

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Filing at a Glance

Company: AXA Equitable Life Insurance Company
Product Name: Equivest
State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable
Sub-TOI: A02.1G.002 Flexible Premium
Filing Type: Form
Date Submitted: 10/26/2012
SERFF Tr Num: ELAS-128746359
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 2011 TSA STRAT 900 (10-12)

Implementation: 11/30/2012
Date Requested:
Author(s): Frank E Fernandez
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

General Information

Project Name: Series 900 TSA/EDC Enrollment Forms (10/12) Status of Filing in Domicile: Not Filed
 Project Number: 2011 TSA STRAT 900 (10-12) Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 11/01/2012 Deemer Date:
 State Status Changed: 11/01/2012 Submitted By: Frank E Fernandez
 Created By: Frank E Fernandez
 Corresponding Filing Tracking Number:

Filing Description:
 Please see the 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, 212-314-5710 [Phone]
 14th Floor 212-314-3380 [FAX]
 New York, NY 10104

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Arkansas Fee: \$50.00 per form.
 2 Enrollments @ \$50.00 = \$100.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
AXA Equitable Life Insurance Company	\$100.00	10/26/2012	64328058

SERFF Tracking #:

ELAS-128746359

State Tracking #:**Company Tracking #:**

2011 TSA STRAT 900 (10-12)

State: Arkansas
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Filing Company: AXA Equitable Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2012	11/01/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	403(b) TSA Enrollment Form	Frank E Fernandez	10/29/2012	10/29/2012
Form	457(b) EDC Enrollment Form	Frank E Fernandez	10/29/2012	10/29/2012

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Disposition

Disposition Date: 11/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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	Variable Text Memorandum		Yes
Supporting Document	Filing Letter		Yes
Form (revised)	403(b) TSA Enrollment Form		Yes
Form	2011 TSA STRAT 900 (10-12)	Replaced	Yes
Form (revised)	457(b) EDC Enrollment Form		Yes
Form	2011 EDC STRAT 900 (10-12)	Replaced	Yes

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Amendment Letter

Submitted Date: 10/29/2012

Comments:

Correction to form schedule

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	403(b) TSA Enrollment Form	2011 TSA STRAT 900 (10-12)	AEF	Initial		0.000	Enr - Gen - 2011 TSA STRAT 900 (10-12).PDF	Date Submitted: 10/29/2012 By:
<i>Previous Version</i>								
1	2011 TSA STRAT 900 (10-12)	403(b) TSA Enrollment Form	AEF	Initial		0.000	Enr - Gen - 2011 TSA STRAT 900 (10-12).PDF	Date Submitted: 10/26/2012 By: Frank E Fernandez
2	457(b) EDC Enrollment Form	2011 EDC STRAT 900 (10-12)	AEF	Initial		0.000	Enr - Gen - 2011 EDC STRAT 900 (10-12).PDF	Date Submitted: 10/29/2012 By:
<i>Previous Version</i>								
2	2011 EDC STRAT 900 (10-12)	457(b) EDC Enrollment Form	AEF	Initial		0.000	Enr - Gen - 2011 EDC STRAT 900 (10-12).PDF	Date Submitted: 10/26/2012 By: Frank E Fernandez

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Form Schedule

Lead Form Number: 2011 TSA STRAT 900 (10-12)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		403(b) TSA Enrollment Form	2011 TSA STRAT 900 (10-12)	AEF	Initial		0.000	Enr - Gen - 2011 TSA STRAT 900 (10-12).PDF
2		457(b) EDC Enrollment Form	2011 EDC STRAT 900 (10-12)	AEF	Initial		0.000	Enr - Gen - 2011 EDC STRAT 900 (10-12).PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AXA Equitable Life Insurance Company

EQUI-VEST® StrategiesSM (Series 900)
 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 # 13823
 Brooklyn, NY 11245-0001

Regular Mail: (with money):

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



AXA EQUITABLE

Express Mail: (without money):

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

Regular Mail: (without money):

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

1. 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 _____

Birth Date (mm/dd/yy) _____ Evening Phone Number _____ 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 enrollment form is signed, complete #6C also.

A. Expected First Year Contribution (Excluding Direct Transfers/Rollovers):

Expected Monthly Contribution (Check only one)	Expected Annual First Year Contribution
<input checked="" type="checkbox"/> \$250	\$ _____
<input type="checkbox"/> \$500	
<input type="checkbox"/> \$1,000	
<input type="checkbox"/> Other \$ _____	

B. Expected Direct Transfers/Rollover amounts: \$ _____

(i) If you intend to allocate all or a portion of this amount to the Fixed Maturity Option(s), also complete #8.

