Beneficiary Designation Form

Address: Equitable's Employee Benefits Group
8501 IBM Dr., Ste. 150-B
Charlotte NC 28262

EQUITABLE

Equitable Financial Life Insurance Company
Equitable Financial Life Insurance Company of America*
For Assistance Call (866) 274-9887

Important Information about Beneficiary Designations

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. Payment will be made to the named beneficiary. If there is no name beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.

Definitions

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. **EMPLOYEE INFORMATION**
   a. All information in this section is required.
   b. Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer'sgroup plan.
   c. Unless otherwise indicated in Section 2, the information supplied on this form will apply to all the Group Life coverage(s) issues by Equitable Life Insurance Company.
2. **BENEFICIARY DESIGNATION**
   a. You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and fourcontingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
   b. Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If nopercentages are specified, the proceeds will be split evenly amount those named. Payment will be made to the name beneficiary. If there isno name beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of yourGroup Contract. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal100%.
   c. You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful indesignating beneficiaries.

Individual: "Mary A. Doe"
- Each name should be listed as first name, middle name, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"
- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"
- Select "Corporation/Organization" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."
- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. **TRUST DESIGNATION**
   a. Complete this section if you have named a trust as a primary beneficiary in Section 2. Fill in the name and address for each trustee.
   b. Fill in the title and date of the Trust Agreement in the space provided.
4. **AUTHORIZATION/SIGNATURE**
   a. The employee must read, sign and date the authorization.
   b. Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an administrative office located in Charlotte, NC, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and backed solely by their claims-paying obligations.

E15761

Policy Number _____

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Group Insurance Beneficiary Designation/Change

Date: _____

1. EMPLOYEE INFORMATION (please print)

Last Name	First Name	MI	Employee ID# (if applicable)	Marital Status (check one)	Gender (check one)	Has this insurance been assigned?
				☐ Married ☐ Widow ☐ Single ☐ Divorced	☐ Male ☐ Female	☐ Yes ☐ No

Address	City	State	Zip Code	Daytime Phone	Home Phone	Date of Birth	Date of Hire	Date of Retirement (if applicable)

Unless otherwise indicated below this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan.

This form applies only to ___ Basic Life ___ Basic AD&D ___ Supplemental/Voluntary Life ___ Supplemental/Voluntary Life AD&D ___ Dependent Life _____ Dependent Life AD&D

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any in the event of my death, designate the following:

A. Primary Beneficiaries

Beneficiary Description	First Name	MI	Last Name	Address (include city, state, Zip)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
							Total: (Must equal 100%)		

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Group Insurance Beneficiary Designation/Change **Date:** _____

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any in the event of my death, designate the following: (continued)

B. Contingent Beneficiaries

Beneficiary Description	First Name	MI	Last Name	Address (include city, state, Zip)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
☐ Individual ☐ Other ☐ Trust ☐ Corporation/ Organization									
							Total: (Must equal 100%)		

3. TRUST DESIGNATION – COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

Trustee's Name (First, MI, Last)	**Address (Include city, state, zip)**

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.

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4. AUTHORIZATION/SIGNATURE I authorize my plan administrator to record and consider the individuals/institutions that I have named on this formas beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Equitable assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality in making payment to any Trustee(s).Equitable has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Equitable at its Group Life Claimoffice. I agree that if Equitable makes any payment(s) to the Trustee(s) before notice is received, Equitable will not make payment(s) again.

Employee's Signature _____ **Date Signed** _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

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