

SERFF Tracking Number: ELAS-126871506 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 47106
Company Tracking Number: FORM #2008 EDC STRAT (06-10)
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Equivest
Project Name/Number: 457(b) EDC Enrollment form/Form #2008 EDC STRAT (06-10)

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Equivest SERFF Tr Num: ELAS-126871506 State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 47106
Variable and Variable Closed
Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: FORM #2008 EDC State Status: Approved-Closed
STRAT (06-10)
Filing Type: Form Reviewer(s): Linda Bird
Author: Frank E Fernandez Disposition Date: 10/25/2010
Date Submitted: 10/21/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: 10/29/2010 Implementation Date:
State Filing Description:

General Information

Project Name: 457(b) EDC Enrollment form
Project Number: Form #2008 EDC STRAT (06-10)
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.
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer
Explanation for Other Group Market Type:
State Status Changed: 10/25/2010
Created By: Frank E Fernandez
Corresponding Filing Tracking Number:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/25/2010

Deemer Date:
Submitted By: Frank E Fernandez

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 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Equivest
 Project Name/Number: 457(b) EDC Enrollment form/Form #2008 EDC STRAT (06-10)

Filing Description:

Filing to replace enrollment form. Please see attached filing letter for details.

Company and Contact

Filing Contact Information

Gregory Prato, Assistant Vice President greg.prato@axa-equitable.com
 1290 Avenue of the Americas, 14th Floor 212-314-5710 [Phone]
 New York, NY 10104 212-314-3380 [FAX]

Filing Company Information

AXA Equitable Life Insurance Company	CoCode: 62944	State of Domicile: New York
1290 Avenue of the Americas, 14-10	Group Code: 968	Company Type: LIFE Insurance
New York,, NY 10104	Group Name:	State ID Number:
(212) 314-2921 ext. [Phone]	FEIN Number: 13-5570651	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR Filing Fee - \$50.00 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$50.00	10/21/2010	41018382

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/25/2010	10/25/2010

SERFF Tracking Number: ELAS-126871506 *State:* Arkansas
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Disposition

Disposition Date: 10/25/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-126871506 *State:* Arkansas
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Product Name: Equivest
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Filing Letter	Yes	Yes
Supporting Document	Variable Text Memorandum	Yes	Yes
Form	457(b) EDC Enrollment Form	Yes	Yes

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 Variable and Variable
 Product Name: Equivest
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Form Schedule

Lead Form Number: Form #2008 EDC STRAT (06-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form #2008 EDC STRAT (06-10)	Application/457(b) EDC Enrollment Form	Enrollment Form	Initial		0.000	ENR - Gen Enrollment Form 06-10.pdf

EQUI-VEST® StrategiesSM (Series 901)
Combination Fixed and Variable Deferred Annuity
457(b) EDC Enrollment Form

Application No. _____

Mailing Instructions:

Express Mail: (with money):

JPMorganChase
4 Chase Metrotech Center, 7th Floor
NY Remit One Image Lockbox # 13823
Brooklyn, NY 11245-0001

Regular Mail: (with money):

EQUI-VEST Unit Annuity
Lockbox P.O. Box 13823
Newark, NJ 07188-0463



Express Mail: (without money):

EQUI-VEST New Business
100 Madison St., Suite 1000
Syracuse, NY 13202

Regular Mail: (without money):

EQUI-VEST New Business
P.O. Box 4704, Syracuse, NY 13221-4704

1. Employer information

Employer/and (or) School Name/Unit Name _____

Unit Number _____

2. Participant information (check appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8.

Mr. Mrs. Miss Ms. Other _____

Male Female

First Name _____ Middle Initial _____ Last Name _____

Home
 Work

Birth Date (M/D/Y) _____ Age at Nearest Birthday _____ Daytime Phone Number _____

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

City _____ State _____ Zip Code _____

Email Address (optional) _____

Social Security Number (Required) _____ Retirement Age _____

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

U.S. Citizen? Yes No (If No, complete below and attach copy)

Country _____ Passport # _____ U.S. Visa Type _____

3. Beneficiary(ies) information

Primary

1. _____ %
First Name _____ Last Name _____

Relationship to Participant:

