



MONY Life Insurance Company
 PO Box 4720
 Service Unit 32-10
 Syracuse, New York 13221
 1-800-487-6669

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 Syracuse, New York 13221
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**Variable Annuity
Service Request**

Form No. 13105 (9/2009)

ANNUITANT _____

CONTRACT # _____

REQUESTING AGENCY # _____

NET PURCHASE PAYMENT ALLOCATION Please change my automatic purchase payment allocation as outlined in Column 1 below.

NON-AUTOMATIC PURCHASE PAYMENT \$ _____ please allocate this non-automatic purchase payment as indicated in Column 2.

Please transfer \$ _____ **from** my sub-account(s) as indicated in Column 3A below **to** my sub-account(s) as indicated in Column 3B below. I understand a transfer charge will be imposed against the sub-accounts as provided in the contract.

Attachments Contract Check \$ _____
 VOID CHECK Other _____

OTHER SERVICE OR INFORMATION _____

MONY-Matic Plan # _____ NEW ADD BANK CHANGE FULL PART TERMINATION Effective _____

ALLOCATION SECTION

ALLOCATION TO ANY SUB-ACCOUNT MUST BE NO LESS THAN 10%
NO FRACTIONAL PERCENTAGES ARE ALLOWED

SUB-ACCOUNT	1. NET PURCHASE PAYMENT ALLOCATION	2. NON-AUTOMATIC PURCHASE PAYMENT ALLOCATION (% OR \$)	3A. TRANSFER FUNDS FROM ACCOUNT(S)	3B. TO ACCOUNT(S) (% OR \$)
EQ/Boston Advisors Equity Income	%			
EQ/Captial Guardian Research	%			
EQ/Core Bond Index	%			
EQ/Money Market	%			

I (we) have requested the above change(s) and have read and understand the information contained on page 2 of this form pertaining to my (our) change. **PAGE 2 CONTAINS THE TERMS AND OTHER IMPORTANT INFORMATION.**

If check to be made payable to other than rightsholder give name: _____

X _____
Rightsholder's Signature

X _____
Other Rightsholder's Signature

SOCIAL SECURITY NUMBER _____

indicate address if other than home address

IF A CORPORATE SIGNATURE IS REQUIRED. THE TITLE OF THE SIGNING OFFICER OTHER THAN THE INSURED OR SECRETARY, AND THE NAME OF THE CORPORATION MUST BE INDICATED.

NOTE: Two witnesses' signatures required when signature is a mark or in foreign script.

FOR F.U. OR AGENCY USE ONLY

ROUTING: Pending Transaction: contact: CONTRACTHOLDER F.U. AGENCY
 Completed Transaction: send to: CONTRACTHOLDER F.U. AGENCY

NOTE: Checks will be sent only to payee or agency.

F.U. Address if not at Agency of Record

Print - Registered Representative Name _____

F.U Code # _____

Date Received By Reg. Rep _____

Date Received By Agency _____

Instructions: 1 Original and 2 Copies required: Original signed and 1 copy to service unit; copy to registered representative.

NET PURCHASE PAYMENT ALLOCATION Any change will be effective within 7 days after this request is received.

NON-AUTOMATIC PURCHASE PAYMENT The minimum payment is \$100.00. If the allocation is expressed in amounts, the amount allocated to any account must not be less than \$10.00.

PLEASE NOTE Unless otherwise expressly provided in this form, any request or election made on page 1 of this form will be made in accordance with the provisions of the policy.

The Service Request, assuming it is properly completed, will be deemed received by us when it is received at the address indicated on page 1.