

UNFORESEEABLE EMERGENCY WITHDRAWAL REQUEST FORM

For Governmental Employer Section 457(b) EDC Plans

Client: Use this form to request an unforeseeable emergency withdrawal from the EQUI-VEST[®] 457 EDC Contract held for your exclusive benefit if your Employer's 457 plan permits such a distribution to you or your beneficiary faced with an unforeseeable emergency. Federal tax rules require that the withdrawal satisfy the requirements of an "unforeseeable emergency". Refer to the last page of this form for additional information.

If you feel your situation meets federal tax rules requirements for an emergency withdrawal and your 457 EDC Contract is the only alternative available to you to alleviate your financial emergency, give this completed form and supporting documentation to your Employer to provide Plan Authorization for this request. Forms received without the Plan Authorization signature and supporting documentation will not be considered for approval and will delay processing. Contact your financial professional, or call our Customer Service Representatives for information toll-free at 1-800-628-6673. (All references to Participant & Contract include Annuitant & Certificate, respectively.)

1. PARTICIPANT INFORMATION *(Contract number must be provided to process this request.)*

PARTICIPANT/EMPLOYEE NAME

CONTRACT NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY/STATE/ZIP

SOCIAL SECURITY NUMBER

Is this a change to your address on our records: YES NO

FINANCIAL PROFESSIONAL

EMPLOYER – Name: _____

Unit #: _____

2. WITHDRAWAL AMOUNT REQUESTED *(Please note: Check will be made payable to the Participant)*

Distributions because of an unforeseeable emergency must be limited to the amount reasonably necessary to satisfy the emergency need (which may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution). The total amount withdrawn will include any applicable withdrawal charges, which are deducted in addition to the requested withdrawal, from your total Annuity Account Value. **Amounts will be withdrawn proportionately from the GIO and Investment Options, unless you specify otherwise in Section 5.**

I am requesting an emergency withdrawal from my 457 EDC Contract. The amount requested must not exceed the amount required to satisfy the emergency.

A. Total of emergency withdrawal expense:	Amount needed	\$ _____
B. I request additional funds to cover taxes on this withdrawal:	Amount needed	\$ _____
C. Total emergency withdrawal requested (add lines A & B)	Total amount needed	\$ _____

3. UNFORESEEABLE EMERGENCY CIRCUMSTANCES

In this list, understand that "participant" refers to me, "beneficiary" refers to the individual I designated as my beneficiary under the Plan, and "dependent" is defined in Internal Revenue Code Section 152. I have reviewed the information on the last page of this form.

My unforeseeable emergency is due to the following circumstances:

- An illness or accident of the participant or beneficiary, the participant's or beneficiary's spouse, or the participant's or beneficiary's dependent (attach supporting documentation, e.g. doctor's certification, hospital bills, explanation of benefits by insurance company);
- Loss of the participant's or beneficiary's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster), (attach supporting documentation, e.g. proof of loss, contractor's estimates, insurance adjuster's estimates);
- The imminent foreclosure of or eviction from the participant's or beneficiary's primary residence, (attach supporting documentation, e.g. bank's foreclosure notice);

Continued on next page

5. Assets and Liabilities

List any assets (other than this 457 EDC contract) that you own. If you are married, include any property you own jointly with your spouse. List all liabilities, including those you have jointly with your spouse, if married.

<u>Assets Description</u>	<u>Cash or Market Value</u>	<u>Liability Description</u>	<u>Monthly Payment</u>	<u>Unpaid Balance</u>
Home	_____	Real Estate Loans		
Other Real Estate	_____	Home	_____	_____
Automobiles:		Other	_____	_____
_____	_____	Auto Loans	_____	_____
_____	_____	Other Loans	_____	_____
_____	_____	Issuer:		Loan//Acct. #
Boat(s)	_____	_____		_____
Other Personal Property	_____	_____		_____
Cash:		_____		_____
Checking	_____	_____		_____
Savings	_____	_____		_____
Stocks & Bonds	_____	Alimony	_____	
IRA/CDs	_____	Child Support	_____	
Life Insurance (cash value)	_____	Other:		
Other:		_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
TOTAL ASSETS:	_____	TOTAL LIABILITIES:		_____

- Can you borrow against or sell these assets (**without causing severe financial hardship?**) YES NO
- If not, explain why you are unable to borrow against or sell these assets.

