

Return Form to: AXA Equitable, P.O. Box 1047, Charlotte, NC 28201-1047
Fax Number: (704) 540-9714

Third-Party Release of Life Insurance Policy Information Authorization

Policy information may be released directly to a third party, authorized by the Policyowner(s) to receive contract information. This authorization must be completed, currently dated and signed by the Policyowner(s). Provided that this form is completed in its entirety, it will be valid for one year from the date of the signature unless limited in duration upon written notification or, if undated, the received date at our administrative office. The Policyowner(s) can at any time during this period terminate the third-party authorization in writing to our administrative office.

We reserve the right to deny the release of policy information to a third-party contact authorized by the Policyowner(s). Former Associates of AXA Advisors cannot be designated as third-party recipients of life insurance information. This authorization is void after any change in ownership.

I (We) hereby authorize AXA Equitable Life and Annuity Company/AXA Life and Annuity Company/MONY Life Insurance Company of America to release the information specific to the policies listed below to my designated third-party contact for a period of one year.

Changes to the policy are not permitted under the authority of this authorization. All requests to make policy changes must be submitted by the Policyowner(s) to our administrative office. The Policyowner(s) can at any time during this period terminate the third-party authorization in writing to our administrative office.

Policyowner's Name(s)	Policy Number(s)	Insured's Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please select the information you are authorizing to be released to the third party upon their request:

- Policy Values (Face Amount, Death Benefit, Cash Values, Loan Values)
- Inforce Illustration (A projection of the policy's future values and earnings [if applicable]. You may request illustrations created without any changes, or you may request an illustration that shows features being removed or added as well as changes in the premium amounts.) We reserve the right to charge an administrative and handling fee per illustration requested.

Loan Information

Premium Information

Other: _____

(The Policyowner must be specific as to the information the third party is to receive.)

Note: This authorization is not valid for the release of any medical information.



To release information to a third party, the following information is required:

Name of Authorized Party(ies): _____
(Please Print)

Note: Former Associates of AXA Advisors cannot be designated as third-party recipients of life insurance information.

Relationship to Policyowner: _____
(Please Print)

Entity Name (if applicable): _____
(Please Print)

Address of Authorized Party(ies): _____
(Required for telephone verification purposes) (Please Print)

Daytime Phone Number of Authorized Party(ies): () _____

Please select how this information is to be released to the third-party contact:

- Verbal — The third-party must contact the National Operations Center to obtain the selected information. The information provided above will be verified at the time of the call.
- Fax to: () _____
- Written Correspondence (mailed to address indicated above)

Note: We reserve the right to release requested information directly to the Policyowner(s) if we consider a previously established authorized third party presents risks to upholding AXA Equitable's Privacy Policy or otherwise jeopardizes the policy remaining in effect.

Signature Requirements

Signature of Owner: _____ Date: _____ Telephone #: () _____

Signature of Joint Owner: _____ Date: _____ Telephone #: () _____

For Corporate or Trust Owned Policies — Name of Corporation or Trust: _____

Signature of Officer(s): _____ Date: _____ Title of Officer(s): _____
Or

Trustee(s): _____ Date: _____ Trustee(s): _____

Partnership: _____ Date: _____

Signature of Partner: _____

Type of Owner

Corporate Owner

Multiple Owners

Guardian Owner/Attorney-in-Fact

Individual/Pension Trust

Partnership

Other

Signature Required

Must generally be signed by an officer other than the insured.

Must be signed by all owners.

Must be signed by Guardian.

Must be signed by Trustee(s).

Request must be submitted in the name of the Partnership and signed by a partner other than the insured or two partners if insured signs.

For cases such as minor owners, contact the National Operations Center for appropriate signature requirements.