

Express Mail:
 100 Madison St
 Syracuse, NY 13202
 Fax: (315)-477-2802

MONEY Life Insurance Company
 P.O. Box 4720
 Service Unit 32- 10
 Syracuse, New York 13221

**Custom Equity Master/
 Custom Estate Master (VUL/SVUL)
 Service Request--NY Only**
 Form No. 15467LL (05/2010)



Insured _____ Policy # _____ Requesting Brokerage Name or 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).

Transfer of Fund Values (complete section I)

Change Future Premium Allocation (complete section II)

Premium Allocate as Instructed below (complete section III)

ALLOCATION SECTION ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED.

ACCOUNT	TRANSFER FROM ACCOUNT(S) (% OR \$)	TRANSFER TO ACCOUNT(S) (% OR \$)	FUTURE PREMIUM ALLOCATION (%)	ENCLOSED PREMIUM ALLOCATION (% OR \$)
Guaranteed Interest				
All Asset Allocation				
AXA Aggressive Allocation				
AXA Conservative Allocation				
AXA Conservative-Plus Allocation				
AXA Moderate Allocation				
AXA Moderate-Plus Allocation				
Dreyfus Stock Index				
EQ/Boston Advisors Equity Income				
EQ/Calvert Socially Responsible				
EQ/Capital Guardian Research				
EQ/Core Bond Index				
EQ/Equity Growth PLUS				
EQ/GAMCO Small Company Value				
EQ/Intermediate Government Bond Index				
EQ/International Growth				
EQ/Lord Abbett Growth and Income				
EQ/Mid Cap Value PLUS				
EQ/Money Market				
EQ/Montag Caldwell Growth				
EQ/Morgan Stanley Mid Cap Growth				
EQ/PIMCO Ultra Short Bond				
EQ/Quality Bond PLUS				
EQ/T. Rowe Price Growth Stock				
EQ/UBS Growth and Income				
Fidelity VIP Contrafund				
Janus Aspen Series Balanced				
Janus Aspen Series Enterprise				
Janus Aspen Series Forty				
Janus Aspen Series Worldwide				
Multimanager Small Cap Growth				
PIMCO Global Bond (Unhdged)				
Total				

THE SECOND PAGE CONTAINS THE SIGNATURES, TERMS AND OTHER IMPORTANT INFORMATION.

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 _____
Rightsholder Signature Date

X _____
Other Rightsholder 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