6. Income and Expenditures

List your estimated annual income and expenditures for the next year. Show all sources of income and expenditures. Show gross amount of salary (including deferred compensation) under annual income.

<u>Annual Income</u>	<u>Annual Expenditures</u>
Salary, wages, commissions (gross amt.)	Real estate payments
_____	_____
Spouse's Income	Rent/Mortgage
_____	_____
Business	Federal/State income taxes
_____	_____
Dividends & Interest	Property tax & assessments
_____	_____
Rental Income (gross amt.)	Insurance premiums (life, medical, dental, etc)
_____	_____
Child support/alimony	Food, clothing, household supplies
_____	_____
Other:	Utilities/telephone
_____	_____
_____	Child support/alimony
TOTAL ANN. INCOME:	_____
_____	Retirement/pension

	Auto (payments, gas, maintenance, etc.)

	Charge Account payments

	Other loans

	Hardship expenses

	Other:

	TOTAL ANNUAL EXPENDITURES:

7. WITHDRAWAL INSTRUCTIONS FROM THE INVESTMENT OPTIONS

Please withdraw the total amount needed from the GIO and/or Specific Investment Funds, as designated below.

Specific dollar amounts should be taken from the GIO and/or Investment Funds. If you wish to withdraw the entire amount from your GIO or from a specific Investment Fund, you may enter "all" next to that option. The amount withdrawn will be the withdrawal amount plus any applicable withdrawal charges.

