

SERFF Tracking Number: ELAS-127195366 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 48965
 Company Tracking Number: EV TSA 2011
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Equivest Series 201
 Project Name/Number: TSA/EDC Third Party Applications/EV TSA 2011

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Equivest Series 201 SERFF Tr Num: ELAS-127195366 State: Arkansas
 TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 48965
 Variable and Variable Closed
 Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: EV TSA 2011 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Frank E Fernandez Disposition Date: 06/09/2011
 Date Submitted: 06/02/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 07/22/2011

Implementation Date:

State Filing Description:

General Information

Project Name: TSA/EDC Third Party Applications

Project Number: EV TSA 2011

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:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/09/2011

State Status Changed: 06/09/2011

Deemer Date:

Submitted By: Frank E Fernandez

Filing Description:

Please see filing letter for details.

Created By: Frank E Fernandez

Corresponding Filing Tracking Number:

SERFF Tracking Number: ELAS-127195366 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 48965
 Company Tracking Number: EV TSA 2011
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Equivest Series 201
 Project Name/Number: TSA/EDC Third Party Applications/EV TSA 2011

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: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$100.00	06/02/2011	48281206

SERFF Tracking Number: ELAS-127195366 *State:* Arkansas
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Disposition

Disposition Date: 06/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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 Memorandums	Yes	Yes
Form	Application for 457(b) EDC	Yes	Yes
Form	403(b) TSA Application	Yes	Yes

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Form Schedule

Lead Form Number: EV TSA 2011

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EV EDC 2011	Application/ Enrollment Form	Application for 457(b) EDC	Initial	0.000	Application - EV EDC 2011.pdf
	EV TSA 2011	Application/ Enrollment Form	403(b) TSA Application	Initial	0.000	Application - EV TSA 2011.pdf

AXA Equitable Life Insurance Company

AXA Distributors, LLC

EQUI-VEST® (Series 201)

Combination Fixed and Variable Deferred Annuity
Application for 457(b) EDC

Application No. _____

Mailing Instructions:

Express Mail: (with money):

JPMorganChase
4 Chase Metrotech Center, 7th Floor
NY Remit One Image Lockbox # 13463
Brooklyn, NY 11245-0001

Regular Mail: (with money):

EQUI-VEST Unit Annuity Lockbox
Lockbox P.O. Box 13463
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

For Assistance, please call 800-628-6673

1. Employer information

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

(Select one) _____ or
Existing Plan/Unit Number Location

New Unit **(Must complete Unit Establishment Kit)**

2. Annuitant information (Check all appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 7. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.

Mr. Mrs. Miss Ms. Other _____

Male Female

Social Security Number (Required)

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)

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

U.S. Citizen? Yes No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)

Country Passport #/Resident Card # U.S. Visa Type

3. Beneficiary(ies) information

Primary

1. _____ %
First Name Last Name

Relationship to Annuitant:

Spouse: Male Female

Child: Male Female

Other: _____

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

2. _____ %
First Name Last Name

Relationship to Annuitant:

Spouse: Male Female

Child: Male Female

Other: _____

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

Contingent

1. _____ %
First Name Last Name

Relationship to Annuitant:

Spouse: Male Female

Child: Male Female

Other: _____

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

4. Contribution amount

If a payment will be forwarded at a later date, you must complete #4A and, if applicable, #4B. If a payment will be provided when the application is signed, complete #4C only.

A. Expected first-year contribution: \$ _____

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

(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 #6

(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 application:

(i) Total amount for investment options listed in #5. \$ _____

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

5. 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 #4A 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%.

Contribution Allocation

Structured Investment Option Segment

_____ % S&P 500 1 year 10% Buffer (V1*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

I want to choose a Performance Cap Threshold.

