

3. Name Change or Correction

Change the name of: Owner* Annuitant Other _____

From (former name, please print) _____

To (new name, please print) _____

Reason for Change (attach copy of legal evidence of the name change)

Marriage Divorce Correction Other _____

* If this is a name change for the owner, please make sure to sign both old and new names in the signature section on page 5.

4. Address Change

Change the address of: Owner Annuitant Other _____

New Address (Street, City, State, Zip Code)

5. Ownership Change

(Only for Non-Qualified contracts - those contracts which do not contain any QP or IRA assets) Generally, for all Series 06, 07, 8.0, and 9.0 contracts if ownership changes, all benefits terminate; however, if ownership changes from a non-natural owner to an individual, benefits will continue based on the life of the original annuitant.

Transfer ownership of the Certificate/Contract to:

_____ Male Female Entity
Name of New Owner (First, Middle, Last)

Address (Street, City, State, Zip Code)

Date of Birth (mm/dd/yyyy)

_____ -
Relationship to Current Owner* Telephone Number

New Owner's TIN: Social Security Number EIN Other

* For those contracts issued beginning 12/10/2004, all optional riders and benefits that are subject to a separate charge will be terminated if the new owner is not 1) a family member or 2) a trust established for the benefit of a family member or 3) a trust qualified under Section 501(c) of the Internal Revenue Code or 4) a successor by operation of law, such as an executor or guardian. Please see your contract or prospectus for further information.

**For Trusts: Trust certification that proves the trust exists and indicates the name of the Trustee(s) or submit the front page and signature page of the Trust document.

6. Beneficiary Change

- All sections below are mandatory.
- If a trust is designated as a beneficiary, please include the full name of the trust and the date and name(s) of the present acting trustee(s).
- *Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke all prior beneficiary(ies) designation(s) and make the following designation(s):*

(a) Primary Beneficiary(ies) (If more than one, indicate %)**

Primary Beneficiary #1	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)
Primary Beneficiary #2 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)
Primary Beneficiary #3 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)

(b) If all Primary Beneficiaries pre-decease me, I designate: (If more than one, indicate %)**

Contingent Beneficiary #1 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)
Contingent Beneficiary #2 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)
Contingent Beneficiary #3 (Optional)	%	<input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> EIN (If available)	Relationship to Owner
Address		Date of Birth	Phone Number (Optional)

* Your spouse must be named the sole primary beneficiary in order for him/her to become the successor owner/annuitant at your death.

** If no percentage is indicated, we will consider the shares of the beneficiaries to be equally divided.

7. Successor Owner Change (Pre Series 06)

This only applies to NQ certificates/contracts where Owner and Annuitant are different persons. Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract above numbered, I hereby revoke the prior Successor Owner designation and make the following new designation:

Male Female

 Name (First, Middle, Last)

 Address (Street, City, State, Zip Code)

Date of Birth (mm/dd/yyyy)

- -
 Home Telephone Number

 TIN: Social Security Number EIN Other

8. Successor Owner/Joint Annuitant Change (For Contracts with GWBL)

A. I am electing to drop the Successor Owner/Joint Annuitant (as applicable).

I understand that the Successor Owner's signature is required in Section 9 if he/she is also a joint owner. I understand that if no withdrawal has been taken from the contract specified in Section 2, the charge will be adjusted prospectively to reflect the charge for a Single Life contract.

For contracts with individual owners: I also understand that payments are guaranteed for my life only and that my age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Successor Owner after this transaction is processed.

For contracts with non-natural Owners: I also understand that payments are guaranteed for the remaining Annuitant's life only, whose age will determine the Applicable Percentage when I first take a withdrawal from the contract. I also understand that I cannot add a new Joint Annuitant after this transaction is processed.

For all Contracts: I also understand that if a withdrawal has already been taken, the charge will not be adjusted and the Applicable Percentage will remain at its current level.

B. I am electing to change the Successor Owner/Joint Annuitant (as applicable). (This option is not available if a withdrawal has already been taken from the contract.)

For contracts with individual owners: I understand that the signature of the current Successor Owner who is currently designated in the contract is required in Section 9 if he/she is also a joint owner and is currently living. I also understand that the new Successor Owner must be my current spouse. I also understand that the age of the younger of the two of us will determine the Applicable Percentage when I first take a withdrawal from the contract.

For contracts with non-natural owners: I understand that the new Joint Annuitant must be the current spouse of the Annuitant. I also understand that the age of the younger of the two Annuitants will determine the Applicable Percentage when I first take a withdrawal from the contract.

For all contracts: Subject to the rights of the present assignee of record, if any, and in accordance with the terms of the Certificate/Contract referenced in Section 2, I hereby revoke the prior Successor Owner designation and make the following new designation:

Male Female Entity

 Name (First, Middle, Last)

 Address (Street, City, State, Zip Code)

Date of Birth (mm/dd/yyyy)

- -
 Home Telephone Number

 TIN: Social Security Number

I elect to designate the new Successor Owner as a joint owner.

9. Signatures

Effective Date: After receipt and approval by AXA Equitable Life Insurance Company, the change(s) shall be effective as of the date of signing below but without prejudice to AXA Equitable on account of any payment made or action taken before receipt of this request. AXA Equitable may require additional signatures or information.

Signature: _____

Owner (if owned by an entity, show title;
if name change, sign former owner's name)

Current Date (mm/dd/yy)

Signature: _____

Joint Owner

Current Date (mm/dd/yy)

Signature: _____

New Owner (if ownership change is indicated in Section 4)

Current Date (mm/dd/yy)

Signature: _____

Witness (Required for change of owner)

Current Date (mm/dd/yy)

General Information about Signature Requirements

Multiple/Joint Owners: Must be signed by all Owners.

Assignments: 1) Collateral — Assignee and present Owner;
2) Absolute — Assignee.

Corporation: One officer other than the Insured on behalf of the corporation.

Attorney-in-Fact/Guardian: Must be signed by either the Attorney-in-Fact or Guardian with their title listed. A copy of the appointment is needed if it is not already on file.

Partnerships (Not available for Select or Series C contracts): Requests must be submitted in the name of the Partnership and signed by a partner other than the Insured, or two partners if Insured signs.

10. Special Instructions

Cat. #130037 (4/12)