- Spouse
- Child
- Other _____

T.I.N.: S.S.N. or E.I.N. _____

3. Beneficiary(ies) information (continued)

Primary

2. _____ %
First Name _____ Last Name _____

Relationship to Participant:

- Spouse
- Child
- Other _____

T.I.N.: S.S.N. or E.I.N. _____

Contingent

1. _____ %
First Name _____ Last Name _____

Relationship to Participant:

- Spouse
- Child
- Other _____

T.I.N.: S.S.N. or E.I.N. _____

4. Optional feature Enhanced Death Benefit

If you would like to elect the Enhanced Death Benefit, please check the following box:

Yes, I would like to elect the Enhanced Death Benefit.

5. Contribution amount

1. If a payment will be forwarded at a later date, you must complete #5-1A and, if applicable, #5-1B. If a payment will be provided when the application is signed, complete #5-1C only.

A. Expected first-year contribution: \$ _____

Indicate the amount expected to be contributed in the first year of this certificate.

(Exclude direct transfer or rollover amounts)

B. Expected direct transfer or rollover amounts: \$ _____

(i) If you intend to allocate all or a portion of this amount to Special Dollar Cost Averaging, also complete #7

(ii) If this is a rollover, is it from a 401(k) plan or other eligible retirement plan?

Yes No

C. Amount provided with this enrollment form:

(i) Total amount for investment options listed in #6. \$ _____

(ii) Provide a breakdown of employee and employer contributions. \$ _____ \$ _____
Employee Employer

2. Reminder/Contribution information:

Months to be excluded, if any, from Plan Contribution Statement (months must be consecutive and from May to September only): _____

6. Selection of investment options and allocation percentages

Must check either Box A or Box B, but not both.

- A. Maximum Transfer Flexibility.** By checking this box, you may invest in the investment options listed in this section which are not boxed off. Transfers out of the Guaranteed Interest Option will not be limited.
- B. Maximum Fund Choice.** By checking this box, you may invest in any of the investment options listed in this section. Transfers out of the Guaranteed Interest Option will be limited (see prospectus for details).

Current Allocation (Applies to Boxes A and B): Select the allocation for the contributions indicated in #5-1A or any amounts that you may invest in these investment options in the future. You can change this allocation for future contributions at any time. The percentages entered below must be in whole numbers and total 100%.

Guaranteed-Fixed

_____ % Guaranteed Interest Option (A1*)

Asset Allocation

AXA Allocation

_____ % AXA Aggressive Allocation (18*)
 _____ % AXA Moderate Allocation (T4*)
 _____ % AXA Moderate-Plus Allocation (17*)

Target Allocation

_____ % Target 2015 Allocation (6G*)
 _____ % Target 2025 Allocation (6H*)
 _____ % Target 2035 Allocation (6I*)
 _____ % Target 2045 Allocation (6J*)

Other Asset Allocation

_____ % All Asset Allocation (7H*)
 _____ % EQ/Franklin Templeton Allocation (6P*)

Large Cap Stocks

_____ % AXA Tactical Manager 500-I (7M*)
 _____ % EQ/BlackRock Basic Value Equity (81*)
 _____ % EQ/Boston Advisors Equity Income (33*)
 _____ % EQ/Calvert Socially Responsible (92*)
 _____ % EQ/Capital Guardian Growth (74*)
 _____ % EQ/Common Stock Index (T1*)
 _____ % EQ/Davis New York Venture (6Q*)
 _____ % EQ/Equity 500 Index (TE*)
 _____ % EQ/Equity Growth PLUS (94*)
 _____ % EQ/JPMorgan Value Opportunities (72*)
 _____ % EQ/Large Cap Core PLUS (85*)
 _____ % EQ/Large Cap Growth Index (82*)
 _____ % EQ/Large Cap Growth PLUS (77*)
 _____ % EQ/Large Cap Value Index (49*)
 _____ % EQ/Large Cap Value PLUS (89*)
 _____ % EQ/Lord Abbett Growth and Income (02*)
 _____ % EQ/Lord Abbett Large Cap Core (05*)
 _____ % EQ/Montag & Caldwell Growth (34*)
 _____ % EQ/Mutual Large Cap Equity (6F*)
 _____ % EQ/T. Rowe Price Growth Stock (32*)
 _____ % EQ/Van Kampen Comstock (07*)
 _____ % Fidelity® VIP Contrafund® (7R*)
 _____ % Fidelity® VIP Equity Income (7S*)
 _____ % MFS® Investors Growth Stock (8I*)
 _____ % MFS® Investors Trust (7P*)
 _____ % Multimanager Aggressive Equity (T2*)
 _____ % Multimanager Large Cap Value (58*)
 _____ % Oppenheimer Main Street Fund®/VA (7Q*)

