Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Equivest	SERFF Tr Num: ELAS-127280657	State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 49074
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: 2011 EV STRAT 401(A)	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Frank E Fernandez	Disposition Date: 07/05/2011
	Date Submitted: 06/17/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 07/29/2011		Implementation Date:

State Filing Description:

General Information

Project Name: Series 901 Third Party Applications
Project Number: 2011 EV STRAT 401(a)
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
Group Market Type: Employer
Filing Status Changed: 07/05/2011
State Status Changed: 06/22/2011
Created By: Frank E Fernandez
Corresponding Filing Tracking Number:

Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Frank E Fernandez

Filing Description:

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:	$300.00
Retaliatory?	No
Fee Explanation:	AR Filing fee of $50.00 per form. Six apps/enrollment forms = 6*50= $300.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	$300.00	06/17/2011	48814031

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/05/2011	07/05/2011
Approved-Closed	Linda Bird	06/22/2011	06/22/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Equi-vest Strategies 401(a) (Series 901)	Frank E Fernandez	07/01/2011	07/01/2011
Form	Application for Equi-vest Strategies EDC (Series 901)	Frank E Fernandez	07/01/2011	07/01/2011
Form	Application for Equi-vest Strategies TSA (Series 901)	Frank E Fernandez	07/01/2011	07/01/2011
Supporting Document	Variable Text Memorandums	Frank E Fernandez	07/01/2011	07/01/2011
Supporting Document	Variable Text Memorandums	Frank E Fernandez	06/17/2011	06/17/2011
Supporting Document	Filing Letter	Frank E Fernandez	06/17/2011	06/17/2011
Supporting Document	Filing Letter	Frank E Fernandez	06/17/2011	06/17/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Changes Have Been Made - Please close AR Filing.	Note To Reviewer	Frank E Fernandez	07/01/2011	07/01/2011
Request to reopen filing	Note To Filer	Linda Bird	06/30/2011	06/30/2011
Request to Reopen Filing	Note To Reviewer	Frank E Fernandez	06/30/2011	06/30/2011

Disposition

Disposition Date: 07/05/2011

Implementation Date:

Status: Approved-Closed

Comment: Corrections have been made to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ELAS-127280657*	*State:*	*Arkansas*
Filing Company:	*AXA Equitable Life Insurance Company*	*State Tracking Number:*	*49074*
Company Tracking Number:	*2011 EV STRAT 401(A)*		
TOI:	*A02.1G Group Annuities - Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1G.002 Flexible Premium*
Product Name:	*Equivest*		
Project Name/Number:	*Series 901 Third Party Applications/2011 EV STRAT 401(a)*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document *(revised)*	Filing Letter		Yes
Supporting Document	Filing Letter	Replaced	Yes
Supporting Document	Filing Letter	Replaced	Yes
Supporting Document *(revised)*	Variable Text Memorandums		Yes
Supporting Document	Variable Text Memorandums	Replaced	Yes
Form *(revised)*	Application for Equi-vest Strategies 401(a) (Series 901)		Yes
Form	Application for Equi-vest Strategies 401(a) (Series 901)	Replaced	Yes
Form	401(a) Enrollment Form		Yes
Form *(revised)*	Application for Equi-vest Strategies EDC (Series 901)		Yes
Form	Application for Equi-vest Strategies EDC (Series 901)	Replaced	Yes
Form	457(b) EDC Enrollment Form		Yes
Form *(revised)*	Application for Equi-vest Strategies TSA (Series 901)		Yes
Form	Application for Equi-vest Strategies TSA (Series 901)	Replaced	Yes
Form	403(b) TSA Enrollment Form		Yes

Disposition

Disposition Date: 06/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ELAS-127280657*	*State:*	*Arkansas*
Filing Company:	*AXA Equitable Life Insurance Company*	*State Tracking Number:*	*49074*
Company Tracking Number:	*2011 EV STRAT 401(A)*		
TOI:	*A02.1G Group Annuities - Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1G.002 Flexible Premium*
Product Name:	*Equivest*		
Project Name/Number:	*Series 901 Third Party Applications/2011 EV STRAT 401(a)*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document *(revised)*	Filing Letter		Yes
Supporting Document	Filing Letter	Replaced	Yes
Supporting Document	Filing Letter	Replaced	Yes
Supporting Document *(revised)*	Variable Text Memorandums		Yes
Supporting Document	Variable Text Memorandums	Replaced	Yes
Form *(revised)*	Application for Equi-vest Strategies 401(a) (Series 901)		Yes
Form	Application for Equi-vest Strategies 401(a) (Series 901)	Replaced	Yes
Form	401(a) Enrollment Form		Yes
Form *(revised)*	Application for Equi-vest Strategies EDC (Series 901)		Yes
Form	Application for Equi-vest Strategies EDC (Series 901)	Replaced	Yes
Form	457(b) EDC Enrollment Form		Yes
Form *(revised)*	Application for Equi-vest Strategies TSA (Series 901)		Yes
Form	Application for Equi-vest Strategies TSA (Series 901)	Replaced	Yes
Form	403(b) TSA Enrollment Form		Yes

Note To Reviewer

Created By:

Frank E Fernandez on 07/01/2011 10:51 AM

Last Edited By:

Frank E Fernandez

Submitted On:

07/01/2011 10:51 AM

Subject:

Changes Have Been Made - Please close AR Filing.

Comments:

Thank you for your prompt response to our request. The revised application forms and related variable text memorandums have been added by amendment. Please close the filing and mark approved, at your earliest convenience.

Thanks!

Amendment Letter

Submitted Date: 07/01/2011

Comments:

Revised Application forms and variable text memorandums.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
2011 EV STRAT 401(a)	Application/Enrollment Form	Application for Equi-vest Strategies 401(a) (Series 901)	Initial				0.000	Gen_-_Application_-_2011_EV_STRAT_401(a)_-_final_6-30-11.pdf
2011 EV STRAT EDC	Application/Enrollment Form	Application for Equi-vest Strategies EDC (Series 901)	Initial				0.000	Gen_-_Application_-_2011_EV_STRAT_EDC_-_final_6-30-11.pdf
2011 EV STRAT TSA	Application/Enrollment Form	Application for Equi-vest Strategies TSA (Series 901)	Initial				0.000	Gen_-_Application_-_2011_EV_STRAT_TSA_-_final_6-30-11.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Variable Text Memorandums

Comment: 7/1 - Revised Application VTMs

VTM - Gen - 401a SERIES 901 SIO Enrollment Form (GENERIC) - 6-15-2011.pdf

VTM - Gen -TSA SERIES 901 Enrollment Form (GENERIC).pdf

SERFF Tracking Number:	*ELAS-127280657*	*State:*	*Arkansas*
Filing Company:	*AXA Equitable Life Insurance Company*	*State Tracking Number:*	*49074*
Company Tracking Number:	*2011 EV STRAT 401(A)*		
TOI:	*A02.1G Group Annuities - Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1G.002 Flexible Premium*
Product Name:	*Equivest*		
Project Name/Number:	*Series 901 Third Party Applications/2011 EV STRAT 401(a)*		

VTM - Gen - EDC SERIES 901 Enrollment Form (GENERIC).pdf

VTM - Gen - Rev - 401a Series 901 Employer Application (2009 401(a).pdf

VTM - Gen - Rev - EDC SERIES 901 Employer Application.pdf

VTM - Gen - Rev - TSA SERIES 901 Employer Application - 3rd Party App Backup 6-14-2011.pdf

Note To Filer

Created By:

Linda Bird on 06/30/2011 03:33 PM

Last Edited By:

Linda Bird

Submitted On:

06/30/2011 03:33 PM

Subject:

Request to reopen filing

Comments:

Filing has been re-opened in order for correction to be made.

Note To Reviewer

Created By:

Frank E Fernandez on 06/30/2011 03:30 PM

Last Edited By:

Frank E Fernandez

Submitted On:

06/30/2011 03:30 PM

Subject:

Request to Reopen Filing

Comments:

Thank you so much for your prompt approval of this filing. We have just made a change to our application forms, and were unable to amend the filing before you approved.

Could you please reopen the filing, so that we could amend the submission with the revised application forms?

Thank you for your cooperation.

Amendment Letter

Submitted Date: 06/17/2011

Comments:

Adding Variable Text Memorandums

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Variable Text Memorandums

Comment:

VTM - Gen - 401a Series 901 Employer Application (2009 401(a).pdf

VTM - Gen - 401a SERIES 901 SIO Enrollment Form (GENERIC) - 6-15-2011.pdf

VTM - Gen -TSA SERIES 901 Enrollment Form (GENERIC).pdf

VTM - Gen - EDC SERIES 901 Employer Application.pdf

VTM - Gen - EDC SERIES 901 Enrollment Form (GENERIC).pdf

VTM - Gen - TSA SERIES 901 Employer Application - 3rd Party App Backup 6-14-2011.pdf

Amendment Letter

Submitted Date: 06/17/2011

Comments:

Additional error.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Filing Letter

Comment: Corrected error on filing letter (wrong filing for TSA product).

AR EQ 901 TPA Filing Ltr Comick Lisa.pdf

Amendment Letter

Submitted Date: 06/17/2011

Comments:

corrected filing letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Filing Letter

Comment: Corrected error on filing letter (wrong filing for TSA product).

AR EQ 901 TPA Filing Ltr Comick Lisa.pdf

Form Schedule

Lead Form Number: 2011 EV STRAT 401(a)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2011 EV STRAT 401(a)	Application/ Enrollment Form	Application for Equi-vest Strategies 401(a) (Series 901)	Initial		0.000	Gen_-_Application_-_2011_EV_STRAT_401(a)_-_final_6-30-11.pdf
	EV STRAT 401(a) 2011	Application/ Enrollment Form	401(a) Enrollment Form	Initial		0.000	Gen - Enrollment Form - EV STRAT 401(a) 2011.pdf
	2011 EV STRAT EDC	Application/ Enrollment Form	Application for Equi-vest Strategies EDC (Series 901)	Initial		0.000	Gen_-_Application_-_2011_EV_STRAT_EDC_-_final_6-30-11.pdf
	EV STRAT EDC 2011	Application/ Enrollment Form	457(b) EDC Enrollment Form	Initial		0.000	Gen - Enrollment Form - EV STRAT EDC 2011.pdf
	2011 EV STRAT TSA	Application/ Enrollment Form	Application for Equi-vest Strategies TSA (Series 901)	Initial		0.000	Gen_-_Application_-_2011_EV_STRAT_TSA_-_final_6-30-11.pdf
	EV STRAT	Application/	403(b) TSA	Initial		0.000	Gen -

TSA 2011	Enrollment Form	Enrollment Form - EV STRAT TSA 2011.pdf

AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES 401(a) (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Market for EQUI-VEST Strategies Contract	401(a) Plans of governmental employers (not suitable for deferrals under IRC section 401(k)): ☐ Profit Sharing Plan ☐ Money Purchase Pension Plan
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____ extension _____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year_____ Month_____ Day_____

