

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: STYLUS II Revised Application Filing  
Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: STYLUS II Revised Application SERFF Tr Num: ELAS-125920838 State: ArkansasLH

Filing

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed

State Tr Num: 40973

Variable and Variable

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Allison LaChapelle

Disposition Date: 12/02/2008

Date Submitted: 11/25/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: STYLUS II Revised Application Filing

Project Number: 2008 App 02 V (Rev 12/08)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

*SERFF Tracking Number:* ELAS-125920838 *State:* Arkansas  
*Filing Company:* AXA Equitable Life Insurance Company *State Tracking Number:* 40973  
*Company Tracking Number:*  
*TOI:* A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* STYLUS II Revised Application Filing  
*Project Name/Number:* STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

**Filing Description:**  
November 25, 2008

Ms. Julie Benafield Bowman  
Insurance Commissioner  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: AXA Equitable Life Insurance Company  
NAIC No.: 968-62944  
FEIN 13-5570651

2008 App 02 V (Rev 12/08) – Individual Variable Annuity – Application for Contract  
Memorandum of Variable Material

Dear Commissioner Benafield:

We are filing for your approval, the above referenced Application Form. It will be used to apply for Contract No. 2006BASE-I-A, approved on March 27, 2006.

The application [enrollment form] has been changed to remove reference to our Guaranteed Minimum Withdrawal Benefit for Life "GWBL" Rider. We have also removed reference to the Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) Riders which provide a 6.5% Rollup. We continue to offer other GMIB and GMDB optional riders.

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
Company Tracking Number:  
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
Variable and Variable  
Product Name: STYLUS II Revised Application Filing  
Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

No other change has been made to the Applications.

Enclosed, please find the Memorandum of Variable Material for the form submitted herein.

For any questions or if you need additional information, you may contact me at (212) 314-3408 or Greg Prato at (212) 314-5710.

Sincerely,

Richard Walsh  
Assistant Vice President

## Company and Contact

### Filing Contact Information

Gregory Prato, Assistant Vice President  
1290 Avenue of the Americas, 14th Floor  
New York, NY 10104

gprato@mony.com  
(212) 314-5710 [Phone]  
(212) 314-4561[FAX]

### Filing Company Information

AXA Equitable Life Insurance Company  
1290 Avenue of the Americas, 14-10  
New York,, NY 10104  
(212) 314-2921 ext. [Phone]

CoCode: 62944  
Group Code: 968  
Group Name:  
FEIN Number: 13-5570651  
-----

State of Domicile: New York  
Company Type: LIFE Insurance  
State ID Number:

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: STYLUS II Revised Application Filing  
Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: DOI filing fee \$ 20.00 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$20.00	11/25/2008	24162936



*SERFF Tracking Number:* ELAS-125920838      *State:* Arkansas  
*Filing Company:* AXA Equitable Life Insurance Company      *State Tracking Number:* 40973  
*Company Tracking Number:*  
*TOI:* A02.11 Individual Annuities- Deferred Non-      *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* STYLUS II Revised Application Filing  
*Project Name/Number:* STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## **Disposition**

Disposition Date: 12/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
 Company Tracking Number:  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: STYLUS II Revised Application Filing  
 Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Certification/Notice		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Material		Yes
Form	Individual Variable Annuity – Application for Contract		Yes

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: STYLUS II Revised Application Filing  
Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

**Amendment Letter**

Amendment Date:  
Submitted Date: 11/26/2008

**Comments:**

Please see attached Certification.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Certification/Notice**

Comment: Please see attached Certification.  
ArkansasComplianceCrt Regulation 19s 10B.pdf

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
 Company Tracking Number:  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: STYLUS II Revised Application Filing  
 Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## Form Schedule

Lead Form Number: 2008 App 02 V (Rev 12/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2008 App 02 V (Rev 12/08)	Application/Individual Enrollment Form	Variable Annuity – Application for Contract	Revised	Replaced Form #: 2008 App 02 V Previous Filing #: 38114		App 2008 App 02 V Rev 1208.pdf

