



MONY Life Insurance Company
 PO Box 4720
 Syracuse, NY 13221
 1-800-487-6669

Variable Annuity
 Systematic Withdrawal
 Enrollment Form
 Form No. 15185LL (6/10)

1. CONTRACTHOLDER

Name of Contractholder(s) _____

Name of Annuitant (if different than contractholder) _____

Contract Number _____

SELECT ONE:

- Please establish the election checked below. This form supersedes any prior Systematic Withdrawal election(s).
- Please cancel the Systematic Withdrawal election in effect.

2. SYSTEMATIC WITHDRAWALS

This plan makes it easy for you to receive regular payments from your Flexible Payment Variable Annuity contract by having a check mailed to you or a third-party such as your bank.

- CHECK ONE: Send checks to contractholder at address specified on application
 Send checks payable to rightsholder at financial institution's address below

Name of Institution, if Applicable _____ Account # _____

Mailing Address _____

City _____ State _____ Zip Code _____

Signature of Contractholder _____

3. START DATE

Systematic withdrawals will become effective when this form is received by the Syracuse Operation Center, unless a future Start Date is indicated below.

I want withdrawals to begin _____
 month/day/year

4. AMOUNT AND FREQUENCY OF PAYMENTS

SELECT ONE: (\$100 minimum)

Monthly Amount of \$ _____ Quarterly Amount of \$ _____

Semi-Annual Amount of \$ _____ Annual Amount of \$ _____

5. TAX WITHHOLDINGS

CHECK ONE (If you do not complete this box, taxes will be withheld from payments, reducing the amount sent to you.)

- No, I do not want any income tax withheld from systematic withdrawal payments.
- Yes, I want income taxes to be withheld from the taxable portion of systematic withdrawal payments.

FEDERAL

- No
- Yes I want to have 10% Federal Income Tax withheld from the taxable amount of my withdrawal or surrender (you may also designate an additional percentage below).
- I want the following additional percentage withheld from my withdrawal or surrender: ___%+10%=___%

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.

PLEASE NOTE: AUTHORIZATION, SIGNATURE(S) AND ADDITIONAL TERMS AND CONDITIONS ON 2ND PAGE.

ADDITIONAL TERMS AND CONDITIONS

1. Surrenders of Cash Values will be allocated to the Subaccounts and to the Guaranteed Interest Account in the same proportion that the Contract's Cash Value held in the Guaranteed Interest Account and each Subaccount bears to the Contract's Cash Value.
2. If any surrender made in order to meet the specified Systematic Withdrawal payment, together with all other surrenders made during the Contract Year, exceeds the Free Surrender Amount described in paragraph 3 below, a surrender charge will be imposed and, in order to meet such charge, additional cash values will be surrendered.
3. Partial surrenders aggregating not more than 10% of the Cash Value of the Contract on the date the first surrender request is received, may be made during any one Contract Year free of any surrender charge. If the Contract is a Qualified Contract, partial surrenders aggregating not more than the greater of 10% of the Cash Value of the Contract on the date the first surrender request is received during a Contract Year or \$10,000 (but not more than the Cash Value of the Contract) may be made during any one Contract Year, free of any surrender charge. The amount available free of surrender charge is the "Free Surrender Amount," and is determined each Contract Year.
4. MONY Life Insurance Company of America will make surrenders of cash values in order to make the Systematic Withdrawal Service payments you requested in Section 2 on the first page of this form. These surrenders will continue until the earlier of (1) the cash value, after giving effect to a surrender and applicable surrender charge, if any, will be less than \$1,000 and (2) the receipt of written notice from you that you wish to discontinue the Systematic Withdrawal Service. We will advise you if we must terminate your Systematic Withdrawal Service payments because your cash values will be insufficient to meet the minimum cash value of \$1,000.
5. MONY Life Insurance Company of America reserves the right to discontinue the Systematic Withdrawal Service at any time without prior notice. Prior notice of not less than 30 days will be given to any contractholder then receiving Systematic Withdrawal Service payments.

AUTHORIZATION

Please make partial surrenders of my Flexible Payment Variable Annuity contract in the amounts and at the times indicated in Section 4, plus, if applicable, the amount of any surrender charge. I (we) have received and read the terms and conditions set forth above, and I (we) agree to be subject to them. I (we) further agree that I (we) will retain a copy of this form for my (our) records.

For Non-Qualified Plans only: I (we) have provided a Taxpayer I.D. or Social Security number, as distributions from the annuity may be subject to federal and state taxes. The Company will report payments of taxable income. Additionally, I (we) understand that if the Contractholder is under age 59½, amounts received may also be subject to a 10% penalty tax.

Contractholder's Taxpayer I.D. or Social Security Number _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT (i) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, AND (ii) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (a) I AM EXEMPT FROM BACKUP WITHHOLDING OR (b) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACKUP WITHHOLDING OR (c) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING AND (iii) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

CERTIFICATION INSTRUCTIONS: You must cross out item (ii) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

X

U.S. Person - Contractholder's 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.

X

U.S. Person - Other Contractholder's Signature _____ Date _____

Mail completed form to:
MONY Life Insurance Company
P.O. Box 4720 MD 32-7
Syracuse, New York 13221

Date Received by Reg. Rep.

Date Received by Agency