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 (7M*)
- _____ % EQ/BlackRock Basic Value Equity (81*)
- _____ % EQ/Boston Advisors Equity Income (33*)
- _____ % EQ/Calvert Socially Responsible (92*)
- _____ % 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/Lord Abbett Large Cap Core (05*)
- _____ % EQ/Mutual Large Cap Equity (6F*)
- _____ % EQ/T. Rowe Price Growth Stock (32*)
- _____ % 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*)

Small/Mid Cap Stocks

- _____ % American Century VP Mid Cap Value (7V*)
- _____ % AXA Tactical Manager 400 (7L*)
- _____ % AXA Tactical Manager 2000 (7K*)
- _____ % EQ/AllianceBernstein Small Cap Growth (TP*)
- _____ % EQ/AXA Franklin Small Cap Value Core (6E*)
- _____ % EQ/GAMCO Small Company Value (37*)
- _____ % EQ/Mid Cap Index (55*)
- _____ % EQ/Mid Cap Value PLUS (79*)
- _____ % EQ/Morgan Stanley Mid Cap Growth (08*)
- _____ % EQ/Small Company Index (97*)
- _____ % Fidelity® VIP Mid Cap (7U*)
- _____ % Goldman Sachs VIT Mid Cap Value (7W*)
- _____ % Invesco V.I. Mid Cap Core Equity (7T*)
- _____ % Invesco V.I. Small Cap Equity (7X*)
- _____ % Ivy Funds VIP Mid Cap Growth (8M*)
- _____ % Ivy Funds VIP Small Cap Growth (7Y*)

International Stocks/Global

- _____ % AXA Tactical Manager International (7N*)
- _____ % EQ/Global Multi-Sector Equity (78*)
- _____ % EQ/International Core PLUS (88*)
- _____ % EQ/International Value PLUS (73*)
- _____ % EQ/MFS 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*)

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/PIMCO Ultra Short Bond (28*)
- _____ % EQ/Quality Bond PLUS (TQ*)
- _____ % Invesco V.I. High Yield (8L*)
- _____ % 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. Dividend Growth (8B*)
- _____ % Invesco V.I. Global Real Estate (8C*)
- _____ % Ivy Funds VIP Energy (8D*)
- _____ % MFS® Technology (8J*)
- _____ % MFS® Utilities (8K*)
- _____ % Multimanager Technology (67*)
- _____ % Van Eck VIP Global Hard Assets (8N*)

Guaranteed-Fixed

- _____ % Guaranteed Interest Option (A1*)

_____ % **Total of all investment options chosen for Contribution Allocations must equal 100%**

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

6. Special Dollar Cost Averaging (Special DCA)

Only available for direct transfer and rollover contributions. Choose one time period. 100% of the contribution indicated in #4B will be allocated to Special DCA unless you specify a dollar amount for the time period selected.

- 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. You cannot select more than 10 investment options.

If only allocating a portion of the direct transfer or rollover to Special DCA, you must complete the contribution allocations listed in #5.

Note: Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #5 will also apply to the investment options listed in this section.

Special DCA Allocation

Structured Investment Option Segment

S&P 500 1 year 10% Buffer (V1*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

I want to choose a Performance Cap Threshold.

Note: if you elect the Structured Investment Option as part of your allocation percentages in #5 and elected a threshold, the same threshold that you elected will also apply to the Structured Investment Option if chosen as part of your Special DCA allocations.

Asset Allocation

AXA Allocation

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

Target Allocation

- _____ % Target 2015 Allocation (6G*)
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AXA Allocation (Not available under Max Flex option)

- _____ % AXA Conservative Allocation (15*)
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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. Dividend Growth (8B*)
- _____ % Invesco V.I. Global Real Estate (8C*)
- _____ % Ivy Funds VIP Energy (8D*)
- _____ % MFS® Technology (8J*)
- _____ % MFS® Utilities (8K*)
- _____ % Multimanager Technology (67*)
- _____ % Van Eck VIP Global Hard Assets (8N*)

_____ % **Total of all investment options chosen for Special DCA Allocations must equal 100%**

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

7. Special instructions

(For beneficiary and any further detailed information)

Attach a separate sheet if additional space is needed.

For Annuitants whose Mailing Address differs from their Primary Residential Address in Section 2.