Mid Cap Stocks

_____ % American Century VP Mid Cap Value (7V*)

_____ % AXA Tactical Manager 400-I (7L*)
 _____ % EQ/Mid Cap Index (55*)
 _____ % EQ/Mid Cap Value PLUS (79*)
 _____ % EQ/Morgan Stanley Mid Cap Growth (08*)
 _____ % Fidelity® VIP Mid Cap (7U*)
 _____ % Goldman Sachs VIT Mid Cap Value (7W*)
 _____ % Invesco V.I. Mid Cap Core Equity (7T*)
 _____ % Multimanager Mid Cap Growth (59*)
 _____ % Multimanager Mid Cap Value (61*)

Small Cap Stocks

_____ % AXA Tactical Manager 2000-I (7K*)
 _____ % EQ/AllianceBernstein Small Cap Growth (TP*)
 _____ % EQ/AXA Franklin Small Cap Value Core (6E*)
 _____ % EQ/GAMCO Small Company Value (37*)
 _____ % EQ/Small Company Index (97*)
 _____ % Invesco V.I. Small Cap Equity (7X*)
 _____ % Ivy Funds VIP Small Cap Growth (7Y*)
 _____ % Multimanager Small Cap Growth (36*)
 _____ % Multimanager Small Cap Value (91*)

International Stocks/Global

_____ % AXA Tactical Manager International-I (7N*)
 _____ % EQ/AllianceBernstein International (TN*)
 _____ % EQ/BlackRock International Value (73*)
 _____ % EQ/Global Multi-Sector Equity (78*)
 _____ % EQ/International Core PLUS (88*)
 _____ % EQ/International Growth (26*)
 _____ % EQ/Oppenheimer Global (6A*)
 _____ % EQ/Templeton Global Equity (6D*)
 _____ % Invesco V.I. International Growth (7Z*)
 _____ % Lazard Retirement Emerging Markets Equity (8H*)
 _____ % MFS® International Value (8A*)
 _____ % Multimanager International Equity (65*)

AXA Allocation (Not available under Max Flex option)

_____ % AXA Conservative Allocation (15*)
 _____ % AXA Conservative-Plus Allocation (16*)

Bonds (Not available under Max Flex option)

_____ % EQ/Core Bond Index (96*)
 _____ % EQ/Global Bond PLUS (47*)
 _____ % EQ/Intermediate Government Bond Index (TI*)
 _____ % EQ/PIMCO Ultra Short Bond (28*)
 _____ % EQ/Quality Bond PLUS (TQ*)
 _____ % Ivy Funds VIP High Income (8G*)
 _____ % Multimanager Core Bond (69*)
 _____ % Multimanager Multi-Sector Bond (TH*)
 _____ % Templeton Global Bond Securities (8F*)

Cash Equivalents (Not available under Max Flex option)

_____ % EQ/Money Market (T3*)

Sector/Specialty (Not available under Max Flex option)

_____ % EQ/Franklin Core Balanced (6C*)
 _____ % PIMCO VIT CommodityRealReturn® Strategy (8E*)

Sector/Specialty

_____ % Invesco V.I. Financial Services (8B*)
 _____ % Invesco V.I. Global Real Estate (8C*)
 _____ % Ivy Funds VIP Energy (8D*)
 _____ % MFS® Technology (8J*)
 _____ % MFS® Utilities (8K*)
 _____ % Multimanager Technology (67*)

_____ % **Total of all investment options chosen must equal 100%.**

* The number in parentheses is shown for data input only.