5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.*
6. Designated Plan Administrator (If other than the Employer)	Name of Plan Administrator — Telephone Number Address — City — State — Zip Code Contact Person Name, Title — Email Address — Fax Number
7. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐Yes ☐No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly
8. Frequency of Plan Contributions	☐Monthly ☐Semi-Monthly ☐Bi-Weekly
9. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
10. In-Service Withdrawal Information	Does the Plan permit Participants to take In-Service Withdrawals? ☐Yes ☐No

11. Direct Rollovers, and Direct Transfers	Does the Plan permit: Direct Rollover Contributions ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions ☐Yes ☐No
12. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐Yes ☐No Allocation Changes ☐Yes ☐No Loans ☐Yes ☐No
13. Authorization Information	Please provide us with the individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.): Name: _____ Signature: _____ Telephone Number: _____ Effective Date: _____
14. Investment Options Methods	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice
15. Existing Plan Assets	Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No
16. Sources of Contribution	Indicate which sources (Contribution types) can be made under this Plan. ***For Internal Use Only*** *i.* ☐ Employer Contributions: **L** *ii.* ☐ Employee 414(h) Pre-Tax Contribution - Mandatory: **E** *iii.* ☐ Prior Plan: **8** (Direct Transfer from another 401(a) plan or rollover from another eligible retirement plan) *iv.* ☐ Prior Pension Plan: **6** (Transfer of assets from another qualified plan of the same employer). Are there unvested Employee Contributions subject to vesting? ☐Yes ☐No

(5)

17. Vesting Schedule

Does your Plan document specify a vesting schedule for Employer Contributions? ☐ Yes ☐ No (6)

If yes, please indicate the vesting schedule for your Plan:

	☐	☐	☐	☐	☐	☐	☐
Period of Vesting Service	Schedule **A**	Schedule **B**	Schedule **C**	Schedule **D**	Schedule **E**	Schedule **F**	Schedule **G** TBD by Client
< 1 Year	0%	0%	0%	0%	0%	0%	
1 - 2 Years	100%	0%	0%	0%	0%	0%	
2 - 3 Years	100%	100%	0%	0%	0%	20%	
3 - 4 Years	100%	100%	100%	0%	0%	40%	
4 - 5 Years	100%	100%	100%	100%	0%	60%	
5 - 6 Years	100%	100%	100%	100%	100%	80%	
6 Years or >	100%	100%	100%	100%	100%	100%	

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

18. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
19. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. 7 ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
20. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
21. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Basic Installation Information

22. Administration Information	Type of Employer Organization: ☐ Governmental Entity ☐ IRC 501(c)(3) Organization

Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

(8)

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization.

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months. (9)

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. (10) (8)

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

(11)

For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge.

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

(12)

- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

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No withdrawal charge will apply when:

(Standard Waivers)

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1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 401(a) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as a hardship withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

(Benefit Sensitive Waiver)

13) the Participant severs from employment.

13

VII. ***Third Party Transfer*** (*Contract Section 9.02*)
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - (*Contract Section 9.04*)
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $25,000, or more, or
- None

(14)

IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent. (15)

Acknowledgements and Agreement

When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application.

By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby:

(18)

1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract.
2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract.
3. apply for participation in the Contract as funding vehicle for the Plan;
4. agree to be bound by the terms and conditions of the Contract;
5. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and
6. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable.
7. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions.
8. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations.
9. understand that by identifying the Designated Plan Administrator (page 4) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them.
10. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount.
11. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application. (16)

FOR CONTRACT HOLDER(S): *(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)*

(a)_____

Print Name of Authorized Individual/Employer **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

(b)_____

Print Name of Authorized Individual/Trustee **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

Accepted for AXA Equitable

(To be completed by the AXA Equitable Processing Office)

ACCEPTED FOR AXA EQUITABLE:

_____ **By**_____

Print Name of Authorized Signatory Signature of Authorized Signatory

Effective Date: _____

Group Annuity Contract No._____

A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

AXA Equitable Life Insurance Company
AXA Distributors, LLC

EQUI-VEST® Strategies℠ (Series 901) 1
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 # 13463
Brooklyn, NY 11245-0001
Regular Mail: (with money):
EQUI-VEST Unit Annuity 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 2

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. 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 _____

3

Email Address (optional)

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 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 Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ 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: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ Other: _____

T.I.N.: S.S.N. ☐ or E.I.N. ☐ _____

Contingent

1. _____ First Name _____ Last Name _____ %

Relationship to Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ 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

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

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 #5A 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 1year -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.

4

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/Large Cap Value PLUS (89*)
_____% 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*)

5

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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

5

International Stocks/Global

_____% AXA Tactical Manager International (7N*)
_____% EQ/Global Multi-Sector Equity (78*)
_____% EQ/International Core PLUS (88*)
_____% EQ/International Equity Index (TN*)
_____% 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*)
_____% Multimanager International Equity (65*)

5

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*)
_____% 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*)

5

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*)

5

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.

2 2

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 #5B 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 1year -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/Large Cap Value PLUS (89*)
_____% 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*)

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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

International Stocks/Global

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

_____% **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

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**, 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. 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

BY SIGNING THIS ENROLLMENT FORM, I ACKNOWLEDGE THAT:

• Amounts withdrawn from the certificate may be subject to a withdrawal charge. • No Registered Representative has the authority to make or modify any certificate 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 401(a) 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 401(a) 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 enrollment form I acknowledge that I am buying the certificate for its features and benefits other than tax deferral, as the tax deferral feature of the certificate does not provide additional benefits. • All information and statements furnished in this enrollment 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 Registered Representative, 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. 9

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. 10

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 | **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 Participant 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 applied for will be issued on the life of the participant? ☐ Yes ☐ No

C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Participant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Proposed Participant is not (nor is a family member of or associated with) a foreign military, government or political official? ☐ Yes ☐ No

D. Is the Proposed Participant 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: _____

Broker/Dealer Email Address: _____

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

AXA EQUITABLE LIFE INSURANCE COMPANY
New York, New York 10104

AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES EDC (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Markets for EQUI-VEST Strategies Contract	Employee Deferred Compensation 457(b) Plan (EDC) – Governmental Plans Only
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____ extension _____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year_____ Month_____ Day_____
5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer 1 *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.* 1

6. Designated Plan Administrator **(If other than the Employer)**	Name of Plan Administrator — Telephone Number (2) Address — City — State — Zip Code Contact Person Name, Title — Email Address — Fax Number
7. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐Yes ☐No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly (2)
8. Frequency of Plan Contributions	☐Monthly ☐Semi-Monthly ☐Bi-Weekly (3)
9. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No (4) Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
10. Direct Rollovers and Transfers	Does the Plan permit: Direct Rollover Contributions ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions ☐Yes ☐No
11. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐Yes ☐No Allocation Changes ☐Yes ☐No

12. Authorization Information	Please provide us with the individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.): Name: _____ Signature: _____ Telephone Number: _____ Effective Date: _____
13. Investment Options Methods	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice
14. Existing Plan Assets	Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No
15. Sources of Contribution	Indicate which sources (Contribution types) can be made under this Plan. ***For Internal Use Only*** *i.* ☐ Employee Salary Deferrals – Pre-Tax: **E** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *ii.* ☐ Employee Salary Deferrals – Designated Roth: **H** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *iii.* ☐ Employer Matching Contributions: **J** Employer Contributions matching Employee Contributions under the terms of the Plan. (For periodic contributions and/or transfers from other funding vehicles maintained by the Plan.) *iv.* ☐ Employer Non-Matching Discretionary Contributions: **L** *v.* ☐ Rollover Contributions – Pre-Tax (not from Roth IRA): **8** Contributions of eligible rollover distributions directly or indirectly from eligible retirement Plans under the Code. *vi.* ☐ Designated Roth Rollover Contributions: **Z** Contributions of eligible Roth rollover distributions directly or indirectly from eligible retirement Plans under the Code. *vii.* ☐ EDC/457 Employer Contributions: **F** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *viii.* ☐ Employee Non-Roth After-Tax Contributions: **I** 5 Amounts reported by the Employer as having Non-Roth post-tax consequences under section 415 of the Code. (Includes loan repayment post-default – see Loan Information)

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

16. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
17. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
18. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
19. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Trust Participation and Contract Holder Information

20. Trust Participation and Contract Holder Information	The Employer and Plan Trustee hereby adopt and agree to participate in the Group Variable Deferred Flexible Premium Annuity Trust of AXA Equitable Life Insurance Company ("Trust") its successors and assignees. ☐ Yes ☐ No *(Note: If yes, the "Trust" will be the Contract Holder.)* If the response above is no, specify the name of Contract Holder to be designated under the Contract: (check the appropriate box) (i) ☐ The Employer identified on page 1 (ii) ☐ Other (Please Specify) _____ Name of the Trust: _____ Address of the Trust: _____ Street and Number _____ City State Zip

Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization.

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months.

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization.

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge.

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

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No withdrawal charge will apply when:

(Standard Waivers)

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1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 457(b) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as an unforeseeable emergency withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

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(Benefit Sensitive Waiver)

13) the Participant severs from employment.

VII. ***Third Party Transfer*** *(Contract Section 9.02)*
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - *(Contract Section 9.04)*
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30, waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30, waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15, waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15, waived at an annuity account value of $25,000, or more, or
- None

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IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent.

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Acknowledgements and Agreement

When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application.

By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby:

1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract.

2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract.

3. apply for participation in the Contract as funding vehicle for the Plan;

4. agree to be bound by the terms and conditions of the Contract;

5. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and

6. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable.

7. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions.

8. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations.

9. understand that by identifying the Designated Plan Administrator (page 2) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them.

10. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount.

11. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application.

FOR CONTRACT HOLDER(S): *(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)*

(a)_____
Print Name of Authorized Individual/Employer **City** **State**

By_____
Signature and Title of Authorized Individual/Employer **Date**

(b)_____
Print Name of Authorized Individual/Trustee **City** **State**

By_____
Signature and Title of Authorized Individual/Employer **Date**

Accepted for AXA Equitable

(To be completed by the AXA Equitable Processing Office)

ACCEPTED FOR AXA EQUITABLE:

_____ **By**_____
Print Name of Authorized Signatory Signature of Authorized Signatory

Effective Date: _____

Group Annuity Contract No._____

A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

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AXA Equitable Life Insurance Company

AXA Distributors, LLC

EQUI-VEST® Strategies℠ (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 # 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 _____

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. 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 _____

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

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 Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ 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: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ Other _____

T.I.N.: S.S.N. ☐ or E.I.N. ☐ _____

Contingent

1. First Name _____ Last Name _____ ____%

Relationship to Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ 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

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

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 #5A 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 1year -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.

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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/Large Cap Value PLUS (89*)
_____% 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*)

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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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

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International Stocks/Global

_____% AXA Tactical Manager International (7N*)
_____% EQ/Global Multi-Sector Equity (78*)
_____% EQ/International Core PLUS (88*)
_____% EQ/International Equity Index (TN*)
_____% 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*)
_____% Multimanager International Equity (65*)

5

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*)
_____% 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*)

5

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*)

5

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 #5B 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 1year -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/Large Cap Value PLUS (89*)
_____% 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*)

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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

International Stocks/Global

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

_____% **Total of all investment options chosen for Contribution Allocations 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**, 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. 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

BY SIGNING THIS ENROLLMENT FORM, I ACKNOWLEDGE THAT:

• Amounts withdrawn from the certificate may be subject to a withdrawal charge. • No Registered Representative has the authority to make or modify any certificate 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 457(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 457(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 enrollment form I acknowledge that I am buying the certificate for its features and benefits other than tax deferral, as the tax deferral feature of the certificate does not provide additional benefits. • All information and statements furnished in this enrollment 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 Registered Representative, 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.

