

AXA Partners Direct Deposit Enrollment Form

Financial Professional (FP) Name: _____

FP#: _____

My commission pays to: SELF CORPORATION

Corporation Name: _____

Corporation Code # with AXA: _____

Directions:

1. Complete all information above and below this box.
2. Attach either void check (for checking) or deposit slip (for savings).
3. Send completed form to the address at bottom of this form, or fax completed form to 315-477-3259.

This request is: (Select One) Initial Enrollment Change of Account Stop Direct Deposit

I elect to have Direct Deposit to the following account: (Select One)

Checking

Savings

For additional information, contact AXA Payment Administration at 1-888-386-7322 Option 1.

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.

Financial Professional Signature

Date

Please mail to:
AXA - Payment Administration
100 Madison Street
Mail Drop 33-2
Syracuse, NY 13202

OR

Fax to:
(315) 477-3259