



MONY Life Insurance Company
 P.O. Box 4720
 Service Unit 32-10
 Syracuse, NY 13221

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

**Custom Equity Master/
 Custom Estate Master (VUL/SVUL)**
 Form No 15468LL (05/10)

Insured _____ Policy # _____ Requesting Brokerage Name or Agency # _____

PART SURRENDER \$ _____
 LOAN \$ _____ or Maximum Loan (90% of Cash Value)

You must allocate partial surrender/loan against the account(s) as indicated below. Applicable charges will be allocated in accordance with policy provisions.

ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED. THE MINIMUM SURRENDER FOR THE VARIABLE LIFE PRODUCT(S) IS \$500.00 (PLUS THE PARTIAL SURRENDER FEE).

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

FULL SURRENDER the above policy for its fund value less any charges, less any debt. Have you cancelled EFT authorization (stopped payment) with your Bank? If so, when _____/_____/_____
 mo. day year

FEDERAL INCOME TAX STATEMENT OF WITHHOLDING: (See reverse side for important information and instructions before completing this section)
 YES—withhold federal income tax from any distribution **NO—I do not want any federal income tax withheld**

ATTACHMENTS Policy Other _____
 Please be sure all required forms are attached.

I (we) have requested the above surrender/partial surrender/loan transaction(s) and have read and fully understand the information contained on the second page of this form.

Proceeds will be payable to: _____
 (print payee name)

List address if other than address of record: _____
 (Street) (City) (State) (Zip)

SIGNATURES AND IMPORTANT INFORMATION ON PAGE 2

Life Insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the option best suited to your needs.

FEDERAL INCOME TAX ELECTION INFORMATION

Unless you elect otherwise, on page 1, the Company will withhold federal income tax from the taxable portion of your distribution as follows:

- 1) Nonperiodic payments will have income tax withheld at a flat 10% rate unless the payment is qualified for the distribution. Tax will be withheld from a qualified total distribution using tables furnished to the Company and prescribed by the Treasury Department.
2) The taxable portion of distributions from life insurance or endowment are subject to withholding at 10%.

CAUTION: There are penalties for not paying enough tax during the year, whether through withholding or estimated tax payments. For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

By January 31st of next year you will receive a statement from the Company showing the total amount of your distribution(s) and the total income tax withheld during the year. The Company will report payments of taxable income to the IRS and you are liable for federal income tax payments on those amounts, whether or not you elect withholding.

PARTIAL SURRENDERS Partial Surrenders must be at least \$500 (plus the partial surrender fee) and the remaining cash value must be at least \$500. Partial Surrenders cannot reduce the Specified Amount below \$100,000. Partial Surrenders from the Guaranteed Interest Account are limited by policy provision.

SURRENDER (FULL OR PARTIAL) An election to surrender in full or part will be effective upon receipt of such election.

PLEASE NOTE: Unless otherwise expressly provided in this form, any request or election made on the reverse side of this form will be made in accordance with the provisions of the policy.

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.

RIGHTSHOLDER'S TAXPAYER ID 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-Rightsholder's Signature Date X U.S. Person-Other Rightsholder's Signature Date

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

Pending Transaction contact: [] Rightsholder

[] Registered Representative
Registered Representative Address if detached from Agency

Note: Checks will be sent only to payee

PRINT REGISTERED REPRESENTATIVE NAME

F.P. CODE

Brokerage Name or Agency No.

Date Received By Reg. Rep

Date Received by BGA/Agency

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