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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.

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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 | **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 Participant 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 applied for will be issued on the life of the participant? ☐ Yes ☐ No

C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Participant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Proposed Participant is not (nor is a family member of or associated with) a foreign military, government or political official? ☐ Yes ☐ No

D. Is the Proposed Participant 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: _____

Broker/Dealer Email Address: _____

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

AXA EQUITABLE LIFE INSURANCE COMPANY
New York, New York 10104

AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES TSA (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Type of EQUI-VEST Strategies Contract	☐ TSA 403(b) Public School ☐ TSA 501(c)(3) ☐ TSA Higher Education (Colleges and Universities) 1 Is the Plan subject to ERISA? ☐Yes ☐No *(Note: A governmental entity including a Public School is not subject to ERISA)*
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____extension_____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year_____Month_____Day_____

5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.*
6. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
7. Hardship Withdrawal Information	Does the Plan permit Participants to take Hardship Withdrawals? ☐Yes ☐No
8. Catch-Up Contributions	Does the Plan permit Catch-Up Contributions? (select one box only) ☐ Age 50 ☐ 15 Years of Service ☐ Both Age 50 and 15 Years of Service ☐ None
9. Direct Rollovers, Transfers and Exchanges	Does the Plan permit: Direct Rollover Contributions? ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions? ☐Yes ☐No Direct Transfer Contributions that are Contract Exchanges under the same Plan? ☐Yes ☐No If Contract Exchanges are permitted, indicate the vendors with whom they can be made: ☐ All vendors named in the Plan for Contributions, Transfers and Exchanges ☐ Only those vendors named in the Plan for Transfers and Exchanges ☐ Other (specify): _____ *Indicate on the 403(b) Plan Approved Provider List on page 11, all vendors that are approved 403(b) Contract providers under the Plan for accepting Transfers and Exchanges.*
10. Payouts Permitted Under the Plan	Indicate all methods of payout that are permitted under the Plan (Not to exceed single or joint life expectancy): ☐ All payout methods available under the Plan's funding vehicles ☐ Single Sum ☐ Periodic Payment ☐ Annuity Payments ☐ Other (specify): _____

11. Existing Plan Assets

Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No

12. Sources of Contribution

Indicate which sources (Contribution types) can be made under this Plan. *A maximum of 8 sources will be available for each Plan.*

For Internal Use Only

i. Employee Salary Reduction Contributions (Elective Deferral Contributions):
Contributions under a salary reduction agreement that an employee enters into with the Employer under the Plan. (For periodic Contributions and/or transfers of the same type from other funding vehicles maintained by the Plan.)

a. ☐ Pre-Tax Contributions **O**
b. ☐ Designated Roth Contributions **H**

ii. ☐ Employer Qualified Non-Elective and Qualified Matching Contributions: **V**
Contributions made by the Employer to meet the requirements of the nondiscrimination tests set forth in the Code. ***(Only applicable for ERISA Plans)***

iii. ☐ Employee Non-Roth After Tax Contributions: **I**
Amounts reported by the Employer as having Non-Roth post-tax consequences under section 415 of the Code. (Includes loan repayment post-default – see Loan Information)

iv. ☐ Employer Matching Contributions: **J**
Employer Contributions matching Employee Contributions under the terms of the Plan.
(For periodic contributions and/or transfers from other funding vehicles maintained by the Plan.)

v. ☐ Employer Non-Matching Discretionary Contributions: **L**

vi. ☐ Rollover Contributions: **8**
Contributions of eligible rollover distributions directly or indirectly from eligible retirement Plans under the Code.

vii. ☐ Designated Roth Rollover Contributions: **Z**
Contributions of eligible Roth rollover distributions directly or indirectly from eligible retirement Plans under the Code.

viii. ☐ 403(b)(7) Employee Salary Deferrals – Pre Tax: **G**
(Direct Transfer of amounts that were custodial accounts maintained for the Participants by the Plan).

ix. ☐ 403(b)(7) Employer Contributions: **4**
(Direct Transfer of amounts that were custodial accounts maintained for the Participants by the Plan).

13. Vesting Schedule

Does your Plan document specify a vesting schedule for Employer Contributions? ☐Yes ☐No

If yes, please indicate the vesting schedule for your Plan:

	☐	☐	☐	☐	☐	☐	☐
Period of Vesting Service	Schedule **A**	Schedule **B**	Schedule **C**	Schedule **D**	Schedule **E**	Schedule **F**	Schedule **G** TBD by Client
< 1 Year	0%	0%	0%	0%	0%	0%	
1 - 2 Years	100%	0%	0%	0%	0%	0%	
2 - 3 Years	100%	100%	0%	0%	0%	20%	
3 - 4 Years	100%	100%	100%	0%	0%	40%	
4 - 5 Years	100%	100%	100%	100%	0%	60%	
5 - 6 Years	100%	100%	100%	100%	100%	80%	
6 Years or >	100%	100%	100%	100%	100%	100%	

14. Frequency of Plan Contributions	☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly (9)
15. Designated Plan Administrator (If other than the Employer)	Name of Plan Administrator — Telephone Number Address — City — State — Zip Code Contact Person Name, Title — Email Address — Fax Number
16. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐ Yes ☐ No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly (10)
17. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐ Yes ☐ No Allocation Changes ☐ Yes ☐ No Withdrawals (Hardship, Third Party Transfers) ☐ Yes ☐ No Loans ☐ Yes ☐ No Surrenders (Full termination) ☐ Yes ☐ No (11)
18. Authorization Information	If Employer's approval is required for any of the items above, please provide us with the following: The individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.) is (are): Name: — Signature: Telephone Number: — Effective Date:
19. Investment Options	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

20. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
21. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. 12 ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
22. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
23. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Trust Participation and Contract Holder Information

24. Trust Participation and Contract Holder Information **(Generally for ERISA Plans)**	The Employer and Plan Trustee hereby adopt and agree to participate in the Group Variable Deferred Flexible Premium Annuity Trust of AXA Equitable Life Insurance Company ("Trust") its successors and assignees. ☐ Yes ☐ No *(Note: If yes, the "Trust" will be the Contract Holder.)* If the response above is no, specify the name of Contract Holder to be designated under the Contract: (check the appropriate box) (i) ☐ The Employer identified on page 1 (ii) ☐ Other (Please Specify) _____ Name of the Trust: _____ Address of the Trust: _____ Street and Number _____ City State Zip

Section IV – Basic Installation Information

25. Administration Information	Type of Employer Organization: ☐ Church Group ☐ Hospital ☐ Healthcare Organization ☐ City College / University ☐ Public School ☐ State College/ University ☐ Post-Secondary School ☐ IRC 501(c)(3) Organization ☐ Vocational School ☐ Governmental Entity ☐ Other: _____ Please Specify

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Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 14

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months. 15

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 16 14

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge. 17

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

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- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

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No withdrawal charge will apply when:
(Standard Waivers)

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1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 403(b) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as a hardship withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

(Benefit Sensitive Waiver)

13) the Participant severs from employment.

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VII. ***Third Party Transfer*** *(Contract Section 9.02)*
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - *(Contract Section 9.04)*
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30, waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30, waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15, waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15, waived at an annuity account value of $25,000, or more, or
- None

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IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent.

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403(b) Plan Approved Provider List

The Vendor(s) named below is/are the approved 403(b) Contract Provider(s) under the Employer's Plan for ongoing Contributions and/or the acceptance of Transfers & Exchanges until notified otherwise.

Important Note: The Provider contact information entered below must be for the vendor's service/processing office, not that of the Registered Representatives who are representing the vendor.

Contact Information

Provider Name/Address	Name / Email *(required)* / Phone / Fax	Payroll Deduction Contributions	Transfers	Exchanges
AXA Equitable EQUI-VEST Processing Office 100 Madison Street, Suite 1000 Syracuse, NY 13202	AXA Equitable 403(b) Desk Ph. (315) 477-4156 or (315) 477-4157 Fax (315) 477-2858 Email: 403bdesk@axa-equitable.com	❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑

Acknowledgements and Agreement

When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application.

By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby:

1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract.

2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract.

3. acknowledge and represent that the Plan meets the requirements of Section 403(b) of the Internal Revenue Code and is sponsored by an eligible Employer, and further acknowledge if the answer to the question (page 1) in Part A, states so, that the Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA);

4. apply for participation in the Contract as funding vehicle for the Plan;

5. agree to be bound by the terms and conditions of the Contract;

6. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and

7. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable.

8. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions.

9. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations.

10. understand that by identifying the Designated Plan Administrator (page 4) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them.

11. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount.

12. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application.

	FOR CONTRACT HOLDER(S): *(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)* **(a)**_____ **Print Name of Authorized Individual/Employer** **City** **State** **By**_____ **Signature and Title of Authorized Individual/Employer** **Date** **(b)**_____ **Print Name of Authorized Individual/Trustee** **City** **State** **By**_____ **Signature and Title of Authorized Individual/Employer** **Date**
Accepted for AXA Equitable **(To be completed by the AXA Equitable Processing Office)**	**ACCEPTED FOR AXA EQUITABLE:** _____ **By**_____ Print Name of Authorized Signatory Signature of Authorized Signatory Effective Date: _____ Group Annuity Contract No._____ A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

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Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

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AXA Equitable Life Insurance Company

AXA Distributors, LLC

EQUI-VEST® Strategies℠ (Series 901)
Combination Fixed and Variable Deferred Annuity
403(b) TSA Enrollment Form

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
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 certificate type *(Check one)*

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

2. Employer information

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

Unit Number _____

3. Participant information *(Check appropriate boxes)*

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 9. 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) _____

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 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 Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ Other: _____

T.I.N.: S.S.N. ☐ or E.I.N. ☐ _____

4. Beneficiary(ies) information (continued)

2. _____ First Name _____ Last Name _____ %

Relationship to Participant:
☐ 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 Participant:
☐ Spouse: Male ☐ Female ☐
☐ Child: Male ☐ Female ☐
☐ Other: _____

T.I.N.: S.S.N. ☐ or E.I.N. ☐ _____

5. 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.

6. Contribution amount

If a payment will be forwarded at a later date, you must complete #6A and, if applicable, #6B. If a payment will be provided when the application is signed, complete #6C 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 #8
(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 ***#7.*** $ _____
(ii) Provide a breakdown of employee and employer contributions. $ _____ Employee $ _____ Employer

7. 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 #6A 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 1year -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.

5

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/Large Cap Value PLUS (89*)
_____% 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*)

6

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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

International Stocks/Global

_____% AXA Tactical Manager International (7N*)
_____% EQ/Global Multi-Sector Equity (78*)
_____% EQ/International Core PLUS (88*)
_____% EQ/International Equity Index (TN*)
_____% 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*)
_____% Multimanager International Equity (65*)

6

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*)
_____% 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*)

6

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*)

6

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.

