EQUITABLE

Equitable Advisors, LLC
Equitable Financial Life
(Equitable Financial Advisors in MI & TN)
Equitable Distributors, LLC

Variable Annuity Series
Change of Financial Professional
Change of Broker/Dealer

Send or Fax this form to:
Equitable Financial Life Insurance Company
Retirement Service Solutions
8501 IBM Dr, Suite 150-IR
Charlotte NC 28262-4333
Fax Number:
(816) 701-8037

For Assistance with Accumulator and Retirement Cornerstone/Investment Edge Contracts:
Call 800-789-7771 For Assistance with Structured Capital Strategies Contracts: Call 877-899-3743

The disclosure listed directly below, is applicable for Equitable Advisors only:

For IRA Owners/Plan Sponsors: I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from the Department of Labor.

Please complete the sections listed if you are requesting a:

- **Change Broker on individually owned contract – Section 1, 2, 9**
- **Change from Custodian to Custodian – Section 1, 2, 4, 9**
- **Change from Custodian to Self-Directed – Section 1, 2, 5, 9**
- **Change from Self-Directed to Custodian – Section 1, 2, 6, 9**
- **Change book of business from former BD to current BD – Section 3**
- **Electronic and Telephone Transfer Authorization – Section 1, 7, 9**
- **Electronic and Telephone Transfer Termination - Section 1, 8, 9**

Individual Account

1.Owner's Information (Please print)

Contract Number _____

I (we) authorize the above referenced contract to be transferred to the Broker and/or Broker/Dealer listed below:

Owner's Name *(First, Middle, Last)* | Owner's Address *(Street, City, State, Zip Code)* (required)

Owner's Taxpayer Identification No (TIN): _____
☐ Social Security No ☐ EIN

Owner's Daytime Phone Number | Owner's Email Address

Joint Owner's Name *(First, Middle, Last)* | Joint Owner's Social Security No.

(If other than owner, complete annuitant section)

Annuitant's Name *(First, Middle, Last)* | Annuitant's Social Security No.

Annuitant's Address *(Street, City, State, Zip Code)*

PLEASE COMPLETE WITH THE BROKER DEALER LINKING ACCOUNT BIN# IF APPLICABLE

Account Linking # (Bin #): _____

2. New Financial Professional Information (Please print)

Must be appointed with new Broker/Dealer and have valid variable license in client's resident state prior to submitting change request.

Name of Financial Professional *(First, Middle, Last)* | Social Security Number

Oakwood Capital Securities Inc

New Broker/Dealer Name | Agent Code and National Producer Number (required):

Registered Representative's Address *(Street, City, State, Zip Code* (required) | Phone number

3. Complete this section for Block Transfer (Non-Custodian)

THIS SECTION IS TO TRANSFER THE BOOK OF BUSINESS FROM PREVIOUS BROKER/DEALER TO CURRENT BROKER/DEALER FOR THE SAME PERSON

Releasing Broker Name | Social Security Number

Must be appointed with new Broker/Dealer in applicable state(s) prior to submitting change request.

New Broker/Dealer | New Broker/Dealer Address *(Street, City, State, Zip Code)* (required)

Telephone Number | Fax Number

Branch Office Code | Broker Code

Effective immediately, please transfer all accounts of the above referenced Registered Representative from _____ (releasing Broker/Dealer) to _____ (accepting Broker/Dealer). The releasing Broker/Dealer acknowledges all commission and other sums, if any, will be made payable to the accepting Broker/Dealer effective the date of this request on all accounts of the above referenced Registered Representative.

Releasing Broker/Dealer Name | **X** Signature/Title | Date

Accepting Broker/Dealer Name | **X** Signature/Title | Date

4. Complete this section for Custodial IRAs. Custodian to Custodian Broker/Dealer Change

Prior Custodian Name | Prior Custodian Address *(Street, City, State, Zip Code)* (required)

Successor Custodian Name | Successor Custodian Address *(Street, City, State, Zip Code)* (required)

4. Complete this section for Custodial IRAs. Custodian to Custodian Broker/Dealer Change (Continued)

Prior Custodian's Release

Effective immediately, the above referenced Custodian hereby assigns to the Successor Custodian 100% of its right, title and interest in the policy listed above.

