AXA EQUITABLE **redefining / standards**

EQUI-VEST Processing Office
P.O. Box 4956
Syracuse, NY 13221-4956

EQUI-VEST®

000793 AX318001

VERATEX INC EMPLOYEES
[redacted]
NEW YORK NY 10001-6606
[redacted]
P.O. Box 682
New York, NY 10108

Unit Number: 751971 001
Statement Date:
Retirement Program: SARSEP
Your Financial Professional: R. FRANKEL 0589(
ASU: 596-BSD
Telephone: (516)358-3704

If you need assistance, please call your financial professional at the phone number above, or call our processing office toll free at 1-800-628-6673.

CONTRIBUTION STATEMENT

INSTRUCTIONS

You must indicate Employee and Employer contribution amounts in the appropriate columns (if the amounts differ from the expected contribution amounts). The total Employee and/or Employer contributions must equal your check amount. The check, payable to AXA Equitable, should be mailed directly to the address indicated below.

If you want an annuitant removed from subsequent Contribution Statements, cross off the annuitant's name and the expected contribution amount and write an 'S' next to the expected contribution amount.

No contributions should be remitted for new annuitants without first contacting your financial professional for an EQUI-VEST Certificate Number or for an application to establish an EQUI-VEST Certificate. If the annuitant has not been issued a certificate number yet, please be sure to include the annuitants social security number below.

ANNUITANT NAME	CERTIFICATE NUMBER	SOCIAL SECURITY NUMBER	EMPLOYEE EXPECTED AMOUNT	EMPLOYEE REMITTED AMOUNT	EMPLOYER EXPECTED AMOUNT	EMPLOYER REMITTED AMOUNT
CHANG, MS WEI	094 930 485	056-66-5410		0.00	$.00	
D ALESSIO, MR CLAUDIO A	094 930 465	148-70-5969	---------->	$2521.01	$.00	
SIMON, MR CLAUDE A C	094 930 479	106-50-1158		0.00	$.00	
		TOTAL			$.00	
		GRAND TOTAL				

Mail Check Payable to AXA Equitable to the following Address:

AXA EQUITABLE
EQUI-VEST
UNIT ANNUITY COLLECTIONS
P.O. BOX 13463
NEWARK, NJ 07188-0463

000793 AX318001 001109