2 2

8. Special Dollar Cost Averaging (Special DCA)

Only available for direct transfer and rollover contributions. Choose one time period. 100% of the contribution indicated in #6B 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 #7.

Note: Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #7 will also apply to the investment options listed in this section.

Special DCA Allocation

Structured Investment Option Segment

_____% S&P 500 1year -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 #7 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/Large Cap Value PLUS (89*)
_____% 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*)

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*)
_____% Multimanager Mid Cap Growth (59*)
_____% Multimanager Mid Cap Value (61*)
_____% Multimanager Small Cap Growth (36*)
_____% Multimanager Small Cap Value (91*)

International Stocks/Global

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

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

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

9. 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 #3.

Participant's Mailing Address:

Mailing Address — P.O. Box Accepted

City State Zip Code

10. 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**, 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. 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.

11. 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.

12. Agreement

BY SIGNING THIS ENROLLMENT FORM, I ACKNOWLEDGE THAT:

• Amounts withdrawn from the certificate may be subject to a withdrawal charge. • No Registered Representative has the authority to make or modify any certificate 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 enrollment form I acknowledge that I am buying the certificate for its features and benefits other than tax deferral, as the tax deferral feature of the certificate does not provide additional benefits. • All information and statements furnished in this enrollment 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 Registered Representative, 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.

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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.

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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 | **Today's Date (mm/dd/yy)** | **City** | **State**

1

EQUI-VEST® REGISTERED REPRESENTATIVE INFORMATION

Please print in black ink.

All questions must be answered.

12

A. Does the Proposed Participant 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 applied for will be issued on the life of the participant? ☐ Yes ☐ No

C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Participant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Proposed Participant is not (nor is a family member of or associated with) a foreign military, government or political official? ☐ Yes ☐ No

D. Is the Proposed Participant 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: _____

Broker/Dealer Email Address: _____

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

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AXA EQUITABLE LIFE INSURANCE COMPANY
New York, New York 10104

Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification

Bypass Reason: Not applicable - no Flesch Score/Cert for SEC product/Variable Annuity.

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: No Actuarial Based Memorandum for this app./enrollment form filing.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Filing Letter

Comments:

Corrected error on filing letter (wrong filing for TSA product).

Attachment:

AR EQ 901 TPA Filing Ltr Comick Lisa.pdf

Item Status: **Status Date:**

Satisfied - Item: Variable Text Memorandums

Comments:

7/1 - Revised Application VTMs

SERFF Tracking Number:	*ELAS-127280657*	*State:*	*Arkansas*
Filing Company:	*AXA Equitable Life Insurance Company*	*State Tracking Number:*	*49074*
Company Tracking Number:	*2011 EV STRAT 401(A)*		
TOI:	*A02.1G Group Annuities - Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1G.002 Flexible Premium*
Product Name:	*Equivest*		
Project Name/Number:	*Series 901 Third Party Applications/2011 EV STRAT 401(a)*		

Attachments:

VTM - Gen - 401a SERIES 901 SIO Enrollment Form (GENERIC) - 6-15-2011.pdf

VTM - Gen -TSA SERIES 901 Enrollment Form (GENERIC).pdf

VTM - Gen - EDC SERIES 901 Enrollment Form (GENERIC).pdf

VTM - Gen - Rev - 401a Series 901 Employer Application (2009 401(a).pdf

VTM - Gen - Rev - EDC SERIES 901 Employer Application.pdf

VTM - Gen - Rev - TSA SERIES 901 Employer Application - 3rd Party App Backup 6-14-2011.pdf

AXA EQUITABLE
redefining / standards

Lisa Comick
Policy Drafting Manager
Annuity Product Management & Filing

June 17, 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
Application form nos. 2011 EV STRAT 401(a), 2011 EV STRAT EDC and 2011 EV STRAT TSA
Enrollment form nos. EV STRAT 401(a) 2011, EV STRAT EDC 2011 and EV STRAT TSA 2011

Dear Commissioner :

We are filing with the Department for approval the above referenced application and enrollment forms. These are new forms and will not replace any existing forms.

Application form no. *2011 EV STRAT 401(a)* and Enrollment form no. *EV STRAT 401(a) 2011* will be in the 401(a) plan market.

Application form no. *2011 EV STRAT EDC* and Enrollment form no. *EV STRAT EDC 2011* will be used in the Employee Deferred Compensation (EDC) market.

Application form no. *2011 EV STRAT TSA* and Enrollment form no. *EV STRAT TSA 2011* will be used in the Tax Sheltered Annuity (TSA) market.

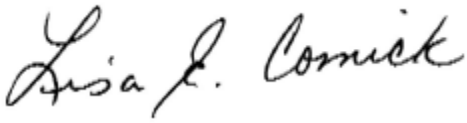
Form No.	For Use With Previously Approved Form
2011 EV STRAT 401(a)	Contract 2009401aGAC901, approved by the Department on 06/16/2009, under State Tracking no. ELAS-126181016
EV STRAT 401(a) 2011	Certificate 2009401a901-A, approved by the Department on 06/16/2009, under State Tracking no. ELAS-126181016
2011 EV STRAT EDC	Contract 2009EDCGAC901, approved by the Department on, 06/16/2009 under State Tracking no. ELAS-126185148
EV STRAT EDC 2011	Certificate 2009EDC901-A, approved by the Department on 06/16/2009 under State Tracking no. ELAS-126185148
2011 EV STRAT TSA	Contract 2008TSAGAC901, approved by the Department on 12/19/2009, under State Tracking no. ELAS-125933118
EV STRAT TSA 2011	Certificate 2008TSA901-A, approved by the Department on 12/19/2009, under State Tracking no. ELAS-125933118

AXA Equitable Life Insurance Company
1290 Avenue of the Americas New York NY 10104 Mail Drop 14-05
Tel: (212) 314-3562 Fax: (212) 314-4824 lisa.comick@axa-equitable.com

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. We request that information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and we be notified prior to any proposed release of this information.

If you have any questions or need any additional information, please call me at (212) 314-3562 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,



Lisa Comick
Policy Drafting Manager

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Enrollment Form No. EV STRAT 401(a) 2011 (and any variation thereof)
for use with Group Certificate No. 2009401a901-[A or B] and any variation thereof.

The following comments describe the nature and scope of the variable material contained in the form. It is numbered to correspond to the order in which they appear in the bracketed areas on the form indicating that they may change.

Group Enrollment Form No. EV STRAT 401(a) 2011

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 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 –50%.

5. 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.

6. 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.

7. 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%.

8. 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

9. In Section 11, the customer service telephone number is subject to change.

10. 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.

11. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Enrollment Form No. EV STRAT TSA 2011 (and any variation thereof)
for use with Group Certificate No. 2008TSA901-[A or B] (and any variation thereof).

The following comments describe the nature and scope of the variable material contained in the form. It is numbered to correspond to the order in which they appear in the bracketed areas on the form indicating that they may change.

Group Enrollment Form No. EV STRAT TSA 2011

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 School", "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 7, 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 7, 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 8, 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 8, 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 8, 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 12, the customer service telephone number is subject to change.

11. In Section 12, the electronic delivery service may not be made available if the cost for the service exceeds the limitations set forth by the Company.

12. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Enrollment Form No. EV STRAT EDC 2011 (and any variation thereof)
for use with Group Certificate No. 2009EDC901-[A or B] (and any variation thereof).

The following comments describe the nature and scope of the variable material contained in the form. It is numbered to correspond to the order in which they appear in the bracketed areas on the form indicating that they may change.

Group Enrollment Form No. EV STRAT EDC 2011

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 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 –50%.

5. 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.

6. 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.

7. 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%.

8. 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

9. In Section 11, the customer service telephone number is subject to change.

10. 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.

11. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT 401(a) (and any variation thereof)
for use with Group Contract No. 2009401aGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the order in which they appear in the bracketed areas on the form indicating that they may change.

Group Employer Application Form 2011 EV STRAT 401(a)

1. We may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

2. The Plan Administrator's fee will only appear on the Application if there is indication that there is a Plan Administrator and we are instructed by the Employer to withdraw the fee from the Participant's account.

3. The frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

4. In number 9, this feature may not be available at implementation and will not appear in the application if it is not available

5. In number 16, we may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

6. In number 17, we may revise the Vesting Schedules and Periods in the future.

7. In number 19, the frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

8. In Part B, Item IV, we reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 25% of each Contribution. The percentage limit may range from 10% to 100%. The number of days to provide notice will range from 10-60 days.

9. In Part B, Item V, the percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

10 In Part B, Item V, we reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 100%.

11. In Part B, Item VI, the Free Withdrawal Amount may change and will range between 10-30%.

12. In Part B, Item VI, we may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

13. In Part B, Item VI, we may add, change or delete waivers.

14. In Part B, Item VIII, we may change the administrative charge schedule and waive the charge at $10,000 through $50,000. The administrative charge will range from $15-$65.

15. In part B, Item X, this statement will only appear if Participant consent is required.

16. In the Acknowledgements and Agreement, we may add, delete or revise any of the acknowledgements listed.

17. In attachment A, the Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account 65. If we at any time add, remove or limit the Options, of the Certificate, the list of Options to be included in the Data Pages will be changed accordingly.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT EDC (and any variation thereof)
for use with Group Contract No. 2009EDCGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the numbers that have been placed adjacent to the bracketed areas on the form indicating that they may change.

Group Employer Application Form No. 2011 EV STRAT EDC

1. In number 5, we may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

2. In number 7, the Plan Administrator's fee will only appear on the Application if there is indication that there is a Plan Administrator and we are instructed by the Employer to withdraw the fee from the Participant's account..

3. In number 8, the frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

4. In number 9, this feature may not be available at implementation and will not appear on the application if it is not available.

5. In number 15, we may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

6. In number 17, the frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

7. In Part B, Item IV, we reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 25% of each Contribution. The percentage limit may range from 10% to 100%. The number of days to provide notice will range from 10-60 days.

8. In Part B, Item V, the percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

9. In Part B, Item V, we reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 100%.

10. In Part B, Item VI, the Free Withdrawal Amount may change and will range between 10-30%.

11. In Part B, Item VI, we may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

12. In Part B, Item VI, we may add, change or delete waivers.

13. In Part B, Item VIII, we may change the administrative charge schedule and waive the charge at $10,000 through $50,000. The administrative charge may range from $15 to $65.

14. In Part B, Item X, this statement will only appear if Participant consent is required.

15. In Part B, in Acknowledgement and Agreement, we may add, delete or revise any of the acknowledgements listed.

16. In Attachment A, the Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account A.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT TSA (and any variation thereof).
For use with Group Contract No. 2008TSAGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the numbers that have been placed adjacent to the bracketed areas on the form indicating that they may change.

Group Employer Application Form No. 2011 EV STRAT TSA

1. In number 1, we may add or delete Programs

2. In number 5, we may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

3. In number 6, this feature may not be available at implementation and will not appear in the application if it is not available

4. In number 8, we may change or add options available for catch-up contributions.

5. In number 9, we may add additional events that will be permitted by the Plan. We may change or add vendors if contract exchanges are permitted.

