AXA EQUITABLE
redefining / standards

AXA Partners 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:
Fax: 800-657-2911
Email: Life.Licensing@axa-equitable.com
Mailing Address :
80 Scott Swamp Rd
Attn : Licensing Department
Farmington, CT 06032

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: _____

AXA
3/2010