X

Authorized Signature

Name | Title | Date

Acceptance by Successor Custodian

Effective immediately, the Successor Custodian accepts 100% of the rights, title and interest in the policy listed above, and is the new beneficiary under the contract.

X

Authorized Signature

Name | Title | Date

5. Complete this section for Custodial IRAs to Individual Self- Directed IRAs

Custodial Owner's Name | Daytime Phone Number

Custodial Owner's Taxpayer Identification No | ☐ TIN ☐ EIN

Transfer Ownership of the Contract to:

☐ Male ☐ Female

Name of New Owner *(First, Middle, Last)*

Address *(Street, City, State, Zip Code)* (required) | Date of Birth (mm/dd/yyyy)

New Owner's Taxpayer Identification No (TIN): ☐ Social Security No ☐ EIN

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). *(Please use additional sheets if you have more than three beneficiaries) 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 new designation(s):*

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

Primary Beneficiary #1 | % | • SSN • TIN • EIN | Relationship to Owner

Address | Date of Birth | Phone Number

5. Complete this section for Custodial IRAs to Individual Self- Directed IRAs (Continued)

Primary Beneficiary #2 (Optional) % • SSN • TIN • EIN Relationship to Owner

Address Date of Birth Phone Number

Primary Beneficiary #3 (Optional) % • SSN • TIN • EIN Relationship to Owner

Address Date of Birth Phone Number

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

Contingent Beneficiary #1 (Optional) % • SSN • TIN • EIN Relationship to Owner

Address Date of Birth Phone Number

Contingent Beneficiary #2 (Optional) % • SSN • TIN • EIN Relationship to Owner

Address Date of Birth Phone Number

Contingent Beneficiary #3 (Optional) % • SSN • TIN • EIN Relationship to Owner

Address Date of Birth Phone Number

* 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.

6. Complete this section for Individual Self- Directed IRAs to Custodial IRAs

☐ Male ☐ Female

Name of New Owner *(First, Middle, Last)*

Address *(Street, City, State, Zip Code)* (required) Date of Birth (mm/dd/yyyy)

New Owner's Taxpayer Identification No (TIN): ☐Social Security No ☐EIN

Transfer ownership of the Contract to:

Custodial Owner's Name Daytime Phone Number

Custodial Owner's Taxpayer Identification No ☐TIN ☐EIN

7. Electronic and Telephone Transfer Authorization

This section is not applicable for Equitable Advisors. Please complete the Limited Transfers Authorization for Financial Professionals (Cat # 146335).

☐ **Yes. Electronic and Telephone Transfer Authorization**

I/we hereby grant authority to each of my Financial Professional(s)assigned to my contract (including any Financial Professionals assigned to my contract in the future), to act as my agent and provide investment option transfer instructions in writing, by telephone or electronically, to Equitable. By granting such authority, I direct Equitable to act on such instructions.

I understand and acknowledge that Equitable (i) may rely in good faith on the stated identity of the person(s) providing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. I further understand and acknowledge that Equitable will continue to act upon this authorization until such time as Equitable' s Processing Office receives from me written notification that broker transfer authority has been terminated. I understand that upon receipt of such notification, Equitable will terminate the Financial Professional's(s') ability to provide transfer instructions on my behalf. I further understand and acknowledge that Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

8. Electronic and Telephone Transfer Termination

☐ **Terminate Electronic and Telephone Transfer Authorization for the Financial Professional(s) assigned to my contract.**

9. Signatures

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

X _____

Owner Signature Date (mm/dd/yyyy)

X _____

Joint Owner Signature (if applicable) Date (mm/dd/yyyy)

X _____

Custodian Signature (if applicable) Title Date (mm/dd/yyyy)