6. In number 10, we may add or change the methods of payment permitted under the Plan.

7. In number 12, we may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

8. In number 13, we may revise the Vesting Schedules and Periods in the future.

9. In number 14, the frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

10. In number 16, the frequency of the deduction of the administrator's fee may change to bi-weekly, semi-annually or weekly.

11. In number 17, we may add additional transactions that the Participant may execute without Employer approval.

12. In number 21, the frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

13. In number 25, the Type of Employer Organizations may be deleted or added

14. In Part B, Item IV, we reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 50% of each Contribution. The percentage limit may range from 10% to 75%. The number of days to provide notice will range from 10-60 days.

15. In Part B, Item V, the percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

16. In Part B, Item 5, we reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 50% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 75%.

17. In Part B, item VI, the Free Withdrawal Amount may change and will range between 10-30%.

18. In Part B, Item VI, we may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

19. In Part B, Item VI, we may add additional waivers.

20. In Part B, Item VIII, we may change the administrative charge schedule and waive the charge at $10,000 through $50,000. The Administrative Charge will range from $15 to $65.

21. In Part B, Item X, this statement will only appear if Participant consent is required.

22. In Part B, Acknowledgement and Agreement, we may add, delete or revise any of the acknowledgements listed.

23 In attachment A, the Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account A. If we at any time add, remove or limit the Options, of the Certificate, the list of Options to be included in the Data Pages will be changed accordingly.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/17/2011	Form	Application for Equi-vest Strategies 401(a) (Series 901)	07/01/2011	Gen - Application - 2011 EV STRAT 401(a).pdf (Superceded)
06/17/2011	Form	Application for Equi-vest Strategies EDC (Series 901)	07/01/2011	Gen - Application - 2011 EV STRAT EDC.pdf (Superceded)
06/17/2011	Form	Application for Equi-vest Strategies TSA (Series 901)	07/01/2011	Gen - Application - 2011 EV STRAT TSA.pdf (Superceded)
06/17/2011	Supporting Document	Variable Text Memorandums	07/01/2011	VTM - Gen - 401a Series 901 Employer Application (2009 401(a).pdf (Superceded) VTM - Gen - 401a SERIES 901 SIO Enrollment Form (GENERIC) - 6-15-2011.pdf VTM - Gen -TSA SERIES 901 Enrollment Form (GENERIC).pdf VTM - Gen - EDC SERIES 901 Employer Application.pdf (Superceded) VTM - Gen - EDC SERIES 901 Enrollment Form (GENERIC).pdf VTM - Gen - TSA SERIES

				901 Employer Application - 3rd Party App Backup 6-14-2011.pdf (Superceded)
06/17/2011	Supporting Document	Filing Letter	06/17/2011	AR EQ 901 TPA Filing Ltr Comick Lisa.pdf (Superceded)
06/17/2011	Supporting Document	Filing Letter	06/17/2011	AR EQ 901 TPA Filing Ltr Comick Lisa.pdf (Superceded)

AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES 401(a) (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Market for EQUI-VEST Strategies Contract	401(a) Plans of governmental employers (not suitable for deferrals under IRC section 401(k)): ☐ Profit Sharing Plan ☐ Money Purchase Pension Plan
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____ extension _____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year _____ Month _____ Day _____

5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer 1 *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.*
6. Designated Plan Administrator (If other than the Employer)	Name of Plan Administrator — Telephone Number Address — City — State — Zip Code Contact Person Name, Title — Email Address — Fax Number 2
7. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐Yes ☐No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly 2
8. Frequency of Plan Contributions	☐Monthly ☐Semi-Monthly ☐Bi-Weekly 3
9. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
10. In-Service Withdrawal Information	Does the Plan permit Participants to take In-Service Withdrawals? ☐Yes ☐No

11. Direct Rollovers, and Direct Transfers	Does the Plan permit: Direct Rollover Contributions ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions ☐Yes ☐No
12. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐Yes ☐No Allocation Changes ☐Yes ☐No Loans ☐Yes ☐No 4
13. Authorization Information	Please provide us with the individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.): Name: _____ Signature: _____ Telephone Number: _____ Effective Date: _____
14. Investment Options Methods	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice
15. Existing Plan Assets	Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No
16. Sources of Contribution	Indicate which sources (Contribution types) can be made under this Plan. ***For Internal Use Only*** *i.* ☐ Employer Contributions: **L** *ii.* ☐ Employee 414(h) Pre-Tax Contribution - Mandatory: **E** *iii.* ☐ Prior Plan: **8** (Direct Transfer from another 401(a) plan or rollover from another eligible retirement plan) *iv.* ☐ Prior Pension Plan: **6** (Transfer of assets from another qualified plan of the same employer). Are there unvested Employee Contributions subject to vesting? ☐Yes ☐No 5

17. Vesting Schedule

Does your Plan document specify a vesting schedule for Employer Contributions? ☐ Yes ☐ No

If yes, please indicate the vesting schedule for your Plan:

	☐	☐	☐	☐	☐	☐	☐
Period of Vesting Service	Schedule **A**	Schedule **B**	Schedule **C**	Schedule **D**	Schedule **E**	Schedule **F**	Schedule **G** TBD by Client
< 1 Year	0%	0%	0%	0%	0%	0%	
1 - 2 Years	100%	0%	0%	0%	0%	0%	
2 - 3 Years	100%	100%	0%	0%	0%	20%	
3 - 4 Years	100%	100%	100%	0%	0%	40%	
4 - 5 Years	100%	100%	100%	100%	0%	60%	
5 - 6 Years	100%	100%	100%	100%	100%	80%	
6 Years or >	100%	100%	100%	100%	100%	100%	

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

18. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
19. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. 6 ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
20. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
21. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Basic Installation Information

22. Administration Information	Type of Employer Organization: ☐ Governmental Entity ☐ IRC 501(c)(3) Organization

Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

7

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization.

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months. 8

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 9

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

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For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge.

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

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- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

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No withdrawal charge will apply when:
(Standard Waivers)

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1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 401(a) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as a hardship withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

(Benefit Sensitive Waiver)

13) the Participant severs from employment.

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VII. ***Third Party Transfer*** (*Contract Section 9.02*)
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - (*Contract Section 9.04*)
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $25,000, or more, or
- None

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IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent.

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Acknowledgements and Agreement

When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application.

By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby:

1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract.

2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract.

3. apply for participation in the Contract as funding vehicle for the Plan;

4. agree to be bound by the terms and conditions of the Contract;

5. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and

6. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable.

7. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions.

8. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations.

9. understand that by identifying the Designated Plan Administrator (page 4) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them.

10. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount.

11. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application.

FOR CONTRACT HOLDER(S): *(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)*

(a)_____

Print Name of Authorized Individual/Employer **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

(b)_____

Print Name of Authorized Individual/Trustee **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

Accepted for AXA Equitable

(To be completed by the AXA Equitable Processing Office)

ACCEPTED FOR AXA EQUITABLE:

_____ **By**_____

Print Name of Authorized Signatory Signature of Authorized Signatory

Effective Date: _____

Group Annuity Contract No._____

A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

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AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES EDC (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Markets for EQUI-VEST Strategies Contract	Employee Deferred Compensation 457(b) Plan (EDC) – Governmental Plans Only
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____ extension _____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year _____ Month _____ Day _____
5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer 1 *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.* 1

6. Designated Plan Administrator **(If other than the Employer)**	Name of Plan Administrator — Telephone Number Address — City — State — Zip Code Contact Person Name, Title — Email Address — Fax Number
7. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐Yes ☐No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly 2
8. Frequency of Plan Contributions	☐Monthly ☐Semi-Monthly ☐Bi-Weekly 3
9. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
10. Direct Rollovers and Transfers	Does the Plan permit: Direct Rollover Contributions ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions ☐Yes ☐No
11. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐Yes ☐No Allocation Changes ☐Yes ☐No 4

12. Authorization Information	Please provide us with the individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.): Name: _____ Signature: _____ Telephone Number: _____ Effective Date: _____
13. Investment Options Methods	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice
14. Existing Plan Assets	Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No
15. Sources of Contribution	Indicate which sources (Contribution types) can be made under this Plan. ***For Internal Use Only*** *i.* ☐ Employee Salary Deferrals – Pre-Tax: **E** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *ii.* ☐ Employee Salary Deferrals – Designated Roth: **H** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *iii.* ☐ Employer Matching Contributions: **J** Employer Contributions matching Employee Contributions under the terms of the Plan. (For periodic contributions and/or transfers from other funding vehicles maintained by the Plan.) *iv.* ☐ Employer Non-Matching Discretionary Contributions: **L** *v.* ☐ Rollover Contributions – Pre-Tax (not from Roth IRA): **8** Contributions of eligible rollover distributions directly or indirectly from eligible retirement Plans under the Code. *vi.* ☐ Designated Roth Rollover Contributions: **Z** Contributions of eligible Roth rollover distributions directly or indirectly from eligible retirement Plans under the Code. *vii.* ☐ EDC/457 Employer Contributions: **F** (Including direct transfers of amounts that were in other governmental Employer Section 457(b) plans or other funding vehicles under this plan.) *viii.* ☐ Employee Non-Roth After-Tax Contributions: **I** 5 Amounts reported by the Employer as having Non-Roth post-tax consequences under section 415 of the Code. (Includes loan repayment post-default – see Loan Information)

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

16. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
17. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
18. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
19. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Trust Participation and Contract Holder Information

20. Trust Participation and Contract Holder Information	The Employer and Plan Trustee hereby adopt and agree to participate in the Group Variable Deferred Flexible Premium Annuity Trust of AXA Equitable Life Insurance Company ("Trust") its successors and assignees. ☐ Yes ☐ No *(Note: If yes, the "Trust" will be the Contract Holder.)* If the response above is no, specify the name of Contract Holder to be designated under the Contract: (check the appropriate box) (i) ☐ The Employer identified on page 1 (ii) ☐ Other (Please Specify) _____ Name of the Trust: _____ Address of the Trust: _____ Street and Number _____ City State Zip

Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

7

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization.

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months.

8

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 9

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

10

For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge.

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

11

- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

11

No withdrawal charge will apply when:
(Standard Waivers)

12

1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 457(b) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as an unforeseeable emergency withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

12

(Benefit Sensitive Waiver)

13) the Participant severs from employment.

VII. ***Third Party Transfer*** *(Contract Section 9.02)*
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - *(Contract Section 9.04)*
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $25,000, or more, or
- None

13

IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent.

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Acknowledgements and Agreement	When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application. By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby: 1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract. 2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract. 3. apply for participation in the Contract as funding vehicle for the Plan; 4. agree to be bound by the terms and conditions of the Contract; 5. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and 6. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable. 7. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions. 8. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations. 9. understand that by identifying the Designated Plan Administrator (page 2) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them. 10. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount. 11. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application.

