Group Employee Benefits

Life Insurance Beneficiary Designation and Change

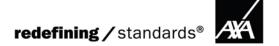
INSTRUCTIONS

Regular Mail:

AXA Employee Benefits Group P.O. Box 2107 Grapevine, TX 76099-2107

Express Mail:

AXA Employee Benefits Group 8500 Freeport Pkwy 4th Floor Irving, TX 75063



MONY Life Insurance Company of America* For Assistance Call (877) 854-5662

Please complete the sections listed below if you are requesting a beneficiary designation or beneficiary change.								
Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).								
1. Insured's Information (Please Print)			Please check if this is an address change.					
Employer Name:	nployer Name:		Group Number:		Policy Number(s):			
Insured's Name:First		Middle/MI		Last				
Insured's Address: Number	and Street				Apt. / Suite / Floor			
City				State	Zip Code			
Insured's Date of Birth:Insured's Last 4 Digits of SSN:								
Insured's Phone Number:Insured's Email address:								
2. Beneficiary Designation								
Primary Beneficiary: (Total % share must equal 100%)								
First	Middle/MI	Last			Relationship to Insured			
Address Number and Street								
Social Security Number	%Share	Da	te of Birth		Phone Number			

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[&]quot;AXA" is the brand name of AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) and MONY Life Insurance Company of America (MONY America). Insurance products are issued either by AXA Equitable or MONY America, which each has sole responsibility for their respective insurance and claims-paying obligations.

2. Beneficiary Designation							
Primary Beneficiary:							
First	Middle/MI	Last		Relationship to Insured			
Address Number and Stree	et						
Social Security Number	%Share		Date of Birth	Phone Number			
Contingent Beneficiary: (Total % share mu	st equal 10	0%)				
First	Middle/MI	Last		Relationship to Insured			
Address Number and Stree	et .						
Social Security Number	%Share		Date of Birth	Phone Number			
Contingent Beneficiary:							
First	Middle/MI	Last		Relationship to Insured			
Address Number and Stree	et .						
Social Security Number	%Share		Date of Birth	Phone Number			
3. Signature Section							
By my signature below, I understand this change of Beneficiary shall revoke any previous Beneficiary designation or election of a payment option.							
Signature of Owner				Date			
Community Property Laws - If you are married, reside in a community property state (Arizona, California; Idaho, Louisiana, Nevada, New Mexico, Texas. Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits nay be delayed or disputed unless your spouse also signs the beneficiary designation.							
Signature of Spouse				Date			

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