

SERFF Tracking Number: ELAS-126873257 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 47125
Company Tracking Number: 2009 401(A) STRAT (06-10)
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: EQUI-VEST 401(A) Series 901
Project Name/Number: EQUI-VEST 401(A) Series 901 Rev Enrollment/2009 401(a) STRAT

Filing Description:

October 22, 2010

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

Re: AXA Equitable Life Insurance Company
AXA Equitable's NAIC # 511-62944
AXA Equitable's FEIN # 13-5570651
EQUI-VEST Strategies (Series 901) Combination Fixed and Variable Deferred Annuity 401(a) Enrollment Form No. 2009 401(a) STRAT (06-10)

Dear Commissioner:

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

Enrollment Form 2009 401(a) STRAT (06-10) will be used in the 401(a) market. It will be used with Certificate Form No. 2009401(a)901-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 A. Bernitt
Manager, Policy Forms
AXA Equitable Life Insurance Company
1290 Avenue of The Americas

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 Variable and Variable
 Product Name: EQUI-VEST 401(A) Series 901
 Project Name/Number: EQUI-VEST 401(A) Series 901 Rev Enrollment/2009 401(a) STRAT

14th Floor
 New York, NY 10104
 Telephone: (212) 314-3761
 Paul.bernitt@AXA-Equitable.com

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: Fee 50.00 x 1 form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$50.00	10/22/2010	41078098

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/27/2010	10/27/2010

SERFF Tracking Number: ELAS-126873257 *State:* Arkansas
Filing Company: AXA Equitable Life Insurance Company *State Tracking Number:* 47125
Company Tracking Number: 2009 401(A) STRAT (06-10)
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable *Sub-TOI:* A02.1G.002 Flexible Premium
Product Name: EQUI-VEST 401(A) Series 901
Project Name/Number: EQUI-VEST 401(A) Series 901 Rev Enrollment/2009 401(a) STRAT

Disposition

Disposition Date: 10/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-126873257 State: Arkansas
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 Variable and Variable
 Product Name: EQUI-VEST 401(A) Series 901
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Memorandum of Variable Material		Yes
Form	EQUI-VEST Strategies Series 901		Yes
	Combination Fixed and variable Deferred Annuity 401 Enrollment Form		

EQUI-VEST® StrategiesSM (Series 901)
 Combination Fixed and Variable Deferred Annuity
 401(a) Enrollment Form

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

AXA EQUITABLE
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 (mm/dd/yy) _____ 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) _____

Vesting Start Date _____ Date of Hire _____

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)

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 Growth PLUS (94*)
 _____ % EQ/Equity 500 Index (TE*)
 _____ % 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 or #5-1C 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*)
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Large Cap Stocks

- _____ % AXA Tactical Manager 500-I (7M*)
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- _____ % AXA Tactical Manager 2000-I (7K*)
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AXA Allocation (Not available under Max Flex option)

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- _____ % EQ/Money Market (T3*)

Sector/Specialty (Not available under Max Flex option)

- _____ % EQ/Franklin Core Balanced (6C*)
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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.

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 2) 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 program summary 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 program summary on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the program summary indefinitely, I understand that I must print it. I also understand that I may request a program summary in paper format at any time by calling Customer Service at [1-877-222-2144] and that all subsequent program summary 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 program summary 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-126873257 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 47125
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Variable and Variable
Product Name: EQUI-VEST 401(A) Series 901
Project Name/Number: EQUI-VEST 401(A) Series 901 Rev Enrollment/2009 401(a) STRAT

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Memorandum of Variable Material

Comments:

Attachment:

generic VTM-401a SERIES 901 ENROLLMENT FORM.pdf

AXA EQUITABLE LIFE INSURANCE COMPANY
October 1, 2010
Memorandum of Variable Material
For Series 901 401a Enrollment Form #2009 401(a) 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.