



MONY Life Insurance Company of America (MLOA)

Not Licensed in New York

MONY Life Insurance Company of America (MONY)

Regular Mail: PO Box 4720 MD 32-10 Syracuse, NY 13221 Toll Free #: 1-800-487-6669
 Express Mail: 100 Madison Street Syracuse, NY 13202 Fax: (866) 505-0260

MONY Master (FPVA)

Surrender/Loan Form

B6000/C6000
 Form No. 13343LA (5/11)

ANNUITANT _____ CONTRACT# _____ REQUESTING AGENCY# _____

To elect one or more of the following functions check the appropriate box/boxes below and enter the percentage or dollar amounts in the corresponding "allocation section(s)"

- Purchase Payment**
- Allocate according to existing percentage elections
 - Allocate as Instructed below (complete section III)

- Change Future Payment Allocation (complete section II)**

- Transfer of Funds**
- Continue present payment allocations
 - Change future payment allocations (complete section II)

ALLOCATION SECTION ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 10%
 NO FRACTIONAL PERCENTAGES ARE ALLOWED
 PERCENTAGES MUST TOTAL 100%

Account	I. Transfer From Account(s) (% OR \$)	Transfer to Account(s) (% OR \$)	II. Future Payment Allocation (%)	III. Enclosed Payment Allocation (% or \$)
Guaranteed Interest				
All Asset Allocation				
AXA Aggressive Allocation				
AXA Conservative Allocation				
AXA Conservative-Plus Allocation				
AXA Moderate Allocation				
AXA Moderate-Plus Allocation				
EQ/Core Bond Index				
EQ/GAMCO Small Company Value				
EQ/Intermediate Government Bond Index				
EQ/MFS International Growth				
EQ/Money Market				
EQ/Quality Bond PLUS				
EQ/T Rowe Price Common Stock				
Total				

- OTHER SERVICE OR INFORMATION**
- MONY-Matic Plan # _____ NEW ADD BANK CHANGE FULL PART TERMINATION Effective _____
 - Mode change to _____ Attachments _____

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. **THE SECOND PAGE CONTAINS THE TERMS AND OTHER IMPORTANT INFORMATION.**

X _____ **X** _____
 Contractholder Signature Date Other Contractholder Signature Date

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

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

Indicate new address if applicable

FOR REGISTERED REPRESENTATIVE USE ONLY

Pending Transaction contact: Contractholder Registered Representative

Registered Representative Address if detached from Agency

 Registered Representative Signature

 Print – Registered Representative Name

 Date Received by Reg. Rep

 F.U. Code #

 Date Received by Agency

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

Terms

Purchase Payment Allocation Any Change will be effective within 7 days after the request is received.

Transfer of Fund Values A transfer charge may be imposed as provided in the contract. Transfers involving the Guaranteed Interest Account(s) are limited by contract provisions, and a market value adjustment may be imposed if a transfer of fund value(s) from the Guaranteed Interest Account(s) is requested

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 provisions of the contract.
This service request, assuming it is properly completed, will be deemed received by us when it is received at the address indicated on page 1.

Signatures

I(we) have requested the above change(s), have read and understand the information contained on this page 2 of this form pertaining to my(our) change, and understand that a market value adjustment may be imposed if a transfer of Fund Value(s) from the Guaranteed Interest Account(s) is requested.

X _____ **X** _____
Contractholder Signature Date Other Contractholder Signature Date

If a corporate signature is required, the title of the signing officer other than the annuitant or secretary, and the name of the corporation must be indicated.

Note: Two witnesses are required when signature is a mark or in foreign script

For Registered Representative Use Only

Registered Representative Signature / Date

Type of request Solicited Unsolicited

Print – Registered Representative Name

Date/Time Received by Authorized Registered Representative

Agency Number

Authorized Registered Principal Signature

If your client currently has auto-rebalancing, dollar cost averaging, or additional investment strategies, have you discussed the contract provisions with respect to these allocations as the requested transfers may have an effect on them?

Yes No

I verify and confirm that the transfers requested are in accord with the client's investment objectives, risk tolerance, time horizon, and overall asset allocation.

Yes No

When did the last sub-account transfer occur (date)? _____

Home Office Use Only

Customer Service Representative Name

Date/Time Transfer Entered