# Stylus® Variable Annuity

Variable deferred annuity

Enrollment Form under Group Annuity Contract  
No. 2006GAC and Application for Individual Contract

## Mailing Instructions:

### Regular Mail:

AXA Equitable Life Insurance Company  
Stylus® Variable Annuity  
P.O. Box 1577  
Secaucus, NJ 07096-1577

### Express Mail:

AXA Equitable Life Insurance Company  
Stylus® Variable Annuity  
500 Plaza Dr, 6th Floor  
Secaucus, NJ 07094-3619



**AXA Distributors, LLC**

**For Assistance  
Call [888-517-9900]**

**PLEASE PRINT**

### 1. Type of contract

1.  Non-Qualified (NQ)  
 2.  Rollover IRA **or**  Flexible Premium IRA (Tax year \_\_\_\_\_)  
 3.  Roth Conversion IRA **or**  
 Flexible Premium Roth IRA (Tax year \_\_\_\_\_)  
 4.  Qualified Plan (QP) — Defined Contribution (DC)  
 5.  Inherited IRA BCO (Direct Transfer of Decedent IRA)<sup>1</sup>  
 6.  Inherited Roth IRA BCO (Direct transfer of Decedent Roth IRA)<sup>1</sup>  
 7.  Non-Spousal QP Direct Rollover to Inherited IRA BCO<sup>1</sup>

Footnotes: 1. GMIB and GWB are not available.

### 2. Initial contribution

Total Initial Contribution(s): \$ \_\_\_\_\_

Specify Method(s) of Payment:

- Check payable to AXA Equitable or Wire  
 1035 Exchange (from Single Owner contract, NQ only)  
 1035 Exchange (from Joint Owner contract, NQ only)  
 CD or Mutual Fund Transfer (NQ only)  
 Direct Transfer (IRA only)  Rollover (IRA only)

**3. Owner** If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 10.

- Individual  Qualified Plan Trustee (DC)  
 Trust  Beneficiary of Deceased IRA owner  
 Custodian (IRA)  Other Non-Natural Owner  
 UGMA/UTMA \_\_\_\_\_ (State)

Male  Female

Name (First) (Middle Initial) (Last)

Social Security No. or  EIN Date of Birth (MM/DD/YYYY)

U.S.A. Primary Residential Address only - No P.O. Box Permitted

City State ZIP Code

Daytime Phone #

Valid Driver's License No./Passport #/State Issued ID# & Exp. Date

**optional 4. Joint owner** Must be a legal resident of the US. (NQ certificates/contracts only.)

Male  Female

Name (First) (Middle Initial) (Last)

Social Security No. Date of Birth (MM/DD/YYYY)

U.S.A. Primary Residential Address only - No P.O. Box Permitted

City State ZIP Code

Daytime Phone #

Valid Driver's License No./Passport #/State Issued ID# & Exp. Date

**5. Annuitant** If other than Owner.

Male  Female

Name (First) (Middle Initial) (Last)

Social Security No. Date of Birth (MM/DD/YYYY)

U.S.A. Primary Residential Address only - No P.O. Box Permitted

City State ZIP Code

**6. Beneficiary(ies)** If more than one — indicate %. Total must equal 100%. Please use Section 10 for additional Primary or Contingent Beneficiaries.

#### Primary

1. \_\_\_\_\_ %  
Primary Beneficiary Name

Relationship to Owner

2. \_\_\_\_\_ %  
Primary Beneficiary Name

Relationship to Owner

#### Contingent

Contingent Beneficiary Name

**7. Current insurance**

- 1. Do you have any other existing life insurance or annuities?  Yes  No
  - 2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the certificate/contract applied for will be issued?  Yes  No
- If Yes, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number

**8. Contract state**

The Contract State is your state of primary residence (Owner's primary residential address from Section 3) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

- I have a second residence in the state of sale.
- I work or conduct business in the state of sale.