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FOR CONTRACT HOLDER(S): *(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)*

(a)_____

Print Name of Authorized Individual/Employer **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

(b)_____

Print Name of Authorized Individual/Trustee **City** **State**

By_____

Signature and Title of Authorized Individual/Employer **Date**

Accepted for AXA Equitable

(To be completed by the AXA Equitable Processing Office)

ACCEPTED FOR AXA EQUITABLE:

_____ **By**_____

Print Name of Authorized Signatory Signature of Authorized Signatory

Effective Date: _____

Group Annuity Contract No._____

A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

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AXA EQUITABLE LIFE INSURANCE COMPANY

APPLICATION FOR EQUI-VEST STRATEGIES TSA (SERIES 901) GROUP FLEXIBLE PREMIUM COMBINATION FIXED AND VARIABLE DEFERRED ANNUITY CONTRACT

(Consisting of Parts A and B)

Part A

Section I - Application and Agreement for Participation in EQUI-VEST® Strategies Contract

1. Type of EQUI-VEST Strategies Contract	☐ TSA 403(b) Public School ☐ TSA 501(c)(3) ☐ TSA Higher Education (Colleges and Universities) 1 Is the Plan subject to ERISA? ☐ Yes ☐ No (*Note: A governmental entity including a Public School is not subject to ERISA*)
2. Employer and Plan Information	Employer's Name: _____ Employer's Address: _____ Number and Street *(If non-U.S., Registered Representative must contact Branch.)* _____ Attention _____ City State Zip Code Employer's Taxpayer Identification Number: _____ Plan Name: _____ Plan Contact Person Name: _____ Telephone Number: _____ extension _____
3. Broker of Record's Name and Code Number	Name: _____ Code Number: _____ CV #: _____ ***(For Internal Use Only)***
4. Plan Effective Date	*Indicate the date the Plan went into effect.* Year_____ Month_____ Day_____

5. Administrative Charge Payment	Annual Administrative Charge for each Certificate on the last day of each Participation Year is to be: ☐ Deducted from each Participant's Account Value ☐ Paid by the Employer *Note: Plans that elect to pay the annual administrative charge must have a minimum of 5 Participants at the time the Unit is established.*
6. Loan Information	Does the Plan permit Participants to take loans? ☐Yes ☐No Unless you or your designee provides us with the loan interest rate on Participant loan requests, AXA Equitable will set the loan interest rate. We will use the rate as published in the Wall Street Journal for the Prime Interest Rate +1.00% on a calendar monthly basis. Does the plan have a limit on the number of loans that a Participant can have under this Contract? ☐Yes ☐No If Yes, please provide the maximum number of loans permitted under the Plan: _____
7. Hardship Withdrawal Information	Does the Plan permit Participants to take Hardship Withdrawals? ☐Yes ☐No
8. Catch-Up Contributions	Does the Plan permit Catch-Up Contributions? (select one box only) ☐ Age 50 ☐ 15 Years of Service ☐ Both Age 50 and 15 Years of Service ☐ None
9. Direct Rollovers, Transfers and Exchanges	Does the Plan permit: Direct Rollover Contributions? ☐Yes ☐No Plan-to-Plan Direct Transfer Contributions? ☐Yes ☐No Direct Transfer Contributions that are Contract Exchanges under the same Plan? ☐Yes ☐No If Contract Exchanges are permitted, indicate the vendors with whom they can be made: ☐ All vendors named in the Plan for Contributions, Transfers and Exchanges ☐ Only those vendors named in the Plan for Transfers and Exchanges ☐ Other (specify): _____ *Indicate on the 403(b) Plan Approved Provider List on page 11, all vendors that are approved 403(b) Contract providers under the Plan for accepting Transfers and Exchanges.*
10. Payouts Permitted Under the Plan	Indicate all methods of payout that are permitted under the Plan (Not to exceed single or joint life expectancy): ☐ All payout methods available under the Plan's funding vehicles ☐ Single Sum ☐ Periodic Payment ☐ Annuity Payments ☐ Other (specify): _____

11. Existing Plan Assets

Upon takeover, are existing Plan assets being transferred to an unallocated account maintained by the Contract until such Plan assets can be allocated to the Certificates of the Participants? ☐Yes ☐No

12. Sources of Contribution

Indicate which sources (Contribution types) can be made under this Plan. *A maximum of 8 sources will be available for each Plan.*

For Internal Use Only

i. Employee Salary Reduction Contributions (Elective Deferral Contributions):
Contributions under a salary reduction agreement that an employee enters into with the Employer under the Plan. (For periodic Contributions and/or transfers of the same type from other funding vehicles maintained by the Plan.)

a. ☐ Pre-Tax Contributions **O**
b. ☐ Designated Roth Contributions **H**

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ii. ☐ Employer Qualified Non-Elective and Qualified Matching Contributions: **V**
Contributions made by the Employer to meet the requirements of the nondiscrimination tests set forth in the Code. ***(Only applicable for ERISA Plans)***

iii. ☐ Employee Non-Roth After Tax Contributions: **I**
Amounts reported by the Employer as having Non-Roth post-tax consequences under section 415 of the Code. (Includes loan repayment post-default – see Loan Information)

iv. ☐ Employer Matching Contributions: **J**
Employer Contributions matching Employee Contributions under the terms of the Plan.
(For periodic contributions and/or transfers from other funding vehicles maintained by the Plan.)

v. ☐ Employer Non-Matching Discretionary Contributions: **L**

vi. ☐ Rollover Contributions: **8**
Contributions of eligible rollover distributions directly or indirectly from eligible retirement Plans under the Code.

vii. ☐ Designated Roth Rollover Contributions: **Z**
Contributions of eligible Roth rollover distributions directly or indirectly from eligible retirement Plans under the Code.

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viii. ☐ 403(b)(7) Employee Salary Deferrals – Pre Tax: **G**
(Direct Transfer of amounts that were custodial accounts maintained for the Participants by the Plan).

ix. ☐ 403(b)(7) Employer Contributions: **4**
(Direct Transfer of amounts that were custodial accounts maintained for the Participants by the Plan).

13. Vesting Schedule

Does your Plan document specify a vesting schedule for Employer Contributions? ☐Yes ☐No

If yes, please indicate the vesting schedule for your Plan:

	☐	☐	☐	☐	☐	☐	☐
Period of Vesting Service	Schedule **A**	Schedule **B**	Schedule **C**	Schedule **D**	Schedule **E**	Schedule **F**	Schedule **G** TBD by Client
< 1 Year	0%	0%	0%	0%	0%	0%	
1 - 2 Years	100%	0%	0%	0%	0%	0%	
2 - 3 Years	100%	100%	0%	0%	0%	20%	
3 - 4 Years	100%	100%	100%	0%	0%	40%	
4 - 5 Years	100%	100%	100%	100%	0%	60%	
5 - 6 Years	100%	100%	100%	100%	100%	80%	
6 Years or >	100%	100%	100%	100%	100%	100%	

7

14. Frequency of Plan Contributions	☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly 8
15. Designated Plan Administrator (If other than the Employer)	Name of Plan Administrator Telephone Number Address City State Zip Code Contact Person Name, Title Email Address Fax Number
16. Designated Plan Administrator Fee	If a Designated Plan Administrator is indicated, the Plan Administrator's fee is to be deducted from each Participant's Account Value: ☐ Yes ☐ No If yes, indicate amount for each Participant: $ _____ Frequency: ☐ Annually ☐ Quarterly ☐ Monthly 9
17. Transaction Authorization	Please indicate whether or not Participants are authorized to execute the following transactions without the Employer's approval: Investment Option Transfers ☐ Yes ☐ No Allocation Changes ☐ Yes ☐ No Withdrawals (Hardship, Third Party Transfers) ☐ Yes ☐ No Loans ☐ Yes ☐ No Surrenders (Full termination) ☐ Yes ☐ No 10
18. Authorization Information	If Employer's approval is required for any of the items above, please provide us with the following: The individual(s) authorized to approve transaction(s) (i.e. loans, withdrawals etc.) is (are): Name: Signature: Telephone Number: Effective Date:
19. Investment Options	Please select the investment option method that will be available to Plan Participants (select only one): (a) ☐ Make their own investment choices (*Either Maximum Transfer Flexibility, or Maximum Investment Option Choice)* (b) ☐ Have Maximum Transfer Flexibility (c) ☐ Have Maximum Investment Option Choice

Section II – Plan Location and Contribution Reminder Statement Information
Note: This Section must be completed if the Plan wants to receive Contribution Reminder Statements. If the Plan has more than one location that wants to receive a Contribution Reminder Statement, a fully completed Section II is required for each location designated. *A copy of Section II may be reproduced locally.*

20. Plan Location Information	Does the location request Contribution Statements? ☐Yes ☐No Is the Location Name the same as the Employer Name? ☐Yes ☐No Is the Location Address the same as the Employer Address? ☐Yes ☐No If either the Location Name or Address is different from the Employer Name or Address please complete the following: Location Name: _____ Attention of: _____ Location Address: _____ Number and Street _____ City State Zip Code
21. Contribution Statements	Information for the Contribution Statements: a. Contribution Due Date (choose the 1st through 28th of the month) Month _____ Day _____ b. Please indicate the frequency in which Contribution Statements are to be forwarded to you. 11 ☐Monthly ☐Semi-Monthly ☐Bi-Weekly *Please note: The contribution frequency does not have to be the same for **all** locations.* c. Indicate how you wish to have the Contribution Statement produced: ☐Alphabetical order ☐Certificate Number order ☐Social Security Number order d. Do you want the contribution amount(s) to be printed on the Contribution Statements? ☐Yes ☐No
22. Location Contact Information	Location Contact Person: _____ Location Contact Person's Telephone Number _____extension_____
23. Mailing Information	Confirmation Notices and Statements of Account will be mailed to the Participants.

FOR PROCESSING USE ONLY:

PLAN ID: _____LOCATION_____

Section III – Trust Participation and Contract Holder Information

24. Trust Participation and Contract Holder Information **(Generally for ERISA Plans)**	The Employer and Plan Trustee hereby adopt and agree to participate in the Group Variable Deferred Flexible Premium Annuity Trust of AXA Equitable Life Insurance Company ("Trust") its successors and assignees. ☐ Yes ☐ No *(Note: If yes, the "Trust" will be the Contract Holder.)* If the response above is no, specify the name of Contract Holder to be designated under the Contract: (check the appropriate box) (i) ☐ The Employer identified on page 1 (ii) ☐ Other (Please Specify) _____ Name of the Trust: _____ Address of the Trust: _____ Street and Number _____ City State Zip

Section IV – Basic Installation Information

25. Administration Information	Type of Employer Organization: ☐ Church Group ☐ Hospital ☐ Healthcare Organization ☐ City College / University ☐ Public School ☐ State College/ University ☐ Post-Secondary School ☐ IRC 501(c)(3) Organization ☐ Vocational School ☐ Governmental Entity ☐ Other: _____ Please Specify

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Part B

Certain Contract Provisions

I. ***Investment Options*** - (*Contract Section 2.01*)

The Investment Options currently available under the Contract are listed in Attachment A. One of the following two methods for selecting your Investment Options is available under the Contract:

1) *Maximum Investment Options*: Participants may allocate Contributions or transfer funds to both Type A and Type B Investment Options. The Options currently available are listed in Attachment A (the *Investment Options Chart*). However, there will be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option.