\$___ Guaranteed Interest Option**	\$___ EQ/Janus Large Cap Growth (53*)	\$___ EQ/Caywood-Scholl High Yield Bond (24*)
\$___ EQ/Equity 500 Index (TE*)	\$___ EQ/Capital Guardian International (88*)	\$___ EQ/GAMCO Mergers and Acquisitions (25*)
\$___ EQ/AllianceBernstein Growth and Income TG*)	\$___ EQ/Small Cap Value (91*)	\$___ EQ/International Growth (26*)
\$___ AXA Premier VIP High Yield (TH*)	\$___ EQ/Mercury International Value (73*)	\$___ EQ/Long Term Bond (27*)
\$___ EQ/AllianceBernstein Intermediate Government Securities (TI*)	\$___ EQ/Capital Guardian Growth (74*)	\$___ EQ/PIMCO Real Return (28*)
\$___ EQ/AllianceBernstein International (TN*)	\$___ EQ/Small Company Index (97*)	\$___ EQ/Short Duration Bond (29*)
\$___ EQ/AllianceBernstein Small Cap Growth (TP*)	\$___ AXA Premier VIP Large Cap Growth (56*)	\$___ EQ/Lord Abbett Large Growth and Income (04*)
\$___ EQ/AllianceBernstein Quality Bond (TQ*)	\$___ AXA Premier VIP Large Cap Core Equity (57*)	\$___ EQ/Lord Abbett Large Cap Core (05*)
\$___ EQ/JPMorgan Core Bond (96*)	\$___ AXA Premier VIP Large Cap Value (58*)	\$___ EQ/Lord Abbett Mid Cap Value (06*)
\$___ AXA Premier VIP Core Bond (69*)	\$___ AXA Premier VIP Mid Cap Growth (59*)	\$___ EQ/Van Kampen Comstock (07*)
\$___ EQ/AllianceBernstein Common Stock	\$___ AXA Premier VIP Mid Cap Value (61*)	\$___ EQ/Van Kampen Mid Cap Growth (08*)
\$___ AXA Premier VIP Aggressive Equity	\$___ AXA Premier VIP International Equity (65*)	\$___ EQ/Wells Fargo Montgomery Small Cap (09*)
\$___ EQ/Money Market	\$___ AXA Premier VIP Technology (67*)	\$___ EQ/Ariel Appreciation II (45*)†
\$___ EQ/AllianceBernstein Value (89*)	\$___ AXA Premier VIP Health Care (68*)	\$___ EQ/Evergreen International Bond (47*)
\$___ EQ/JPMorgan Value Opportunities (72*)	\$___ AXA Conservative Allocation (15*)	\$___ EQ/Legg Mason Value Equity (49*)
\$___ EQ/MFS Emerging Growth Companies (77*)	\$___ AXA Conservative-Plus Allocation (16*)	\$___ EQ/Oppenheimer Global (6A*)
\$___ EQ/Van Kampen Emerging Markets Equity (78*)	\$___ AXA Moderate Allocation	\$___ EQ/Oppenheimer Main Street Small Cap (6B*)
\$___ EQ/FI Mid Cap Value (79*)	\$___ AXA Moderate-Plus Allocation (17*)	\$___ EQ/Franklin Income (6C*)
\$___ EQ/FI Mid Cap (55*)	\$___ AXA Aggressive Allocation (18*)	\$___ EQ/Templeton Growth (6D*)
\$___ EQ/Mercury Basic Value Equity (81*)	\$___ U.S. Real Estate (19*)(1)	\$___ EQ/Franklin Small Cap Value (6E*)
\$___ EQ/AllianceBernstein Large Cap Growth (82*)	\$___ EQ/AXA Rosenberg Value Long/Short Equity (22*)††/(1)/(2)	\$___ EQ/Mutual Shares (6F*)
\$___ EQ/Evergreen Omega (83*)	\$___ EQ/TCW Equity (32*)	\$___ Target 2015 Allocation (6G*)
\$___ EQ/MFS Investors Trust (85*)	\$___ EQ/Boston Advisors Equity Income (33*)	\$___ Target 2025 Allocation (6H*)
\$___ EQ/Capital Guardian Research (86*)	\$___ EQ/Montag & Caldwell Growth (34*)	\$___ Target 2035 Allocation (6I*)
\$___ EQ/Capital Guardian U.S. Equity (87*)	\$___ EQ/UBS Growth and Income (35*)	\$___ Target 2045 Allocation (6J*)
\$___ EQ/Calvert Socially Responsible (92*)	\$___ EQ/Small Company Growth (36*)	
\$___ EQ/Marsico Focus (94*)	\$___ EQ/GAMCO Small Company Value (37*)	

* The number in parentheses is shown for data input reasons only
 ** The Guaranteed Interest Option is not available for EQUI-VEST Express Contracts.

† Not available for TSA and EDC.

†† Not available for participants in public school markets in TX.

(1) Not available for EQUI-VEST Strategies.

(2) Reflects the investment option's new name that will result from a substitution Anticipated on or about November 17, 2006. See the prospectus for details.

8. IMPORTANT TAX NOTIFICATION

We will automatically withhold 10% federal income tax from the taxable portion of your withdrawal unless you check the box below. Some states require us to withhold state income tax if federal income tax is withheld. Please consult your tax advisor for rules that apply to you. AXA Equitable is required to withhold federal income tax on payments from annuity contracts, which may be included in gross income. If we withhold income tax, any income tax withheld is a credit against your income tax liability.

I do not want federal income taxes (and state, if applicable) withheld from my emergency withdrawal. I have provided my U.S. residence address and Social Security number in Section 1 of this form. I understand that I am responsible for the payment of any estimated taxes, and that I may incur penalties if my payments are not enough. Under penalty of perjury, I certify that the following Social Security number is correct: - -

If your address of record is not a U.S. residence address, complete the following statement:

(Check one): I am a U.S. citizen. I am not a U.S. citizen. I reside in _____ (name of country).

If you are foreign, you may need to complete additional tax forms before your transaction can be processed.