If none of the above apply the application must be signed in your state of Primary Residence, unless we approve another state.

**9. Patriot Act Information**

- 1. Are you a US Citizen? (If "yes" skip to question 3.)  Yes  No
  - 2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, allows you to purchase this annuity?  Yes  No
- US Visa Category: \_\_\_\_\_
3. Your Occupation: \_\_\_\_\_
4. Your Employer: \_\_\_\_\_

**10. Special instructions**

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 3, please complete the following:

Mailing address — P.O. Box accepted \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Guaranteed benefit Elections OPTIONAL**

**Subject to availability. There is an additional charge for each election. These elections cannot be changed after the contract has been issued. You may only make one election in this section.**

**11A. Guaranteed Minimum Income Benefit (GMIB) —**  
*Greater of Roll Up to age [85] or Annual Ratchet to age [85]*  
*Guaranteed Minimum Death Benefit (GMDB) elections are also made in this section.*

**Unless "Yes" is checked below, GMIB is declined.**

Owner issue ages [20-75] **Choose One:**

**[6%] GMIB with Annual Reset**

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

**If you elect GMIB, skip to section 13.**

**11B. Guaranteed Withdrawal Benefit (GWB)**

**Unless "Yes" is checked below, this optional rider is declined.**

- Yes, I wish to elect the [5%] Annual Withdrawal Option GWB Benefit — Owner issue ages up to [85].

**If you elect GWB, you must complete Section 12 and may not elect: GMIB, "Greater of" GMDB or 12 Month DCA.**

**Except for "Standard" GMDB there is an additional charge for GMDB.**

**If you elect GMIB do not complete section 11C.**

**11C. Guaranteed Minimum Death Benefit (GMDB)**

If you did not elect GMIB, this Section is MANDATORY. For Owner issue ages [76-85] the contract will be issued with Standard GMDB.

**Owner Issue Age 0-[75]**

- Standard; or
- Annual Ratchet to age [85]; or
- Greater of [6%] to age [85] or Annual Ratchet to age [85]

## 12. GWB Election

There is an additional charge for each election. These elections cannot be changed after the contract has been issued. You may only make one election in this section. If you elected GWB you must complete this section.

### Payment Plans (complete for GWB)

If you do not plan to defer your withdrawals, complete the following section and choose 1 or 2 below:

Frequency:  Monthly  Quarterly  Annually

Start Date: \_\_\_\_\_ (Month, Day, Year). You must wait at least 28 days after your contract issue date before payments can begin. They cannot be made later than the 28<sup>th</sup> day of the month.

1.  Maximum Payment Plan (calculated by AXA Equitable)
2.  Customized Payment Plan

Amount of withdrawal: \$ \_\_\_\_\_

Total withdrawal for the contract year must not exceed your Guaranteed Annual Withdrawal Amount. The withdrawal may be includible in income and if made prior to age 59½ may be subject to an additional 10% federal income tax penalty.

We will automatically withhold 10% federal income tax from the taxable amount of each withdrawal, unless you are eligible to, and make an election below. Some states require us to withhold state income tax if federal income tax is withheld. Please consult your tax advisor for rules that apply to you. If you are a US citizen/legal resident and the check is sent abroad, we must withhold tax.

If you are not a US citizen/legal resident you cannot use only this form. In addition, please send us a letter requesting this distribution, indicating your current residence and citizenship status, along with an IRS Form W-8BEN. We will withhold 30% tax unless your Form W-8BEN properly indicates to us that we may withhold at a different rate.

I do not want federal income tax (and state, if applicable) withheld from my distribution. I have provided my U.S. residence address and Social Security Number or other TIN in Section 3. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.

## 13. Fund rebalancing

You may not elect Rebalancing if you allocate 100% of your contribution to only one investment option, we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only.

Quarterly  Semi Annually **or**  Annually

The Rebalancing Program will use the "Immediate" allocations provided in Section 14.

