forms.

To obtain election forms or more information about our interest-bearing checking account or payment options C, D & E, including our current rates and estimates of income you can receive, call our office at (800) 777-6510 or visit our Web site at www.axa-equitable.com.

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1. Insured's Information

Please read instructions included with this form.

Please Print Clearly or Type. List All Policy Numbers. If a policy has been lost or misplaced, please check the box next to that policy number.

Policy Number _____ Lost Policy Number _____ Lost
Policy Number _____ Lost Policy Number _____ Lost

Insured's Name (Last, First, Middle Initial)

Date of Birth _____ Date of Death _____ Place of Death (City, State) _____

Address Number and Street _____ Apt./Suite/Floor _____ City _____ State _____ Zip Code _____

Cause of Death _____ Name of Doctor _____ Doctor's Address _____

2. Beneficiary's Information

Each beneficiary must complete and sign a claim form. Photocopies of this form are permitted.

Is the beneficiary an: Individual(s) Entity (Trust, Estate, Corporation or Partnership)?

Is there more than one beneficiary? Yes No

Is the beneficiary a U.S. citizen? Yes No*

*If No, please send completed W-8BEN form and proof of residency.

Please indicate if form IRS 712 is needed for the estate tax return: Yes No

Beneficiary's Name (Last, First, Middle Initial) (Print Trust or Estate Name, if applicable) (For an Access Account, print your name as it should be printed on checks.)

Mailing Address Number and Street _____ City _____ State _____ Zip Code _____

Residence Address (if different from mailing address)

Relationship to the Insured _____ Date of Birth _____ Daytime Telephone Number or Email Address _____

3. Payment Options

Payment Plans (please refer to Payment Options section at beginning of form)

- Payment by AXA Equitable Access Account checkbook
- Payment by single sum check
- Payment into an Interest, Installment or Life Income Option and Special Payment Plan election form is completed and enclosed

Payment Delivery

- Request delivery by an AXA Equitable Financial Professional
- Request delivery by mail to Beneficiary(ies)

4. Beneficiary's Taxpayer Identification Number

Federal law requires that you provide us with the following information.

If the Taxpayer Identification number is left blank, federal and state income tax withholding may apply.

_____-_____-_____
Social Security Number

_____-_____-_____
Federal Tax ID Number

Income Tax Withholding (Qualified Retirement Benefit Plans Only)

I elect NOT to have federal (and state, if applicable) income taxes withheld on the taxable portion of my benefits.

Withhold federal (and state, if applicable) income taxes from the taxable portion of my benefits.

Under penalties of perjury, I certify that (1) the number shown in this Section is my correct Taxpayer Identification number, and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. [Note: Cross out Item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax returns.]

5. Signatures

Policy Number(s): _____

Each beneficiary must complete and sign a claim form. Photocopies of this form are permitted.

Note: If you are electing an AXA Equitable Access Account, sign your name the way you would normally sign a check since this signature is used to verify checks when they are submitted for payment.

X _____
Beneficiary's Signature (or other duly authorized signature and title)

Date

Print Name of Person/Party Signing

Relationship to the Insured

State-Specific Fraud Warnings for Insurance Claim Forms

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA/CALIFORNIA: For your protection, Arizona or California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties, which may include confinement in state prison.

ARKANSAS, TEXAS, WEST VIRGINIA, WASHINGTON DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE, IDAHO, INDIANA, AND OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FLORIDA: Any person who knowingly and with an intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim for insurance 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY AND NEW MEXICO: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PENNSYLVANIA AND ALL OTHER STATES: 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 be subject to penalties, fines and imprisonment.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such valuation.

NY STATE RESIDENTS ONLY READ AND SIGN:
I have read and understand the New York State fraud warning.

X _____

AXA EQUITABLE USE ONLY

Financial Professional (FP) Code

Date FP Notified of Death

Delivery Code

Effective Date

Deposit Amount