9. PARTICIPANT CERTIFICATION

I request an unforeseeable emergency withdrawal to be made in accordance with my Employer's Plan Document, federal tax rules, and my election. I understand that federal income tax of 10% will be deducted from the amount approved unless I otherwise specify. I understand that if my request is approved, my Employer will immediately cancel any salary reduction contributions to my 457 EDC Contract through my Employer payroll deduction.

I am aware this withdrawal will increase my taxable income for the year. I further certify that this withdrawal is necessary to satisfy the unforeseeable emergency documented, that the amount requested is not in excess of the amount necessary to relieve the financial need, and the financial need cannot be satisfied from other resources reasonably available. I have read all the information provided on the Unforeseeable Emergency Withdrawal Form, including the 457 Unforeseeable Emergency Withdrawal Requirements.

The information on this form is correct and complete to the best of my knowledge. I authorize AXA Equitable to make an emergency withdrawal from my 457 EDC Contract. I understand that the emergency withdrawal will be effective on the date that this form, properly completed and signed, is received at AXA Equitable's EQUI-VEST Processing Office. I also understand that upon receipt of the properly completed and signed form, AXA Equitable has 5 business days to process this request.

Participant Signature

Date

10. PLAN AUTHORIZATION *(Authorized signature of Employer/Plan is required to process this request. Forms submitted without Plan approval will be returned to the participant.)*

The Employer sponsoring this Plan or other authorized signatory certifies that the approved Unforeseeable Emergency request for the named Participant complies with the Unforeseeable Emergency provisions under the Plan and is in accordance with Section 457(d)(1)(A)(iii) of the Internal Revenue Code and Treasury Regulation Section 1.457-6(c)(2).

EMPLOYER/AUTHORIZED PLAN SPONSOR SIGNATURE

DATE

TITLE

11. MAIL THIS FORM

If by: Regular mail (U.S. Postal Service)
Send to: AXA Equitable, EQUI-VEST® Processing Office
P.O. Box 4956
Syracuse, NY 13221

If by: Express mail service
Send to: AXA Equitable, EQUI-VEST® Processing Office
Suite 1000
100 Madison Street
Syracuse, NY 13202

TERMS AND CONDITIONS

Financial transactions will be verified by a confirmation notice. If you do not receive the notice within 14 days of the transaction, please notify us immediately.

FOR MORE INFORMATION, SEE YOUR EQUI-VEST PROSPECTUS AND ANY SUPPLEMENTS,
OR CONTACT OUR SERVICE REPRESENTATIVES, TOLL-FREE AT 1-800-628-6673.

457 UNFORESEEABLE EMERGENCY WITHDRAWAL REQUIREMENTS

We want to help you with your emergency withdrawal. However, we must adhere to federal tax rules. Please review the following information before completing this form. Federal tax rules allow for "emergency withdrawals" under narrow circumstances.

1. Federal tax rules describe an unforeseeable emergency as:
 - as a severe financial hardship of the participant resulting from an illness or accident of the participant or a dependent; loss of the participant's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g., as a result of a natural disaster); or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant.
2. The emergency withdrawal will not be approved if any of the following could relieve the emergency condition:
 - reimbursement or payment by insurance or other means, liquidation of the participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or cancelling deferrals under my Employer's 457 Plan.
3. The emergency withdrawal will not be approved for normally budgeted expenses such as:
 - a down payment on a house,
 - school tuition, or
 - delinquent income or property taxes, or
 - payment of overdue credit card bills.
4. The distribution requested cannot exceed the amount needed to meet the need. The amount needed may include amounts necessary to pay federal and state income taxes resulting from this distribution.
5. Emergency withdrawals must be adequately documented by providing the following:
 - a completed Unforeseeable Emergency Withdrawal Form, and
 - supporting documentation.
6. If your emergency withdrawal is approved:
 - withdrawals are treated as taxable income and are subject to federal and state taxes;
 - a 10% federal income tax will be withheld and sent to the IRS unless you indicate otherwise; and
 - emergency withdrawals are not eligible for rollover.