Any changes to this program must be in writing.

Rebalancing will be on the same day of the month as the Contract Date.

**14. Immediate allocation options**

**Immediate Allocation** — You must allocate your initial contribution among VIOs below using the “Immediate” allocation column, which must total 100%. All future Contributions will be allocated according to the percentages below unless instructed otherwise by you.

Variable Investment Options (VIO) Use Whole Percentages	Immediate
<b>Asset Allocation</b>	
<b>AXA Allocation Portfolios</b>	
AXA Conservative Allocation . . . . .	(1265) _____%
AXA Conservative-Plus Allocation . . . . .	(1266) _____%
AXA Moderate Allocation . . . . .	(0864) _____%
AXA Moderate-Plus Allocation . . . . .	(1267) _____%
AXA Aggressive Allocation . . . . .	(1268) _____%
<b>Other Asset Allocation</b>	
EQ/Franklin Templeton Founding Strategy . . .	(2029) _____%
<b>Cash Equivalents</b>	
EQ/Money Market* . . . . .	(0067) _____%

**Must Total: 100%**

\* Contributions allocated to the EQ/Money Market will cause the GMDB and GMIB Rollup portion of your benefit base to grow at 3% (if elected).

Classifications based on Morningstar® categories, as of 9/30/06, except where otherwise noted. © 2006 Morningstar, Inc. All rights reserved. The information contained herein: (1) is proprietary to Morningstar and/or its content providers; (2) may not be copied or distributed; and (3) is not warranted to be accurate, complete or timely. Neither Morningstar nor its content providers are responsible for any damages or losses arising from any use of this information. Past performance is no guarantee of future results.

**15. Dollar cost averaging options**

You may choose either 12 Month Dollar Cost Averaging or General Dollar Cost Averaging. You may not choose both. You must allocate your entire Contribution according to the instructions in Section 14. Use the DCA Allocation column below for the transfer percentages. The total must equal 100%.

**A.  12 Month Dollar Cost Averaging (12 Month DCA)**

The entire initial contribution is allocated to the EQ/Money Market option. Thereafter, amounts are transferred monthly over a 12 month period to the other variable investment options you have selected. Do **not** indicate a percentage for EQ/Money Market option below.

**If you elect 12 Month DCA, you may not elect GWB.**

**B.  General DCA: Fixed Period Option, please deplete my General DCA account monthly over the following time period: (Choose one below)**

- EQ/Money Market\* 6 months
- EQ/Money Market\* 12 months
- EQ/Money Market\*     (months)

(In Section 14, you must use the “Immediate Allocation” column to allocate a minimum of \$5,000 to the EQ/Money Market.)

The following DCA allocations also apply to new Contributions unless you completed Section 14 or changed your allocations for new Contributions.

Variable Investment Options (VIO) Whole Numbers Only	DCA
<b>Asset Allocation</b>	
<b>AXA Allocation Portfolios</b>	
AXA Conservative Allocation . . . . .	(1265) _____%
AXA Conservative-Plus Allocation . . . . .	(1266) _____%
AXA Moderate Allocation . . . . .	(0864) _____%
AXA Moderate-Plus Allocation . . . . .	(1267) _____%
AXA Aggressive Allocation . . . . .	(1268) _____%
<b>Other Asset Allocation</b>	
EQ/Franklin Templeton Founding Strategy . . .	(2029) _____%
<b>Cash Equivalents</b>	
EQ/Money Market* . . . . .	(0067) _____%

**Must Total: 100%**

\* Contributions allocated to the EQ/Money Market will cause the GMDB and GMIB Rollup portion of your benefit base to grow at 3% (if elected).

Classifications based on Morningstar® categories, as of 9/30/06, except where otherwise noted. © 2006 Morningstar, Inc. All rights reserved. The information contained herein: (1) is proprietary to Morningstar and/or its content providers; (2) may not be copied or distributed; and (3) is not warranted to be accurate, complete or timely. Neither Morningstar nor its content providers are responsible for any damages or losses arising from any use of this information. Past performance is no guarantee of future results.