Annuitant's Mailing Address:

Mailing Address — P.O. Box Accepted

City State Zip Code

8. 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 contract applied for will be issued?
 Yes No

If Yes, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section):

1. Year Issued Type of Plan Company Contract Number

Company Address

2. Year Issued Type of Plan Company Contract Number

Company Address

3. Year Issued Type of Plan Company Contract Number

Company Address

B. Contract State:

The Contract state is your state of primary residence (Annuitant's primary residential address from Section 2) 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. Broker Transfer Authorization

Yes, by signing this application, 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.

10. Acknowledgement

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT:

• Amounts withdrawn from the contract may be subject to a withdrawal charge. • No registered representative has the authority to make or modify any contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. • If my Employer maintains a Plan that is intended to meet the requirements of Section 403(b) of the Internal Revenue Code (the "Code"), my Employer may authorize and instruct AXA Equitable to share my personal information with unaffiliated third parties to facilitate the exchange of information to meet the requirements of the Code. • If my Employer maintains a Section 403(b) plan, my Employer may instruct and require AXA Equitable to deduct a plan operating expense from my account value to pay for administrative and recordkeeping services under the Plan; such amount will be remitted to a party not affiliated with AXA Equitable. • By signing this application form I acknowledge that I am buying the contract for its features and benefits other than tax deferral, as the tax deferral feature of the contract does not provide additional benefits. • All information and statements furnished in this application form are true and complete to the best of my knowledge and belief. • **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 contract will meet my financial goals.**

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 1-877-222-2144 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 application 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.

In Colorado, Kentucky, Maine, and Tennessee:	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages.
In New Jersey and New Mexico:	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
In Arkansas, D.C., Rhode Island and 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 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.
In Oklahoma:	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
All Other States:	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.

X _____
Proposed Annuitant's Signature Today's Date (mm/dd/yy) City State

X _____
Signature of Owner/Trustee Today's Date (mm/dd/yy) City State

EQUI-VEST® REGISTERED REPRESENTATIVE INFORMATION

*Please print in black ink.
All questions must be answered.*

- A. Does the Proposed Annuitant have any existing life insurance or annuity contracts? Yes No
- B. 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?
 Yes No
- C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Proposed Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official?
 Yes No
- D. Is the Proposed Annuitant currently an Active Duty* Member of the Armed Forces? Yes No
(If Yes, you must also submit a completed and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES).

* "Active Duty" means full-time duty in the active military service of the United States 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.

Name and Signature of the Registered Representative who answered the above questions and verified the above documents.

Print Name Signature Date

Broker/Dealer Name: _____

Print Registered Representative(s) Name(s) (Service Representative First)	Last Four Digits of the SSN	Representative Code	Representative %	Client Account Number at Broker/Dealer

Broker's email address: _____]

AXA EQUITABLE LIFE INSURANCE COMPANY
New York, New York 10104

AXA Equitable Life Insurance Company

AXA Distributors, LLC

EQUI-VEST® (Series 201)

Combination Fixed and Variable Deferred Annuity
403(b) TSA Application

Application No. _____

Mailing Instructions:

Express Mail: (with money):

JPMorganChase

4 Chase Metrotech Center, 7th Floor
NY Remit One Image Lockbox # 13463
Brooklyn, NY 11245-0001

Regular Mail: (with money):

EQUI-VEST Unit Annuity Lockbox
Lockbox P.O. Box 13463
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

For Assistance, please call 800-628-6673

1. EQUI-VEST contract type (Check one)

- A. Public Schools
B. 501(c)(3)*
C. Colleges and Universities

* Available for new participants in existing units only.

2. Employer information

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

(Select one) _____ or
Existing Plan/Unit Number Location

New Unit (Must complete Unit Establishment Kit)

3. Annuitant information (Check all appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.

Mr. Mrs. Miss Ms. Other _____

Male Female

Social Security Number (Required) _____

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) _____

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

U.S. Citizen? Yes No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)

Country _____ Passport #/Resident Card # _____ U.S. Visa Type _____

4. Beneficiary(ies) information

Primary

1. _____ %
First Name _____ Last Name _____

Relationship to Annuitant:

- Spouse: Male Female
 Child: Male Female
 Other: _____

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

2. _____ %
First Name _____ Last Name _____

Relationship to Annuitant:

- Spouse: Male Female
 Child: Male Female
 Other: _____

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

Contingent

1. _____ %
First Name _____ Last Name _____

Relationship to Annuitant:

- Spouse: Male Female
 Child: Male Female
 Other: _____

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

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 contract.