(ii) Provide a breakdown of employee and employer contributions: \$ _____ \$ _____

Employee Employer

(iii) Is this a Rollover from a 401(k) Plan? Yes

C. Amount provided with this enrollment form: \$ _____

D. Reminder/Contribution Information:

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

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.

Asset Allocation

AXA Allocation

- % AXA Aggressive Allocation (18*)
- % AXA Balanced Strategy (8Q*)
- % AXA Moderate Allocation (T4*)
- % AXA Moderate Growth Strategy (8O*)
- % 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 Growth – Alt 20 (7H*)
- % EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)
- % 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/Capital Guardian Research (86*)
- % 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/UBS Growth and Income (35*)
- % EQ/Van Kampen Comstock (07*)
- % EQ/Wells Fargo Omega Growth (83*)
- % Fidelity® VIP Contrafund® (7R*)
- % MFS® Investors Growth Stock (8I*)

- % MFS® Investors Trust (7P*)
- % Multimanager Aggressive Equity (T2*)
- % Multimanager Large Cap Core Equity (57*)
- % Multimanager Large Cap Value (58*)

Small/Mid Cap Stocks

- % 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*)
- % 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*)

Sector/Specialty

- % EQ/GAMCO Mergers and Acquisitions (25*)
- % Invesco V.I. Global Real Estate (8C*)
- % Ivy Funds VIP Energy (8D*)
- % MFS® Technology (8J*)
- % MFS® Utilities (8K*)
- % Multimanager Technology (67*)
- % Van Eck VIP Global Hard Assets (8N*)

Guaranteed-Fixed

- % Guaranteed Interest Option (A1*)

AXA Allocation (Not available under Max Flex option)

- % AXA Conservative Allocation (15*)
- % AXA Conservative Growth Strategy (8R*)
- % AXA Conservative-Plus Allocation (16*)
- % AXA Conservative Strategy (8S*)

Bonds (Not available under Max Flex option)

- % EQ/Core Bond Index (96*)
- % EQ/Global Bond PLUS (47*)
- % EQ/Intermediate Government Bond (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*)

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*)

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

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

8. Fixed maturity options (FMOs)

Not available under the Maximum Transfer Flexibility method.

FMOs are only available if the rate to maturity is more than 3%. For the amount shown in #6B(iii), please allocate by whole percentages to the following Fixed Maturity Option(s). FMOs are not available for ongoing contributions, only rollovers and direct transfers. (Do not select a Maturity that has already expired.)

Maturities	Percentage of amount shown in #6B(iii)
<input type="checkbox"/> 1 Year FMO _____	%
<input type="checkbox"/> 2 Year FMO _____	%
<input type="checkbox"/> 3 Year FMO _____	%
<input type="checkbox"/> 4 Year FMO _____	%
<input type="checkbox"/> 5 Year FMO _____	%
<input type="checkbox"/> 6 Year FMO _____	%
<input type="checkbox"/> 7 Year FMO _____	%
<input type="checkbox"/> 8 Year FMO _____	%
<input type="checkbox"/> 9 Year FMO _____	%
<input type="checkbox"/> 10 Year FMO _____	%
Total	100%

Use Whole Percentages 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

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

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the Enrollment Form below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By signing this Enrollment Form the Participant acknowledges that he or she is 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.

X _____
Proposed Participant's Signature

Today's Date (mm/dd/yy)

City

State

AXA Equitable Life Insurance Company

EQUI-VEST® StrategiesSM (Series 900)
Combination Fixed and Variable Deferred Annuity

457(b) EDC Enrollment Form

Application No. _____

Mailing Instructions:

Express Mail: (with money):
JPMorganChase
4 Chase Metrotech Center, 7th Floor
NY Remit One Image Lockbox # 13823
Brooklyn, NY 11245-0001

Regular Mail: (with money):
EQUI-VEST Unit Annuity
Lockbox P.O. Box 13823
Newark, NJ 07188-0463



AXA EQUITABLE

Express Mail: (without money):
EQUI-VEST New Business
100 Madison St., Suite 1000
Syracuse, NY 13202

Regular Mail: (without money):
EQUI-VEST New Business
P.O. Box 4704, Syracuse, NY 13221-4704

1. Employer information

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

2. Participant information (check appropriate boxes)

If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8. 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) _____ Evening Phone Number _____ Daytime Phone Number _____

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

City _____ State _____ Zip Code _____

Email Address (optional) _____

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

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

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

3. Beneficiary(ies) information

Primary

1. _____ %
First Name _____ Last Name _____

Relationship to 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 enrollment form is signed, complete #5C also.

