

**MONY Life Insurance Company of America (MLOA)**

Not Licensed in New York



**MONY Life Insurance Company (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/MLOA Custom Master (FPVA)**

**Systematic Withdrawal  
Enrollment Form  
1VA/2VA**  
Form No. 15448LA (5/11)

<b>1. CONTRACTHOLDER</b>	Rightsholder's (Owner's) Daytime Phone Number _____
Name of Contractholder(s) _____	
Name of Annuitant (if different than contractholder) _____	
Contract Number _____	
SELECT ONE:	
<input type="checkbox"/> Please establish the election checked below. This form supersedes any prior Systematic Withdrawal election(s).	
<input type="checkbox"/> Please Cancel the Systematic Withdrawal election in effect.	

<b>2. SYSTEMATIC WITHDRAWALS</b>
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. Alternatively, you may choose Electronic Fund Transfers (EFT) to your bank.
CHECK ONE:
<input type="checkbox"/> Send checks to contractholder at address of record
<input type="checkbox"/> Send checks payable to rightsholder at financial institution's address below
<input type="checkbox"/> Electronic Fund Transfer to bank account (Please include Financial Institution routing number). "Attach a Void Check if this is a checking account."
Name of Institution, if Applicable _____ Routing # _____ Account # _____
Mailing Address _____
City _____ State _____ Zip Code _____
Signature of Contractholder _____

<b>3. START DATE</b>
Systematic withdrawals will become effective when this form is received by the Home Office, unless a future Start Date is indicated below.
I want withdrawals to begin on _____ (month/day/year)

<b>4. AMOUNT AND FREQUENCY OF PAYMENTS</b>
SELECT ONE: <input type="checkbox"/> Monthly Amount of \$ _____ <input type="checkbox"/> Quarterly Amount of \$ _____
<input type="checkbox"/> Semi-Annual Amount of \$ _____ <input type="checkbox"/> Annual Amount of \$ _____

<b>5. TAX WITHHOLDINGS</b>
CHECK ONE: (if you do not complete this box, taxes will be withheld from payments, reducing the amount sent to you.)
<input type="checkbox"/> No, I do not want any income tax withheld from systematic withdrawal payments.
<input type="checkbox"/> Yes, I want income taxes to be withheld from the taxable portion of systematic withdrawal payments.
FEDERAL
<input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> 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).
<input type="checkbox"/> 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.

Instructions: 1 Original and 2 Copies required: original signed to service unit, md 32-10; copy to contractholder; copy to financial professional.



### ADDITIONAL TERMS AND CONDITIONS

1. All Systematic Withdrawals must comply with contract provisions.
2. If any surrender made in order to meet the specified Systematic Withdrawal payment, together with all other surrenders made during the contact year, exceeds the Free Surrender Amount described in the contract, a surrender charge will be imposed and in order to meet such charge, additional cash values will be surrendered.
3. MONY Life Insurance Company (MONY)/MONY Life Insurance Company of America (MLOA) will make surrenders of cash value 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 and market value adjustment, 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.
4. Systematic Withdrawals via Electronic Fund Transfer will be presented to the Financial Institution indicated not less than 5 business days from the date of the withdrawal.
5. MONY Life Insurance Company of America (MLOA)/MONY Life Insurance Company (MONY) reserves the right to discontinue the Systematic Withdrawal Service at any time without prior notice. Prior notice of not less than 15 days will be given to any contractholder then receiving Systematic Withdrawal Service payments.