**16. Fraud warnings**

**Arkansas/Louisiana/New Mexico:** 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. • **Colorado/District of Columbia/Kentucky/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. • **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. • **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud. • **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

**17. Broker transfer authorization**

**Yes**, by signing below, I hereby designate my registered representative named below to act as my agent in giving subaccount transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

**18. Disclosures**

Withdrawals under your Certificate/Contract may reduce your Benefit Base. **GMIB, GMDB and GWB** may not be voluntarily terminated. The charges under the Certificate/Contract generally apply for the life of the Certificate/Contract.  
For GMIB, GMDB and GWB: For IRA and QP Certificates/Contracts: depending on your age, the benefits may be of limited usefulness to you because IRS required minimum distributions must begin at age 70½; distributions that are withdrawn from the Certificate/Contract may significantly reduce your benefit. You should consult your tax advisor.  
For GWB: For IRA and QP Certificates/Contracts: Unless you elect our Automatic RMD service and comply with the conditions set forth in the Certificate/Contract, the Certificate/Contract may have limited usefulness to you because partial withdrawals to satisfy minimum distribution rules might reduce your Benefit Base. You should consult with your tax advisor to determine if this Certificate/Contract is appropriate for your circumstances.

**19. Signature and acknowledgements**

**I/WE UNDERSTAND AND ACKNOWLEDGE THE DISCLOSURES IN SECTION 18**

**AND THAT:** • No GMIB, GMDB and/or GWB is elected unless I checked the correct box in Section 11 & 12. • My account value attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount. • The crediting rate used for the GMIB and GMDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit will be in the form of lifetime periodic payments only. • In the case of IRAs and Qualified Plans that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the certificate/contract for its features and benefits other than tax deferral, as the tax deferral feature of the certificate/contract does not provide additional benefits. • All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief. • AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority. • I understand that any change made to the benefits applied for, or to the age at issue, must be agreed to in writing on an amendment. • No registered representative has the authority to make or modify any certificate/contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. • **I acknowledge receipt of the most current prospectus for the Stylus Variable Annuity. After reviewing my financial information and goals with my agent, I believe this contract will meet my financial objectives. • Consent for Delivery of Initial Prospectus on CD-ROM:**

**Yes.** By checking this box and signing the application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at [1-800-789-7771] and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.]

<b>X</b>	Proposed Annuitant's Signature	Signed at: City, State	Date
<b>X</b>	Proposed Owner's Signature (if other than annuitant)	Signed at: City, State	Date
<b>X</b>	Proposed Joint Owner's Signature (if other than annuitant)	Signed at: City, State	Date

**Registered representative section**

Does the Proposed Insured have any existing life insurance or annuity contracts?  Yes  No

Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the certificate/contract applied for will be issued on the life of the

Annuitant(s)/Owner(s)?  Yes  No

Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official?  Yes  No

Is the Proposed Insured currently an Active Duty\* Member of the Armed Forces?  Yes  No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

\* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

**X**  
Primary Registered Representative Signature \_\_\_\_\_ Social Security Number or Rep. Code \_\_\_\_\_

\_\_\_\_\_ % ( ) -  
Print Name \_\_\_\_\_ Rep. Phone Number

Client Account Number at Broker-Dealer \_\_\_\_\_ Email Address \_\_\_\_\_ Broker-Dealer Branch \_\_\_\_\_

**X**  
Secondary Representative Signature \_\_\_\_\_ Social Security Number or Rep. Code \_\_\_\_\_

\_\_\_\_\_ % ( ) -  
Print Name \_\_\_\_\_ Rep. Phone Number

**Registered Representative Use Only.** Contact your home office for program information.  Option I.  Option II. (Once selected, program cannot be changed.)