A. Expected First Year Contribution (Excluding Direct Transfers/Rollovers):

Expected Monthly Contribution (Check only one)	Expected Annual First Year Contribution
<input type="checkbox"/> \$250	\$ _____
<input type="checkbox"/> \$500	
<input type="checkbox"/> \$1,000	
<input type="checkbox"/> Other \$ _____	

B. Expected Direct Transfers/Rollover amounts: \$ _____

(i) If you intend to allocate all or a portion of this amount to the Fixed Maturity Option(s), also complete #7.

(ii) Provide a breakdown of employee and employer contributions: \$ _____ \$ _____

Employee _____ Employer _____

(iii) Is this a Rollover from a 401(k) Plan? Yes

C. Amount provided with this enrollment form: \$ _____

D. Reminder/Contribution Information:

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

6. Selection of investment options and allocation percentages

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

A. Maximum Transfer Flexibility. By checking this box, you may invest in the investment options listed in this section which are not boxed off. Transfers out of the Guaranteed Interest Option will not be limited.

B. Maximum Fund Choice. By checking this box, you may invest in any of the investment options listed in this section. Transfers out of the Guaranteed Interest Option will be limited (see prospectus for details).

Current Allocation (Applies to Boxes A and B): Select the allocation for the contributions indicated in #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.

Asset Allocation

AXA Allocation

- % AXA Aggressive Allocation (18*)
- % AXA Balanced Strategy (8Q*)
- % AXA Moderate Allocation (T4*)
- % AXA Moderate Growth Strategy (8O*)
- % 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 Growth – Alt 20 (7H*)
- % EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)
- % 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/Capital Guardian Research (86*)
- % 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/UBS Growth and Income (35*)
- % EQ/Van Kampen Comstock (07*)
- % EQ/Wells Fargo Omega Growth (83*)
- % Fidelity® VIP Contrafund® (7R*)
- % MFS® Investors Growth Stock (8I*)
- % MFS® Investors Trust (7P*)
- % Multimanager Aggressive Equity (T2*)

- % Multimanager Large Cap Core Equity (57*)
- % Multimanager Large Cap Value (58*)

Small/Mid Cap Stocks

- % 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*)
- % 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*)

Sector/Specialty

- % EQ/GAMCO Mergers and Acquisitions (25*)
- % Invesco V.I. Global Real Estate (8C*)
- % Ivy Funds VIP Energy (8D*)
- % MFS® Technology (8J*)
- % MFS® Utilities (8K*)
- % Multimanager Technology (67*)
- % Van Eck VIP Global Hard Assets (8N*)

Guaranteed-Fixed

- % Guaranteed Interest Option (A1*)

AXA Allocation (Not available under Max Flex option)

- % AXA Conservative Allocation (15*)
- % AXA Conservative Growth Strategy (8R*)
- % AXA Conservative-Plus Allocation (16*)
- % AXA Conservative Strategy (8S*)

Bonds (Not available under Max Flex option)

- % EQ/Core Bond Index (96*)
- % EQ/Global Bond PLUS (47*)
- % EQ/Intermediate Government Bond (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*)

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*)

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

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

7. Fixed maturity options (FMOs)

Not available under the Maximum Transfer Flexibility method.

FMOs are only available if the rate to maturity is more than 3%.

For the amount shown in #5B(iii), please allocate by whole percentages to the following Fixed Maturity Option(s). FMOs are not available for ongoing contributions, only rollovers or direct transfers. (Do not select a Maturity that has already expired.)

Use Whole Percentages Only

Maturities	Percentage of amount shown in #5B(iii)
<input type="checkbox"/> 1 Year FMO	_____ %
<input type="checkbox"/> 2 Year FMO	_____ %
<input type="checkbox"/> 3 Year FMO	_____ %
<input type="checkbox"/> 4 Year FMO	_____ %
<input type="checkbox"/> 5 Year FMO	_____ %
<input type="checkbox"/> 6 Year FMO	_____ %
<input type="checkbox"/> 7 Year FMO	_____ %
<input type="checkbox"/> 8 Year FMO	_____ %
<input type="checkbox"/> 9 Year FMO	_____ %
<input type="checkbox"/> 10 Year FMO	_____ %
Total	100%

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

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

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the Enrollment Form below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By signing this Enrollment Form the Participant acknowledges that he or she is 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.

