
I. BACKGROUND INFORMATION

Participant's First Name, Middle Initial _____

Last Name _____

Social Security Number _____

Employer Plan's Name _____

Contract ID Number _____

II. AGREEMENT/CONDITIONS OF USE

I authorize The AXA Equitable Life Insurance Company (AXA Equitable) to act on instructions that it receives to make transfers and allocation changes via touch-tone telephone service for the above-referenced Participant's account upon furnishing the personal identification number I am providing herein. Procedures have been established by AXA Equitable that are considered to be reasonable and are designed to confirm that instructions communicated by telephone are genuine. Such procedures include requiring certain personal identification information prior to acting on telephone instructions and providing written confirmation of instructions communicated by telephone. If AXA Equitable does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, it may be liable for any losses arising out of any action on its part or any failure or omission to act as a result of its own negligence, lack of good faith, or willful misconduct. In light of the procedures established, AXA Equitable will not be liable for following telephone instructions that it reasonably believes to be genuine.

1. I understand that my prospectus/program summary contains a discussion of the restrictions and limitations to which transfers are subject.
2. Only one transfer and/or allocation change request for each Investment Option is permitted on any one (1) day and cannot be revoked.
3. AXA Equitable will make this telephone facility available 24 hours a day, seven days a week. However, on a day that AXA Equitable is not open for business, any request will be processed on the next Business Day. Any transfer requests that are received prior to 4:00 P.M. Eastern time (or if the New York Stock Exchange closes earlier, such earlier time) will be processed as of the close of business on the date the request is made and any transfer request received after 4:00 P.M. Eastern Time will be made effective as of the close of business on the next business day following the date the request is made. Notwithstanding the above, we reserve the right to limit access to this service if we determine that you are engaged in a market timing strategy.
4. No transfer or allocation change will be made unless my personal identification number is furnished. This authorization and my personal security code will remain in effect unless revoked by me in writing. I hereby designate the following personal identification number:

(Indicate any 5 digits you choose to use) _____

5. I understand that after I key in the details of my transfer transactions(s), I must wait for confirmation that my request has been received before terminating the telephone connection. I understand that failure to do this may result in the total loss of the information, in which case no transaction will be processed.
6. Changes in the above terms and conditions or additional limitations will be made effective by notice to me from AXA Equitable.
7. AXA Equitable will not be liable for loss, liability, costs or expenses arising out of transfers and/or allocation changes authorized by telephone and that AXA Equitable reasonably believes to be genuine. AXA Equitable reserves the right to discontinue the telephone transfer service at any time without notice. AXA Equitable shall not be responsible for the unavailability of the telephone facility due to system problems, scheduling requirements, power surges or failures, etc.

V. SIGNATURE/AUTHORIZATION

X _____

Signature of Participant (OR Authorized Individual for Trustee-directed Basic Service Plans)

Date _____

For Plans where the trustee retains the right to make transfers, the trustee should sign one TOPS Election Form and in the space for the Participant's name, write "All Participants in the Plan."