



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

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**Variable Annuity
 Service Request
 VALUEMaster**
 Form No. 13362LL (11/2007)

ANNUITANT

CONTRACT #

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 Allocations (complete section II)**

- Transfer of Funds (complete section I)**
 - 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

ACCOUNT	I.		II.	III.
	TRANSFER FROM ACCOUNT(S) (% OR \$)	TO ACCOUNT(S) (% OR \$)	FUTURE PAYMENT ALLOCATION (% OR \$)	ENCLOSED PAYMENT ALLOCATION (% OR \$)
Guaranteed Interest	%			
EQ/Money Market	%			
EQ/Small Company Index	%			
EQ/Capital Guardian Research	%			
EQ/Large Cap Value PLUS	%			
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
 Indicate new address if applicable

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 are required when signature is a mark or in a foreign script.

FOR REGISTERED REPRESENTATIVE USE ONLY

ROUTING: Pending Transaction contact: Contractholder Registered Representative

Print - Registered Representative Name _____ F.U. Code # _____ Registered Representative Address _____
 Date Received By Reg. Rep _____ Date Received By Agency _____

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

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.

TRANSFER OF FUNDS A transfer charge may be imposed as provided in the contract. Transfers involving the Guaranteed Interest Account are limited by contract provisions.

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 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.