(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 application:

(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%.

Contribution Allocation

Structured Investment Option Segment

_____ % S&P 500 1 year -10% Buffer (V1*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

I want to choose a Performance Cap Threshold.

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 (7M*)
 _____ % EQ/BlackRock Basic Value Equity (81*)
 _____ % EQ/Boston Advisors Equity Income (33*)
 _____ % EQ/Calvert Socially Responsible (92*)
 _____ % 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/Lord Abbett Large Cap Core (05*)
 _____ % EQ/Mutual Large Cap Equity (6F*)
 _____ % EQ/T. Rowe Price Growth Stock (32*)
 _____ % 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*)

Small/Mid Cap Stocks

- _____ % American Century VP Mid Cap Value (7V*)
 _____ % AXA Tactical Manager 400 (7L*)
 _____ % AXA Tactical Manager 2000 (7K*)
 _____ % EQ/AllianceBernstein Small Cap Growth (TP*)
 _____ % EQ/AXA Franklin Small Cap Value Core (6E*)
 _____ % EQ/GAMCO Small Company Value (37*)
 _____ % EQ/Mid Cap Index (55*)
 _____ % EQ/Mid Cap Value PLUS (79*)
 _____ % EQ/Morgan Stanley Mid Cap Growth (08*)
 _____ % EQ/Small Company Index (97*)
 _____ % Fidelity® VIP Mid Cap (7U*)
 _____ % Goldman Sachs VIT Mid Cap Value (7W*)
 _____ % Invesco V.I. Mid Cap Core Equity (7T*)
 _____ % Invesco V.I. Small Cap Equity (7X*)
 _____ % Ivy Funds VIP Mid Cap Growth (8M*)
 _____ % Ivy Funds VIP Small Cap Growth (7Y*)

International Stocks/Global

- _____ % AXA Tactical Manager International (7N*)
 _____ % EQ/Global Multi-Sector Equity (78*)
 _____ % EQ/International Core PLUS (88*)
 _____ % EQ/International Value PLUS (73*)
 _____ % EQ/MFS 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*)

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/PIMCO Ultra Short Bond (28*)
 _____ % EQ/Quality Bond PLUS (TQ*)
 _____ % Invesco V.I. High Yield (8L*)
 _____ % 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. Dividend Growth (8B*)
 _____ % Invesco V.I. Global Real Estate (8C*)
 _____ % Ivy Funds VIP Energy (8D*)
 _____ % MFS® Technology (8J*)
 _____ % MFS® Utilities (8K*)
 _____ % Multimanager Technology (67*)
 _____ % Van Eck VIP Global Hard Assets (8N*)

Guaranteed-Fixed

- _____ % Guaranteed Interest Option (A1*)

_____ % **Total of all investment options chosen for Contribution Allocations 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. 100% of the contribution indicated in #5-1B will be allocated to Special DCA unless you specify a dollar amount for the time period selected.

- 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. You cannot select more than 10 investment options.

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

Structured Investment Option Segment

_____ % S&P 500 1 year -10% Buffer (V1*)

Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be submitted along with this application to our Processing Office.

I want to choose a Performance Cap Threshold.

Note: if you elect the Structured Investment Option as part of your allocation percentages in #6 and elected a threshold, the same threshold that you elected will also apply to the Structured Investment Option if chosen as part of your Special DCA allocations.