*SERFF Tracking Number:* ELAS-125920838      *State:* Arkansas  
*Filing Company:* AXA Equitable Life Insurance Company      *State Tracking Number:* 40973  
*Company Tracking Number:*  
*TOI:* A02.11 Individual Annuities- Deferred Non-      *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* STYLUS II Revised Application Filing  
*Project Name/Number:* STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-125920838 State: Arkansas  
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40973  
Company Tracking Number:  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: STYLUS II Revised Application Filing  
Project Name/Number: STYLUS II Revised Application Filing/2008 App 02 V (Rev 12/08)

## Supporting Document Schedules

**Review Status:** 11/26/2008

**Satisfied -Name:** Certification/Notice

**Comments:**  
Please see attached Certification.

**Attachment:**  
ArkansasComplianceCrt Regulation 19s 10B.pdf

**Review Status:** 11/25/2008

**Satisfied -Name:** Application

**Comments:**  
Please see attached application under Form Schedule tab.

**Review Status:** 11/25/2008

**Satisfied -Name:** Variable Material

**Comments:**  
Please see attached Variable Material.

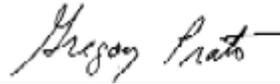
**Attachment:**  
VTM 2008 App 02 V Rev 1208.pdf

**AXA Equitable Life Insurance Company**  
**State of Arkansas**  
**Certificate of Compliance – Regulation 19s 10B**  
**Unfair Sex Discrimination in the Sale of Insurance**

**RE:** 2008 App 02 V (Rev 12/08) – Individual Variable Annuity – Application for Contract

I, Gregory Prato, of AXA Equitable Life Insurance Company, do hereby certify that above listed form(s) meet the requirements of Regulation 19s 10B as well as all applicable requirements of the Arkansas Department of Insurance.

BY:



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Gregory Prato

Name

\_\_\_\_\_  
Assistant Vice President

Title

\_\_\_\_\_  
11.26.2008

Date

**AXA EQUITABLE LIFE INSURANCE COMPANY**  
Description of Illustrative and Variable Text  
For Enrollment Form and Application **2008 App 02 V (Rev 12/08)**

---

The following comments describe the nature and scope of the illustrative and variable material in the form. In addition, we may include in each section statements that provide instructions on how to complete the enrollment form and application to simplify administration and systems processing.

1. The address and telephone number for our processing office, and the catalog number and page footers of the form should be considered administrative in nature and is subject to change.
2. In Section 1 the type of market references the markets (e.g., "NQ", "QP", "IRA", etc) that may be added or removed to reflect markets offered. Accordingly any footnote made to this section may be modified.
3. In Sections 3, 4, 5 and 9, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
4. In Sections 7 and 8 the questions may be changed or added as a result of NASD, other regulatory agency, or the company requiring such change.
5. In Sections 11, 12, 14 and 15 the interest rate and age range may change due to market conditions.
  - The rate range on the GMIB feature may vary from 3% to 7%;
  - The age range on the GMIB feature may vary from 15 to 80;
  - The rate range on the GWB feature may vary from 3% to 7%
  - The age range on the GWB feature may vary from 15 to 90;
  - Standard GMDB may vary from 70 to 85;
  - Annual ratchet GMDB may vary from 80 to 90;
  - The rate range on the Variable Investment Options may vary from 1% to 8%
6. In Sections 12 and 13 we reserve the right to change the frequencies and or durations of these features. The duration options include Monthly, Quarterly, Semi-Annually, and Annually.
7. In Sections 14 and 15 the Separate Account Variable Investment Options available from AXA Equitable will be listed here and have been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Variable Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Variable Investment Options will be changed accordingly.
8. In Section 15 we reserve the right to change the minimum contribution amounts, which may change due to market conditions. The current values shown may vary within the ranges provided as follows:
  - General Dollar Cost Averaging Fixed Period may vary from \$3,500 to \$6,500
9. In Section 19 the information requested is alternate text and will appear when we offer electronic delivery of statements and updates.
10. In the Register Representative section commission options may be added or removed.

