



AXA EQUITABLE

redefining / standards



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

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EQUI-VEST®

000793 AX318001



VERATEX INC EMPLOYEES

256 5TH AVE FL 3
NEW YORK, NY 10001-6606

P.O. Box 682

New York, NY 10108

Unit Number: 751971 001

Statement Date:

Retirement Program: SARSEP

Your Financial

Professional: R. FRANKEL

05890

ASU: 596-BSO

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 annuitant's social security number below.

ANNUITANT NAME	CERTIFICATE NUMBER	SOCIAL SECURITY NUMBER	EMPLOYEE EXPECTED AMOUNT	EMPLOYEE REMITTED AMOUNT	EMPLOYER EXPECTED AMOUNT	EMPLOYER REMITTED AMOUNT
XXXXXXXXXXXXXXXXXXXX D ALESSIO, MR CLAUDIO A XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX 094 930 465 XXXXXXXXXXXX	XXXXXXXXXXXX 148-70-5969 XXXXXXXXXXXX			\$0.00	
				\$3150.00	\$0.00	\$3150.00
					\$0.00	
		TOTAL			\$0.00	
		GRAND TOTAL		\$3150.00		\$3150.00

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

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