

AXA Equitable Life Insurance Company

Retirement Gateway[®]

Mailing Instructions:
Processing Office:
PO Box 219489
Kansas City, MO 64121-9489
(800)528-0204
fax: (816)218-0412
www.axa.com



Enrollment Form
(Unbundled)

PLEASE PRINT

1. Participant Information

First Name, Middle Initial		Last Name			Social Security Number	
Address						
Number	Street	Suite	City	State	Zip Code	
Home Phone Number		Mobile Phone Number		Email Address		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /				
		Month	Day	Year		
Date of Hire		Eligibility Date				
/ /		/ /				
Month	Day	Year	Month	Day	Year	
SAMSON ELECTRIC, INC.				698516		
Employer's Name				Contract ID Number		

2. Disclosures

- * All future contributions, including rollover amounts, will be invested according to the investment percentages you choose in Part 3.
- * If your Employer's plan permits investments in both the Guaranteed Interest Option and the EQ/Money Market Fund, certain limitations may apply to assets transferred out of the Guaranteed Interest Option into any other investment option. Refer to your program summary before allocating any amounts to the Guaranteed Interest Option if your plan also permits use of the Money Market Fund.
- * The Personal Income Benefit (PIB) guarantees that for an additional charge, and subject to certain conditions, you can take Guaranteed Annual Withdrawal Amount (GAWA) payments from the PIB Variable Investment Option up to a certain amount per year (based on the Participant's Birthday Anniversary) for life. You must be at least age 21, but not older than age 85, in order to allocate or transfer amounts to the PIB Variable Investment Option. You should carefully review the Retirement Gateway Program Summary before investing in the PIB Variable Investment Option. The annual charge is deducted from amounts in the PIB Variable Investment Option at the end of each calendar quarter.

Home Office: AXA EQUITABLE LIFE INSURANCE COMPANY

1290 Avenue of the Americas, New York, NY 10104

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3. Fund Section

If your percentages total more than 100%, any contributions received will be invested 100% to the "default" option under your Employer's plan. If your percentages total to less than 100%, then the contributions received will be invested according to your instructions with the remaining amount invested in the "default" option. Should your funds total more or less than 100%, your plan's Retirement Plan Account Manager (RPAM) will contact you for clarification. Please note: Percentages cannot be allocated into the IDA. These elections may be changed via touch-tone telephone by using our automated voice response unit (VRU) at (866) 528-0204 or the Internet at www.axa.com. **Use whole percentages only.**

AMERICAN FUNDS AMCAP R6	%	DFA EMERGING MARKETS I	%
DFA INTERNATIONAL VALUE I	%	DFA REAL ESTATE SECURITIES I	%
DFA US LARGE CAP VALUE I	%	DFA US TARGETED VALUE I	%
DFA WORLD EX US GOVERNMENT FXD INC I	%	EQ / MONEY MARKET	%
FIDELITY 500 INDEX INSTITUTIONAL PREMIUM	%	GUARANTEED INTEREST OPTION	%
PGIM JENNISON NATURAL RESOURCES R6	%	VANGUARD EXPLORER ADMIRAL	%
VANGUARD INFORMATION TECHNOLOGY IDX ADM	%	VANGUARD LIFESTRATEGY CNSRV GR INV	%
VANGUARD LIFESTRATEGY GROWTH INV	%	VANGUARD LIFESTRATEGY MODERATE GR INV	%
VANGUARD MID CAP INDEX ADM	%	VANGUARD TARGET RETIREMENT 2015 INV	%
VANGUARD TARGET RETIREMENT 2020 INV	%	VANGUARD TARGET RETIREMENT 2025 INV	%
VANGUARD TARGET RETIREMENT 2030 INV	%	VANGUARD TARGET RETIREMENT 2035 INV	%
VANGUARD TARGET RETIREMENT 2040 INV	%	VANGUARD TARGET RETIREMENT 2045 INV	%
VANGUARD TARGET RETIREMENT 2050 INV	%	VANGUARD TARGET RETIREMENT 2055 INV	%
VANGUARD TARGET RETIREMENT 2060 INV	%	VANGUARD TARGET RETIREMENT 2065 INV	%
VANGUARD TARGET RETIREMENT INCOME INV	%	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	%
VANGUARD VIF TOTAL BOND MKT IDX	%		%
Total-Must Equal 100%			100 %

4. Signatures

PLEASE REVIEW, SIGN AND DATE THIS FORM. This Form must be signed by the Plan Administrator/ Trustee and Participant then forwarded to the **Processing Office address or faxed to (816) 218- 0412**. Elections on this Form become effective upon receipt of this Notice, provided all information is completed correctly. This Form may not be accepted upon failure to complete the Form correctly.

I, the participant, have received and reviewed the program summary that describes the appropriate Retirement Gateway Program.

Fraud warning:

In Arkansas, District of Columbia, Louisiana, New Jersey, New Mexico, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Colorado, Kentucky, Maine, Tennessee, Virginia and Washington: WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

In Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

In Pennsylvania and all other states: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

In Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10, 000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

In Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X

Signature of Participant

Date

Social Security Number

X

Signature of Plan Administrator/Trustee

Print Name

Date