7. Special Dollar Cost Averaging (Special DCA)

Only available for direct transfer and rollover contributions.

Choose one time period. Indicate the percentage of the contribution indicated in Section #5-1B to be allocated to Special DCA for the time period selected. (Choose only one)

- 3-months: 100% Allocation or \$ _____
- 6-months: 100% Allocation or \$ _____
- 12-months: 100% Allocation or \$ _____

Use the Special DCA allocation column below for amounts to be transferred under the Special DCA program.

If only allocating a portion of the direct transfer or rollover to Special DCA, you must complete the contribution allocations listed in #6.

Note: Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #6 will also apply to the investment options listed in this section.

Special DCA Allocation

Asset Allocation

AXA Allocation

- _____ % AXA Aggressive Allocation (18*)
- _____ % AXA Moderate Allocation (T4*)
- _____ % AXA Moderate-Plus Allocation (17*)

Target Allocation

- _____ % Target 2015 Allocation (6G*)
- _____ % Target 2025 Allocation (6H*)
- _____ % Target 2035 Allocation (6I*)
- _____ % Target 2045 Allocation (6J*)

Other Asset Allocation

- _____ % All Asset Allocation (7H*)
- _____ % EQ/Franklin Templeton Allocation (6P*)

Large Cap Stocks

- _____ % AXA Tactical Manager 500-I (7M*)
- _____ % EQ/BlackRock Basic Value Equity (81*)
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- _____ % EQ/Calvert Socially Responsible (92*)
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- _____ % EQ/Common Stock Index (T1*)
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- _____ % EQ/T. Rowe Price Growth Stock (32*)
- _____ % EQ/Van Kampen Comstock (07*)
- _____ % Fidelity® VIP Contrafund® (7R*)
- _____ % Fidelity® VIP Equity Income (7S*)
- _____ % MFS® Investors Growth Stock (8I*)
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- _____ % Multimanager Aggressive Equity (T2*)
- _____ % Multimanager Large Cap Value (58*)
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Mid Cap Stocks

- _____ % American Century VP Mid Cap Value (7V*)
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- _____ % Goldman Sachs VIT Mid Cap Value (7W*)
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Small Cap Stocks

- _____ % AXA Tactical Manager 2000-I (7K*)
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- _____ % EQ/Small Company Index (97*)
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- _____ % Ivy Funds VIP Small Cap Growth (7Y*)
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- _____ % Multimanager Small Cap Value (91*)

International Stocks/Global

- _____ % AXA Tactical Manager International-I (7N*)
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- _____ % EQ/International Core PLUS (88*)
- _____ % EQ/International Growth (26*)
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- _____ % Invesco V.I. International Growth (7Z*)
- _____ % Lazard Retirement Emerging Markets Equity (8H*)
- _____ % MFS® International Value (8A*)
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AXA Allocation (Not available under Max Flex option)

- _____ % AXA Conservative Allocation (15*)
- _____ % AXA Conservative-Plus Allocation (16*)

Bonds (Not available under Max Flex option)

- _____ % EQ/Core Bond Index (96*)
- _____ % EQ/Global Bond PLUS (47*)
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- _____ % EQ/PIMCO Ultra Short Bond (28*)
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- _____ % Ivy Funds VIP High Income (8G*)
- _____ % Multimanager Core Bond (69*)
- _____ % Multimanager Multi-Sector Bond (TH*)
- _____ % Templeton Global Bond Securities (8F*)

Cash Equivalents (Not available under Max Flex option)

- _____ % EQ/Money Market (T3*)

Sector/Specialty (Not available under Max Flex option)

- _____ % EQ/Franklin Core Balanced (6C*)
- _____ % PIMCO VIT CommodityRealReturn® Strategy (8E*)

Sector/Specialty

- _____ % Invesco V.I. Financial Services (8B*)
- _____ % Invesco V.I. Global Real Estate (8C*)
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- _____ % MFS® Technology (8J*)
- _____ % MFS® Utilities (8K*)
- _____ % Multimanager Technology (67*)

_____ % Total of all investment options chosen must equal 100%

* The number in parentheses is shown for data input only.