X

Proposed Participant's Signature

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

SERFF Tracking #:

ELAS-128746359

State Tracking #:

Company Tracking #:

2011 TSA STRAT 900 (10-12)

State:

Arkansas

Filing Company:

AXA Equitable Life Insurance Company

TOI/Sub-TOI:

A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name:

Equivest

Project Name/Number:

Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Variable Text Memorandum		
Comments:			
Attachment(s):			
VTM - Gen - VTM-EDC SERIES 900 ADVISOR ENROLLMENT FORM (GENERIC).pdf			
VTM - Gen - VTM-TSA SERIES 900 ADVISOR ENROLLMENT FORM (GENERIC).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter		
Comments:			
Attachment(s):			
AR EQ Series 900 Enrollments Template Bernitt Paul.pdf			

AXA EQUITABLE LIFE INSURANCE COMPANY
Memorandum of Variable Material
October 24, 2012

**2011 EDC STRAT 900 (10-12) - EQUI-VEST Combination Fixed and Variable Deferred 457 (b)
EDC Annuity Enrollment Form**

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

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
4. In Section 5, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
5. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.
6. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
7. In Section 11, the customer service telephone number is subject to change.
8. 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
October 24, 2012

**2011 TSA STRAT 900 (10-12) - EQUI-VEST Combination Fixed and Variable Deferred 403 (b)
TSA Annuity Enrollment Form**

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

1. The marketing name for the product may be revised in the future to reflect product variations.
2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
3. In Section 1, the type of EQUI-VEST contract type references the markets (e.g. "Public 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 6, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
7. 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.
8. In Section 12, the customer service telephone number is subject to change.
9. 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.



Paul Bernitt
Policy Form Manager
Annuity Product Management & Filing

October 26, 2012

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

RE: AXA Equitable Life Insurance Company
NAIC No.: 968-62944
FEIN 13-5570651
EQUI-VEST Combination Fixed and Variable Deferred Annuity 403(b) TSA Enrollment Form
– 2011 TSA STRAT 900 (10-12)
EQUI-VEST Combination Fixed and Variable Deferred Annuity 457(b) EDC Enrollment Form-
- 2011 EDC STRAT 900 (10-12)

Dear Commissioner :

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

Our Agents in the Tax Sheltered (TSA) market will use enrollment form 2011 TSA STRAT 900 (10-12). This enrollment form will replace enrollment form 2011 TSA STRAT 900 that was approved by the Department on 03/23/2011 under File No. ELAS-127084708. Enrollment form 2011 TSA STRAT 900 (10-12) is similar to enrollment form 2011 TSA STRAT 900 except that Section 6, “Contribution amount ” has been revised to provide a box to make it easier for the client to indicate or choose a specific expected monthly Contribution amount. Also, in Section 12, “Agreement” the text and check-off box for the “Electronic Delivery Information” has been removed. Enrollment form 2011 TSA STRAT 900 (10-12) will be used with Certificate Form No. 2004TSACERT-A that was approved by the Department on 02/28/2005 under SERFF # SERT-696QNK585.

Our Agents in the Employee Deferred Compensation (EDC) market will use enrollment form 2011 EDC STRAT 900 (10-12). This enrollment form will replace enrollment form 2011 EDC STRAT 900 that was approved by the Department on 03/23/2011 under File No. ELAS-127084708. Enrollment form 2011 EDC STRAT 900 (10-12) is similar to enrollment form 2011 EDC STRAT 900 except that Section 5, “Contribution amount” has been revised to provide a box to make it easier for the client to indicate or choose a specific expected monthly Contribution amount. Also, in Section 11, “Agreement” the text and check-off box for the “Electronic Delivery Information” has been removed. Enrollment form 2011 EDC STRAT 900 (10-12) will be used with Certificate Form No. 2004EDCCERT-A that was approved by the Department on 04/29/2005 under SERFF # SERT-678QEH762.

We are also enclosing a Memorandum of Variable Material for each of the Enrollment forms. Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York. The required filing fee will be sent by express mail or EFT.

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

Sincerely,

A handwritten signature in cursive script that reads "Paul A. Bernitt". The signature is written in black ink and is positioned above the typed name.

Paul Bernitt
Policy Form Manager

State: Arkansas **Filing Company:** AXA Equitable Life Insurance Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: Equivest
Project Name/Number: Series 900 TSA/EDC Enrollment Forms (10/12)/2011 TSA STRAT 900 (10-12)

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/26/2012	Replaced 11/01/2012	Form	2011 TSA STRAT 900 (10-12)	10/29/2012	Enr - Gen - 2011 TSA STRAT 900 (10-12).PDF
10/26/2012	Replaced 11/01/2012	Form	2011 EDC STRAT 900 (10-12)	10/29/2012	Enr - Gen - 2011 EDC STRAT 900 (10-12).PDF