



MONY Life Insurance Company
 P.O. Box 4830
 Syracuse, New York 13221
 ("MONY")

MONY Life Insurance Company
 Of America
 P.O. Box 4720
 Syracuse, New York 13221
 ("MLOA") (Not Authorized in NYS)

CERTIFICATION OF LOSS OR
 DESTRUCTION OF POLICY CONTRACT
 Form No. 3551 (10/2004)

Insured: _____ Brokerage Name or Agency _____

Policy/Contract No.: _____

Instructions: For unexpired policies, the signature of the rightsholder/contract owner is required. For death claims, the signatures of all primary beneficiaries (claiming or disclaiming) are required. MONY/MLOA reserves the right to require such additional signatures as it may deem necessary.

BY SIGNING BELOW, YOU WILL BE BOUND BY THESE STATEMENTS. THEREFORE, YOU SHOULD AMEND (CROSS OUT/DELETE) ANY STATEMENTS THAT ARE INACCURATE AND ADD ANY MATERIAL FACTS UNDER SECTION 4.

The undersigned hereby certifies, represents and warrants the following:

1. After conducting a diligent search for the policy above, I/we truly believe that it has been lost or destroyed, and I/we further believe that additional efforts to find it will not be successful.
2. I/we have no knowledge of the existence, location, whereabouts, or possession of the policy/contract and the policy/contract is not held by a third-party as a means of claiming an interest therein.
3. I/we certify that no third party has claimed (or may be expected to claim) an interest in this policy (or its proceeds) as a result of any unrecorded change of beneficiary/ownership request or assignment, or any sale, transfer, gift, property settlement, divorce decree or other order by a court or arbitrator.
4. Additional circumstances: _____

BY SIGNING BELOW, YOU AGREE TO THESE OBLIGATIONS:

In reliance upon the representations and warranties above, MONY/MLOA is willing to issue a Statement of Coverage and/or to waive submission of the original policy, provided that undersigned undertakes the following obligations:

1. I/we agree to indemnify and defend MONY/MLOA from any and all claims, suits, damages, costs and expenses that MONY/MLOA may suffer as a result of: (i) the issuance of a Statement of Coverage or (ii) its election to waive submission of the original policy, as normally required, or (iii) any material inaccuracy, omission or error in the representations above.
2. I/we also agree to notify MONY/MLOA and to return any Statement of Coverage to MONY/MLOA if the original policy is subsequently discovered, found or located.

 Insured's Signature or Beneficiary's
 Signature (Death Claims)

 Rightsholder/Contract Owner
 (if other than insured)

 Assignee, Custodian or Other
 Required Signature

Date: _____

Date: _____

Date: _____

FOR F.P. OR AGENCY USE ONLY

Full Address if not at Agency of Record

- Pending Transaction: Contact POLICYOWNER F.P. Brokerage Name or Agency _____
 Completed Transaction: Send to POLICYOWNER F.P. Brokerage Name or Agency _____

 Print F.P. or ASA Name

 Code #