2) *Maximum transfer flexibility*: Participants may allocate Contributions to any available Investment Options under Type A. No restrictions will apply to amounts that can be transferred out of the Guaranteed Interest Option.

II. ***Guaranteed Interest Option*** – (*Contract Section 2.02*)

Minimum Guaranteed Interest Rate: Not less than 1% and not more than 3%.

III. ***Minimum Aggregate Contributions (on an annual basis)*** – (*Contract Section 3.01*)

$0 - $5 Million

IV. ***Allocations*** – *(Contract Section 3.02)*

Restrictions on Allocations into the Guaranteed Interest Option: No more than 25% of any contribution may be allocated to the Guaranteed Interest Option. We may suspend these allocation restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 13

V. ***Transfer Rules*** – (*Contract Section 4.02*)

The provisions of Section 4.02 of the Contract shall govern except that the maximum percentage of the amount in the Guaranteed Interest Option, which may be transferred, as described in Section 4.02 of the Contract, is the greater of 25% or the total amount transferred during the previous twelve months. 14

Restrictions on Transfers into the Guaranteed Interest Option: Transfers into the Guaranteed Interest Option will not be permitted if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. We may suspend these transfer restrictions upon notice to you. We will advise you of any such liberalization. We will also advise you at least 45 days in advance of the day we intend to reimpose any such restrictions, unless we have previously specified that date when we notified you of the liberalization. 15

VI. ***Withdrawal Charges*** – (*Contract Section 9.01*)

For Plans subject to a Withdrawal Charge, each Participation Year, the Participant is permitted to withdraw up to 10% of the Annuity Account Value (less any prior withdrawals and associated withdrawal charges in the current Participation Year, [and less any amount in the Loan Reserve Account]) without incurring a Withdrawal Charge. 16

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn starting from the Participation Date of each Participant's Certificate as follows:

17

- **10 Years:** 6%, 6%, 6%, 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **7 Years:** 6%, 6%, 5%, 4%, 3%, 2%, 1%, **or**
- **5 Years:** 5%, 5%, 5%, 5%, 5%, **or**
- **None, or**

The Withdrawal Charge will be assessed as a percentage of each Contribution withdrawn attributable to Contributions made during the current and five prior Participation Years based on the following percentages:

- 5%, 5%, 5%, 5%, 5%, 5%, **or**
- 5%, 5%, 5%, 5%, 5%, 5% until the beginning of the 13th Participation Year when the charge becomes zero, **or**

The Withdrawal Charge will be assessed as a percentage of the amount withdrawn from each Participant's Certificate starting from the Contract Date of the Group Contract as follows:

- **5 Years:** 5%, 5%, 5%, 5%, 5%
- **3 Years:** 6%, 6%, 6%

17

No withdrawal charge will apply when:

(Standard Waivers)

18

1) after 5 Participation Years, the Participant reaches age 55 and severs from employment; or
2) the later of the completion of at least five Participation Years and the Participant's attainment of 59 ½; or
3) a request is made for a refund of a Contribution in excess of the amount that may be contributed under Section 403(b) of the Code within one month of the date on which the Contribution is made; or
4) the Participant's attainment of age 55, the completion of at least five Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase an eligible Annuity Certain; or
5) the Participant's completion of at least three Participation Years and the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a Period Certain Annuity, where the certain period of such annuity is least ten years; or
6) the receipt by AXA Equitable of a properly completed settlement election form providing for the application of the Annuity Account Value to purchase a life annuity distribution, pursuant to the terms of this Contract; or
7) the Participant dies and a death benefit is payable to the Beneficiary; or
8) the withdrawal is made to satisfy minimum distribution requirements under Code Section 401(a)(9); or
9) the Participant elects a withdrawal that qualifies as a hardship withdrawal under the Code; or
10) the Participant has qualified to receive Social Security disability benefits as certified by the Social Security Administration; or
11) AXA Equitable receives proof satisfactory to us that the Participant's life expectancy is six months or less, and such proof must include, but is not limited to, certification by a licensed physician; or
12) the Participant has been confined to a nursing home for more than 90 days (or such other period, as required in your state) as verified by a licensed physician. A nursing home for this purpose means one that is (a) approved by Medicare as a provider of skilled nursing care service, or (b) licensed as a skilled nursing home by the state or territory in which it is located (it must be within the United States, Puerto Rico, U.S. Virgin Islands, or Guam) and meets all of the following:
    - its main function is to provide skilled, intermediate, or custodial nursing care;
    - it provides continuous room and board to three or more persons;
    - it is supervised by a registered nurse or licensed practical nurse;
    - it keeps daily medical records of each patient;
    - it controls and records all medications dispensed; and
    - its primary service is other than to provide housing for residents.

    The withdrawal charge will apply if the condition as described in items 10 through 12 existed at the time the [Participant's Certificate is issued][Contract is issued] or if the condition began within the 12 month period following the issuance of the [Participant's Certificate][Contract].

(Benefit Sensitive Waiver)

13) the Participant severs from employment.

18

VII. ***Third Party Transfer*** *(Contract Section 9.02)*
Currently $25. AXA Equitable reserves the right to charge a maximum of $65 for each occurrence of a withdrawal for any reason, to cover administrative processing costs.

VIII. ***Annual Administrative Charge*** - *(Contract Section 9.04)*
If applicable, the annual administrative charge will be deducted from each certificate on the last day of each Participation Year as follows:

- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $15,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $30; waived at an annuity account value of $25,000 or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $15,000, or more, or
- The lesser of 2% of the annuity account value plus any prior withdrawals made during the Participation Year or $15; waived at an annuity account value of $25,000, or more, or
- None 19

IX. ***Variable Separate Account Charge*** – *(Contract Section 9.06)*
0.00% - 2.00%

X. ***Participant Accounts*** *(Contract Section 8.01)* ***and Termination of the Contract*** – *(Contract Section 11.08)*
Participant consent is required for the Employer to make withdrawals from or terminate a Participant's account under the Contract. It is the Employer's responsibility to obtain Participant consent. 20

403(b) Plan Approved Provider List

The Vendor(s) named below is/are the approved 403(b) Contract Provider(s) under the Employer's Plan for ongoing Contributions and/or the acceptance of Transfers & Exchanges until notified otherwise.

Important Note: The Provider contact information entered below must be for the vendor's service/processing office, not that of the Registered Representatives who are representing the vendor.

Contact Information

Provider Name/Address	Name / Email *(required)* / Phone / Fax	Payroll Deduction Contributions	Transfers	Exchanges
AXA Equitable EQUI-VEST Processing Office 100 Madison Street, Suite 1000 Syracuse, NY 13202	AXA Equitable 403(b) Desk Ph. (315) 477-4156 or (315) 477-4157 Fax (315) 477-2858 Email: 403bdesk@axa-equitable.com	❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
		❑	❑	❑
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		❑	❑	❑
		❑	❑	❑

Acknowledgements and Agreement

When you sign this Application, you are agreeing to the elections that you have made in this Application and acknowledge that you understand the terms and conditions set forth in this Application.

By signature(s) on the next page of duly authorized person(s), the Employer and or the Trustee(s) if applicable, hereby:

1. acknowledge having received and read the most current EQUI-VEST Strategies Prospectus and the Prospectus Supplement(s) for participation under the Contract.

2. acknowledge, understand and agree to: the elections made in this Application, the various levels of fees, charges, and funding arrangements under the Contract.

3. acknowledge and represent that the Plan meets the requirements of Section 403(b) of the Internal Revenue Code and is sponsored by an eligible Employer, and further acknowledge if the answer to the question (page 1) in Part A, states so, that the Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA);

4. apply for participation in the Contract as funding vehicle for the Plan;

5. agree to be bound by the terms and conditions of the Contract;

6. acknowledge and understand that no Registered Representative has authority to make or modify any contract or agreement on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights or requirements; and

7. acknowledge and agree that the provisions contained in this Application and the Contract issued upon acceptance of this Application by AXA Equitable supersede all prior agreements that may have previously been entered into between the Employer and AXA Equitable.

8. acknowledge, understand and agree that all forfeiture funds, if any, will be re-allocated among remaining Participants to offset future Employer contributions.

9. acknowledge, understand and agree that assets transferred from a prior funding vehicle are received by AXA Equitable, such assets will be deposited as one lump sum to an Unallocated Account in the Guaranteed Interest Option. Assets shall remain in this account until all forms are completed and until all information needed to complete the transfer is received by AXA Equitable. With respect to each Participant, AXA Equitable will allocate amounts to each Participant's Certificate only after you provide instructions that are acceptable and necessary in order to complete the allocation process. Once all the necessary information is received and has been determined to be acceptable by AXA Equitable, AXA Equitable will allocate such amounts to each Participant's Certificate. You are solely responsible for effectuating the asset transfer in accordance with all applicable laws and regulations.

10. understand that by identifying the Designated Plan Administrator (page 4) and signing on the next page, the Employer and or the Trustee(s) are authorizing AXA Equitable to provide information regarding the Plan and Plan Participants to them.

11. understand that the Annuity Account Value attributable to allocations to the Variable Investment Options may increase or decrease and are not guaranteed as to dollar amount.

12. understand that the Employer's legal counsel and/or advisor should determine that there are no local or state laws, rules and/or regulations which prohibit the investment of Plan assets in the Contract and in the Investment Options indicated on **Attachment A** of this application.

	FOR CONTRACT HOLDER(S):*(If the Contract Holder **is** the Employer or the Trust as defined in Section III, complete (a) below; If the Contract Holder **is other than** the Employer or the Trust, complete (a) **and** (b) below.)* **(a)**_____ **Print Name of Authorized Individual/Employer** **City** **State** **By**_____ **Signature and Title of Authorized Individual/Employer** **Date** **(b)**_____ **Print Name of Authorized Individual/Trustee** **City** **State** **By**_____ **Signature and Title of Authorized Individual/Employer** **Date**
Accepted for AXA Equitable **(To be completed by the AXA Equitable Processing Office)**	**ACCEPTED FOR AXA EQUITABLE:** _____ **By**_____ Print Name of Authorized Signatory Signature of Authorized Signatory Effective Date: _____ Group Annuity Contract No._____ A copy of the Contract, the Application, including Parts A and B (including the Contract Charges), and Investment Options Chart, will be signed by AXA Equitable and returned to the Contract Holder after review. All returned documents will govern the operation of the Contract. Initial contributions will be accepted by AXA Equitable only after installation documents have been approved by AXA Equitable's Processing Office.

