

AXA Equitable Direct Deposit Enrollment Form

Type of Direct Deposit Enrollment Forms:

- Initial Enrollment Change of Account Stop Direct Deposit

Pay Commissions to:

- SELF Broker Name: _____
Social Security #: _____

OR

- CORPORATION Corp. Name: _____
Tax ID #: _____

I elect to have Direct Deposit to one of the following accounts:

- Checking - Attached is a voided check confirming to deposits funds to my checking account
 Savings - Attached is a deposit slip confirming to deposits funds to my savings account

Instead of paying me directly each commission period, I authorize and direct AXA to deposit an amount equal to my net commissions, less any indebtedness to AXA or AXA Subsidiary, to the account I have selected. This direction will continue until either I have given AXA written notice to terminate this agreement, or AXA has notified me that it is terminating this service to me or my bank account has been closed. If I wish to change depository banks or terminate this arrangement, I understand that AXA may continue this direct deposit arrangement until they have had reasonable time within which to honor my instructions. I authorize AXA to debit my account to adjust for any over deposits which they have made to my account for any reason. I agree not to hold either AXA, or the bank liable for such erroneous deposits or adjustments.

Broker Signature: _____ **Date:** _____

Send a completed form to our Licensing Department via one of the following:

Email: LifELicensing@axa-equitable.com

Fax: 800-657-2911

Mailing Address:

AXA Equitable

PO Box 1047

Attn: Licensing Department

Charlotte, NC 28201

Interoffice Only:

- Broker ID _____ Corporation ID: _____
 Employee ID (if avail.) _____
 Information tracked Compensation Hierarchy Complete
 Providing my initials confirms the interoffice information is accurate and complete

Initials: _____ **Date:** _____