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 (7M*)
- _____ % EQ/BlackRock Basic Value Equity (81*)
- _____ % EQ/Boston Advisors Equity Income (33*)
- _____ % EQ/Calvert Socially Responsible (92*)
- _____ % 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/Lord Abbett Large Cap Core (05*)
- _____ % EQ/Mutual Large Cap Equity (6F*)
- _____ % EQ/T. Rowe Price Growth Stock (32*)
- _____ % Fidelity® VIP Contrafund® (7R*)
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- _____ % MFS® Investors Growth Stock (8I*)
- _____ % MFS® Investors Trust (7P*)
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- _____ % American Century VP Mid Cap Value (7V*)
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- _____ % EQ/AXA Franklin Small Cap Value Core (6E*)
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- _____ % EQ/Mid Cap Index (55*)
- _____ % EQ/Mid Cap Value PLUS (79*)
- _____ % EQ/Morgan Stanley Mid Cap Growth (08*)
- _____ % EQ/Small Company Index (97*)
- _____ % Fidelity® VIP Mid Cap (7U*)
- _____ % Goldman Sachs VIT Mid Cap Value (7W*)
- _____ % Invesco V.I. Mid Cap Core Equity (7T*)
- _____ % Invesco V.I. Small Cap Equity (7X*)
- _____ % Ivy Funds VIP Mid Cap Growth (8M*)
- _____ % Ivy Funds VIP Small Cap Growth (7Y*)

International Stocks/Global

- _____ % AXA Tactical Manager International (7N*)
- _____ % EQ/Global Multi-Sector Equity (78*)
- _____ % EQ/International Core PLUS (88*)
- _____ % EQ/International Value PLUS (73*)
- _____ % EQ/MFS 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*)

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/PIMCO Ultra Short Bond (28*)
- _____ % EQ/Quality Bond PLUS (TQ*)
- _____ % Invesco V.I. High Yield (8L*)
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- _____ % 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. Dividend Growth (8B*)
- _____ % Invesco V.I. Global Real Estate (8C*)
- _____ % Ivy Funds VIP Energy (8D*)
- _____ % MFS® Technology (8J*)
- _____ % MFS® Utilities (8K*)
- _____ % Multimanager Technology (67*)
- _____ % Van Eck VIP Global Hard Assets (8N*)

_____ % **Total of all investment options chosen for Special DCA Allocations must equal 100%**

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

8. Special instructions

(For beneficiary and any further detailed information)

Attach a separate sheet if additional space is needed.

For Annuitants whose Mailing Address differs from their Primary Residential Address in Section 3.

Annuitant'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 contract applied for will be issued?
 Yes No

If Yes, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section):

1. Year Issued Type of Plan Company Contract Number

Company Address

2. Year Issued Type of Plan Company Contract Number

Company Address

3. Year Issued Type of Plan Company Contract Number

Company Address

B. Contract State:

The Contract state is your state of primary residence (Annuitant'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.

10. Broker Transfer Authorization

Yes, by signing this application, 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. Acknowledgement

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT:

• Amounts withdrawn from the contract may be subject to a withdrawal charge. • No registered representative has the authority to make or modify any contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. • If my Employer maintains a Plan that is intended to meet the requirements of Section 403(b) of the Internal Revenue Code (the "Code"), my Employer may authorize and instruct AXA Equitable to share my personal information with unaffiliated third parties to facilitate the exchange of information to meet the requirements of the Code. • If my Employer maintains a Section 403(b) plan, my Employer may instruct and require AXA Equitable to deduct a plan operating expense from my account value to pay for administrative and recordkeeping services under the Plan; such amount will be remitted to a party not affiliated with AXA Equitable. • By signing this application form I acknowledge that I am buying the contract for its features and benefits other than tax deferral, as the tax deferral feature of the contract does not provide additional benefits. • All information and statements furnished in this application form are true and complete to the best of my knowledge and belief. • ***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 contract will meet my financial goals.

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 1-877-222-2144, 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 application 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.

In Colorado, Kentucky, Maine, and Tennessee:	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages.
In New Jersey and New Mexico:	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
In Arkansas, D.C., Rhode Island and 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 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.
In Oklahoma:	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
All Other States:	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.