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Attachment A - Investment Options Chart (Series 901)

Type B	*Type A*	
AXA Conservative Allocation	Guaranteed Interest Option	Fidelity® VIP Contrafund®
AXA Conservative-Plus Allocation	All Asset Allocation	Fidelity® VIP Equity Income
EQ/Core Bond Index	American Century VP Mid Cap Value Fund	Fidelity VIP Mid Cap
EQ/Franklin Core Balanced	AXA Aggressive Allocation	Goldman Sachs VIT Mid Cap Value
EQ/Global Bond PLUS	AXA Moderate Allocation	Invesco V.I. Dividend Growth
EQ/Intermediate Government Bond Index	AXA Moderate-Plus Allocation	Invesco V.I. Global Real Estate
EQ/Money Market	AXA Tactical Manager 400	Invesco V.I. International Growth
EQ/PIMCO Ultra Short Bond	AXA Tactical Manager 500	Invesco V.I. Mid Cap Core Equity
EQ/Quality Bond PLUS	AXA Tactical Manager 2000	Invesco V.I. Small Cap Equity
Invesco V.I. High Yield	AXA Tactical Manager International	Ivy Funds VIP Energy
Ivy Funds VIP High Income	EQ/AllianceBernstein Small Cap Growth	Ivy Funds VIP Mid Cap Growth
Multimanager Core Bond	EQ/AXA Franklin Small Cap Value Core	Ivy Funds VIP Small Cap Growth
Multimanager Multi-Sector Bond	EQ/BlackRock Basic Value Equity	Lazard Retirement Emerging Markets Equity
PIMCO VIT CommodityRealReturn® Strategy	EQ/Boston Advisors Equity Income	MFS® International Value
	EQ/Calvert Socially Responsible	MFS® Investors Growth Stock
	EQ/Common Stock Index	MFS® Investors Trust
	EQ/Davis New York Venture	MFS® Technology
	EQ/Equity 500 Index	MFS® Utilities
	EQ/Equity Growth PLUS	Multimanager Aggressive Equity
	EQ/Franklin Templeton Allocation	Multimanager International Equity
	EQ/GAMCO Small Company Value	Multimanager Large Cap Value
	EQ/Global Multi-Sector Equity	Multimanager Mid Cap Growth
	EQ/International Core PLUS	Multimanager Mid Cap Value
	EQ/International Equity Index	Multimanager Small Cap Growth
	EQ/International Value PLUS	Multimanager Small Cap Value
	EQ/JPMorgan Value Opportunities	Multimanager Technology
	EQ/Large Cap Core PLUS	Oppenheimer Main Street Fund®/VA
	EQ/Large Cap Growth Index	Structured Investment Option
	EQ/Large Cap Growth PLUS	Target 2015 Allocation
	EQ/Large Cap Value Index	Target 2025 Allocation
	EQ/Large Cap Value PLUS	Target 2035 Allocation
	EQ/Lord Abbett Large Cap Core	Target 2045 Allocation
	EQ/MFS International Growth	Templeton Global Bond Securities
	EQ/Mid Cap Index	Van Eck VIP Global Hard Assets
	EQ/Mid Cap Value PLUS	
	EQ/Montag & Caldwell Growth	
	EQ/Morgan Stanley Mid Cap Growth	
	EQ/Mutual Large Cap Equity	
	EQ/Oppenheimer Global	
	EQ/Small Company Index	
	EQ/T. Rowe Price Growth Stock	
	EQ/Templeton Global Equity	
	EQ/Van Kampen Comstock	

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AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT 401(a) (and any variation thereof)
for use with Group Contract No. 2009401aGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the order in which they appear in the bracketed areas on the form indicating that they may change.

Group Employer Application Form 2011 EV STRAT 401(a)

1. We may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

2. The Plan Administrator's fee will only appear on the Application if there is indication that there is a Plan Administrator and we are instructed by the Employer to withdraw the fee from the Participant's account.

3. The frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

4. We may add additional transactions that the Participant may execute without Employer approval i.e. loans, withdrawals or surrenders.

5. We may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

6. The frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

7. We reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 25% of each Contribution. The percentage limit may range from 10% to 100%.

8. The percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

9 We reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 100%.

10. The Free Withdrawal Amount may change and will range between 10-30%.

11. We may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

12. We may add, change or delete waivers.

13. We may change the administrative charge schedule and waive the charge at $10,000 through $50,000.

14. This statement will only appear if Participant consent is required.

15. We may add, delete or revise any of the acknowledgements listed.

16. The Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account 65. If we at any time add, remove or limit the Options, of the Certificate, the list of Options to be included in the Data Pages will be changed accordingly.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT EDC (and any variation thereof)
for use with Group Contract No. 2009EDCGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the numbers that have been placed adjacent to the bracketed areas on the form indicating that they may change.

Group Employer Application Form No. 2011 EV STRAT EDC

1. We may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

2. The Plan Administrator's fee will only appear on the Application if there is indication that there is a Plan Administrator and we are instructed by the Employer to withdraw the fee from the Participant's account..

3. The frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

4. We may add additional transactions that the Participant may execute without Employer approval i.e. loans, withdrawals or surrenders.

5. We may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

6. The frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

7. We reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 25% of each Contribution. The percentage limit may range from 10% to 100%.

8. The percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

9. We reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 25% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 100%.

10. The Free Withdrawal Amount may change and will range between 10-30%.

11. We may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

12. We may add, change or delete waivers.

13. We may change the administrative charge schedule and waive the charge at $10,000 through $50,000.

14. This statement will only appear if Participant consent is required.

15. We may add, delete or revise any of the acknowledgements listed.

16. The Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account A. If we at any time add, remove or limit the Options, of the Certificate, the list of Options to be included in the Data Pages will be changed accordingly.

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material for
Group Employer Application No. 2011 EV STRAT TSA (and any variation thereof).
For use with Group Contract No. 2008TSAGAC901 (and any variation thereof).

==========

The following comments describe the nature and scope of the illustrative and variable material in the Employer Application. It is numbered to correspond to the numbers that have been placed adjacent to the bracketed areas on the form indicating that they may change.

Group Employer Application Form No. 2011 EV STRAT TSA

1. We may add or delete Programs

2. We may change how the annual administrative charge is to be paid. The number of participants required in order to have the Plan pay the annual administrative charge may change. The number will range from 5-25.

3. We may change or add options available for catch-up contributions.

4. We may add additional events that will be permitted by the Plan. We may change or add vendors if contract exchanges are permitted.

5. We add or change the methods of payment permitted under the Plan.

6. We may revise the Sources of Contributions in the future based on changes in the Code or any regulations.

7. We may revise the Vesting Schedules and Periods in the future.

8. The frequency of Plan Contributions may change to weekly, monthly, quarterly or annually.

9. The frequency of the deduction of the administrator's fee may change to bi-weekly, semi-annually or weekly.

10. We may add additional transactions that the Participant may execute without Employer approval.

11. The frequency of Contribution statements may change and we may offer these statements on a weekly or annual basis.

12. Type of Employer Organizations may be deleted or added

13. We reserve the right to limit the amount that may be allocated to the Guaranteed Interest Option to no more than 50% of each Contribution. The percentage limit may range from 10% to 75%.

14. The percentage that may be transferred from the Guaranteed Interest Option may change and will range from 10% to 50%.

15. We reserve the right to limit the amount that may be transferred to the Guaranteed Interest Option if it would result in more than 50% of the Annuity Account Value to be in the Guaranteed Interest Option. The percentage limit may range from 10% to 75%.

16. The Free Withdrawal Amount may change and will range between 10-30%.

17. We may offer additional withdrawal charge schedules based on different years at different percentages on a Participation Year and Plan Level basis.

18. We may add additional waivers.

19. We may change the administrative charge schedule and waive the charge at $10,000 through $50,000.

20. This statement will only appear if Participant consent is required.

21. The Investment Options then available from us will be listed here. The Investment Options, which apply, are Investment Options of our Separate Account A. If we at any time add, remove or limit the Options, of the Certificate, the list of Options to be included in the Data Pages will be changed accordingly.

22. We may add, delete or revise any of the acknowledgements listed.

AXA EQUITABLE
redefining / standards

Lisa Comick
Policy Drafting Manager
Annuity Product Management & Filing

June 17, 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
Application form nos. 2011 EV STRAT 401(a), 2011 EV STRAT EDC and 2011 EV STRAT TSA
Enrollment form nos. EV STRAT 401(a) 2011, EV STRAT EDC 2011 and EV STRAT TSA 2011

Dear Commissioner :

We are filing with the Department for approval the above referenced application and enrollment forms. These are new forms and will not replace any existing forms.

Application form no. *2011 EV STRAT 401(a)* and Enrollment form no. *EV STRAT 401(a) 2011* will be in the 401(a) plan market.

Application form no. *2011 EV STRAT EDC* and Enrollment form no. *EV STRAT EDC 2011* will be used in the Employee Deferred Compensation (EDC) market.

Application form no. *2011 EV STRAT TSA* and Enrollment form no. *EV STRAT TSA 2011* will be used in the Tax Sheltered Annuity (TSA) market.

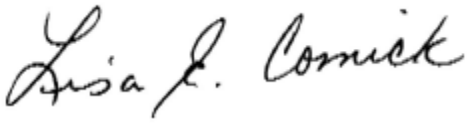
Form No.	For Use With Previously Approved Form
2011 EV STRAT 401(a)	Contract 2009401aGAC901, approved by the Department on 06/16/2009, under State Tracking no. ELAS-126181016
EV STRAT 401(a) 2011	Certificate 2009401a901-A, approved by the Department on 06/16/2009, under State Tracking no. ELAS-126181016
2011 EV STRAT EDC	Contract 2009EDCGAC901, approved by the Department on, 12/27/2004 under State Tracking no. SERT-678QEH762
EV STRAT EDC 2011	Certificate 2009EDC901-A, approved by the Department on 12/27/2004, under State Tracking no. SERT-678QEH762
2011 EV STRAT TSA	Contract 2008TSAGAC901, approved by the Department on 12/19/2009, under State Tracking no. ELAS-125933118
EV STRAT TSA 2011	Certificate 2008TSA901-A, approved by the Department on 12/19/2009, under State Tracking no. ELAS-125933118

AXA Equitable Life Insurance Company
1290 Avenue of the Americas New York NY 10104 Mail Drop 14-05
Tel: (212) 314-3562 Fax: (212) 314-4824 lisa.comick@axa-equitable.com

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. We request that information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and we be notified prior to any proposed release of this information.

If you have any questions or need any additional information, please call me at (212) 314-3562 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,



Lisa Comick
Policy Drafting Manager

AXA EQUITABLE
redefining / standards

Lisa Comick
Policy Drafting Manager
Annuity Product Management & Filing

June 17, 2011

The Honorable Jay Bradford
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
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Attn.: Policy & Other Form Filings

RE: AXA Equitable Life Insurance Company
NAIC No.: 968-62944
FEIN 13-5570651
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EV STRAT EDC 2011	Certificate 2009EDC901-A, approved by the Department on 12/27/2004, under State Tracking no. SERT-678QEH762
2011 EV STRAT TSA	Contract 2008TSAGAC901, approved by the Department on 02/28/2005, under State Tracking no. SERT-696QNK585
EV STRAT TSA 2011	Certificate 2008TSA901-A, approved by the Department on 02/28/2005, under State Tracking no. SERT-696QNK585

AXA Equitable Life Insurance Company
1290 Avenue of the Americas New York NY 10104 Mail Drop 14-05
Tel: (212) 314-3562 Fax: (212) 314-4824 lisa.comick@axa-equitable.com

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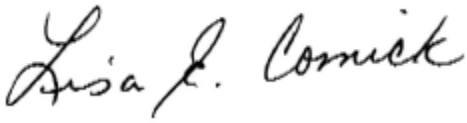
If you have any questions or need any additional information, please call me at (212) 314-3562 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,



Lisa Comick
Policy Drafting Manager