

# Group Employee Benefits

## Life Insurance

### Beneficiary Designation and Change

**Regular Mail:**  
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 Employee Benefits Group  
 P.O. Box 2107  
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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.

**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: \_\_\_\_\_ 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 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