



POLICY OWNER REQUEST FOR NEW ADVISOR

Policy Owner Name(s): _____

Policy Number(s): _____

Advisor: _____ Advisor#: _____ Agency: _____

Comments:

Please ensure all signatures are on this form.

I request the advisor named above be appointed as the advisor for servicing my Equitable Life policies set out above.

Date: _____ Policyowner's Signature: _____

Date: _____ Policyowner's Signature: _____

(All policyowners must sign)

I certify that I will provide service to the Policy Owner and ensure that their interests are protected.

Date: _____ Advisor Signature: _____

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.