X
Proposed Annuitant's Signature

Today's Date (mm/dd/yy)

City

State

EQUI-VEST® REGISTERED REPRESENTATIVE INFORMATION

*Please print in black ink.
All questions must be answered.*

- A. Does the Proposed Annuitant have any existing life insurance or annuity contracts? Yes No
- B. 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?
 Yes No
- C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Proposed Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official?
 Yes No
- D. Is the Proposed Annuitant currently an Active Duty* Member of the Armed Forces? Yes No
(If Yes, you must also submit a completed and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES).

* "Active Duty" means full-time duty in the active military service of the United States 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.

Name and Signature of the Registered Representative who answered the above questions and verified the above documents.

Print Name Signature Date

Broker/Dealer Name: _____

Print Registered Representative(s) Name(s) (Service Representative First)	Last Four Digits of the SSN	Representative Code	Representative %	Client Account Number at Broker/ Dealer

Broker's email address: _____

SERFF Tracking Number: ELAS-127195366 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 48965
 Company Tracking Number: EV TSA 2011
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Equivest Series 201
 Project Name/Number: TSA/EDC Third Party Applications/EV TSA 2011

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this application/enrollment form filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See Form Schedule.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this application/enrollment form filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Filing Letter		
Comments:		
Attachment: AR Equivest Series 201 for TSAEDC Third Party Apps Merge Ltr Bernitt Paul.pdf		

	Item Status:	Status Date:
Satisfied - Item: Variable Text Memorandums		
Comments:		
Attachments: VTM - Gen - EDC SERIES 201 THIRD PARTY APPLICATION _GENERIC_.pdf		

SERFF Tracking Number: ELAS-127195366 *State:* Arkansas
Filing Company: AXA Equitable Life Insurance Company *State Tracking Number:* 48965
Company Tracking Number: EV TSA 2011
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: Equivest Series 201
Project Name/Number: TSA/EDC Third Party Applications/EV TSA 2011

VTM - Gen - TSA SERIES 201 THIRD PARTY APPLICATION _GENERIC_.pdf



Paul Bernitt
Policy Form Manager
Annuity Product Management & Filing

June 2, 2011

The Honorable Jay Bradford
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 Combination Fixed and Variable Deferred Variable Annuity Application for TSA – EV TSA 2011
EQUI-VEST Combination Fixed and Variable Deferred Variable Annuity Application for EDC – EV EDC 2011

Dear Commissioner :

We are filing with the Department for approval the above referenced application forms.

Our brokers in the Tax Sheltered (TSA) market will use application Form EV TSA 2011. This is a new application and will not replace any existing application. Application EV TSA 2011 will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

Our brokers in the Employee Deferred Compensation (EDC) market will use application Form EV EDC 2011. This is a new application and will not replace any existing application. Application EV EDC 2011 will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

We are also enclosing a Memorandum of Variable Material for each of the Applications. 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. The required filing fee will be sent by express mail or EFT.

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
Memorandum of Variable Material
June 1, 2011

EV EDC 2011 - EQUI-VEST Combination Fixed and Variable Deferred Annuity Application

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

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers 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 5, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.
5. In Section 5, 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.
6. In Section 6 the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
6. In Section 6, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment

Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.

8. In Section 6, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging 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
9. In Section 10, the customer service telephone number is subject to change.
10. In Section 10, the electronic delivery service may not be made available if the cost for the service exceeds the limitations set forth by the Company.
11. We may need to add or revise questions or make changes to the Representative Report.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material
June 1, 2011

EV TSA 2011 – EQUI-VEST Combination Fixed and Variable Deferred Annuity Application

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

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
3. In Section 1, the type of EQUI-VEST contract type references the markets (e.g. "Public Schools", "501(c)(3)" and "Colleges and Universities") may be added or removed to reflect the markets that are offered for new business.
4. In Section 3, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
5. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -30%.
6. 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.
7. In Section 7, the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
8. In Section 7, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any

time a Segment Type is available it will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.

9. In Section 7, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging 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
10. In Section 11, the customer service telephone number is subject to change.
11. In Section 11, the electronic delivery service may not be made available if the cost for the service exceeds the limitations set forth by the Company.
12. We may need to add or revise questions or make changes to the Representative Report.