

Group Employee Benefits

Life Insurance

Beneficiary Designation and Change

Regular Mail:
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 Employee Benefits Group
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 Employee Benefits Group
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redefining / standards®



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

INSTRUCTIONS
Please complete the sections listed below if you are requesting a beneficiary designation or beneficiary change.
<p>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).</p>

1. Insured's Information (Please Print)	<input type="checkbox"/> Please check if this is an address change.	
Employer Name: _____	Group Number: _____ Policy Number(s): _____	
Insured's Name: _____		
First	Middle/MI	Last
Insured's Address: _____		Apt. / Suite / Floor
Number and Street		
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	Date of Birth	Phone Number

* "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 Continued

Primary Beneficiary:

First Middle/MI Last Relationship to Insured

Address Number and Street

Social Security Number %Share Date of Birth Phone Number

Contingent Beneficiary: (Total % share must equal 100%)

First Middle/MI Last Relationship to Insured

Address Number and Street

Social Security Number %Share Date of Birth Phone Number

Contingent Beneficiary:

First Middle/MI Last Relationship to Insured

Address Number and Street

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 may be delayed or disputed unless your spouse also signs the beneficiary designation.

Signature of Spouse

Date