8. Special instructions

Use this section to enter the participant's mailing address if it differs from the primary residential address. Also, for any additional details regarding beneficiary, replacement, or transfer information.

For Participants whose Mailing Address differs from their Primary Residential Address in #2.

Participant's Mailing Address:

Mailing Address — P.O. Box Accepted

City State Zip Code

9. Other Required Information (Mandatory)

A and B must be completed.

A. Replacement Information: (Must Respond to 1 and 2.)

- 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 applied for will be issued?
 Yes No

If Yes, complete the following (if multiple replacements, provide details in Special Instructions section):

Year Issued	Type of Plan	Company	Contract Number
Company Address			

Company Address

B. Certificate State:

The Certificate state is your state of primary residence (Your primary residential address from Section 3) unless you sign the enrollment form in a different state. **If you are signing this enrollment form 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 enrollment form must be signed in your state of Primary Residence, unless we approve another state.

10. Broker Transfer Authorization

Yes, by signing this enrollment form, I hereby designate my registered representative named in EQUI-VEST Representative Report to act as my agent in giving investment option 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.

11. Agreement

All information and statements on this enrollment form are true and complete to the best of my knowledge and belief. I understand that no financial professional has the authority to make or modify any certificate on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights and regulations. I understand that the annuity account value attributable to allocations to the variable investment options of the separate account or variable annuity benefit payments may increase or decrease and are not guaranteed as to dollar amount. I acknowledge that I have received the most current prospectus and any supplement(s). After reviewing my financial information and goals with my financial professional, I believe that this certificate will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the Enrollment Form 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 [1-877-222-2144] 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.

Electronic Delivery Information:

By checking this box, providing my email address, and signing the enrollment form below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

By signing this Enrollment Form the Participant acknowledges that he or she is buying the certificate for its feature and benefits other than tax deferral, as the tax-deferral feature of the certificate does not provide additional benefits.

X _____
Proposed Participant's Signature

Date (mm/dd/yy)

City

State

SERFF Tracking Number: ELAS-126871506 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 47106
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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Filing Letter

Comments:

Attachment:

AR Filing Letter 901 EDC 6 10 Enr Bernitt Paul.pdf

Item Status: **Status**
Date:

Satisfied - Item: Variable Text Memorandum

Comments:

Attachment:

VTM - Gen Enrollment Form 10-10.pdf



Paul Bernitt
Policy Form Manager
Annuity Product Management & Filing

October 21, 2010

The Honorable Julie Benafield Bowman
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904
Attn.: Policy & Other Form Filings

RE: AXA Equitable Life Insurance Company
NAIC No.: 968-62944
FEIN 13-5570651
EQUI-VEST Strategies (Series 901) Combination Fixed and Variable Deferred Annuity 457 EDC Enrollment Form 2008 EDC STRAT (06-10)

Dear Commissioner :

We are filing for the Department's approval the above referenced Enrollment Form.

Enrollment Form 2008 EDC STRAT (06-10) will be used in the Employee Deferred Compensation (EDC) market. It will be used with Certificate Form No. 2009EDC901-A that was approved by the Department on 06/16/2009

We are also enclosing a Memorandum of Variable Material for the Enrollment Form.

If you have any questions or need any additional information, please call me at (212) 314-3761 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,

Paul Bernitt
Policy Form Manager

AXA EQUITABLE LIFE INSURANCE COMPANY
October 1, 2010
Memorandum of Variable Material
For Series 901 EDC Enrollment Form #2008 EDC STRAT (06-10)

The following comments describe the nature and scope of the illustrative and variable material contained in the form.

1. The marketing name may be revised in the future to reflect product variations.
2. The mailing address and the catalog number of the form should be considered administrative in nature and are subject to change.
3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act
4. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
5. In Section 7, Special Money Market DCA durations may change or additional periods may be added, such as 18 or 24 months.
6. In Section 7, the Investment Options listed for use with Special Dollar Cost Averaging may change.
7. Section 11 of the application may need change if required by state or federal law.
8. The customer service telephone number in Section 11 should be considered administrative in nature and is subject to change.
9. We may need to add or revise questions or make changes to the Representative Report.