



MONY Life Insurance Company of America  
 PO Box 4720  
 Syracuse, NY 13221

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

**Custom Equity Master/  
 Custom Estate Master (VUL/SVUL)  
 Asset Reallocation  
 Auto Re-Balancing Form**  
 Form No. 15532LA (12/2009)

**Activation:**

I hereby authorize and direct MONY Life Insurance Company of America (MLOA) to enroll me in the Auto Re-Balancing/Asset Reallocation program. I understand that the Auto Re-Balancing/Asset Reallocation program is designed to maintain a desired proportion of fund values in the various subaccounts. My desired proportion is indicated by the percentages I have written into the chart below. I further understand that this program involves the automatic transfer of fund values from subaccounts where the current ratio exceeds the proportionate percentages as I have indicated below. This transfer involves the sale of units of the subaccounts where fund values have increased and the purchase of units of subaccounts where the fund values have decreased.

The transfers ("re-balancing") can occur quarterly, semi-annually, or annually at the option of the rightsholder. Transfers will take place the first business day following the end of each re-balancing period.

**By checking the appropriate box below, I hereby direct MLOA to re-balance the fund values in the subaccounts to which I have allocated fund values:**

Quarterly     Semi-Annually     Annually

**These periods are measured from the policy date. This date will be known as the Reallocation Date. The Reallocation Date will not necessarily correspond to a quarterly, semi annual or annual calendar date.**

Fund values in the Guaranteed Interest Account are not eligible for this program. Dollar Cost Averaging and Auto Re-Balancing cannot be in effect simultaneously.

I want the fund values of my contract/policy reallocated on the Reallocation Date at the percentages I have indicated in the table below. Allocations **must** be specified in whole percentages of at least 5%. The percentages must total 100%.

ACCOUNT	%	ACCOUNT	%
All Asset Allocation	_____ %	EQ/Mid Cap Value PLUS	_____ %
AXA Aggressive Allocation	_____ %	EQ/Money Market	_____ %
AXA Conservative Allocation	_____ %	EQ/Montag Caldwell 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	_____ %	EQ/Van Kampen MidCap Growth	_____ %
EQ/Calvert Socially Responsible	_____ %	Fidelity VIP Contrafund	_____ %
EQ/Capital Guardian Research	_____ %	Janus Aspen Series Balanced	_____ %
EQ/Core Bond Index	_____ %	Janus Aspen Series Enterprise	_____ %
EQ/Equity Growth Plus	_____ %	Janus Aspen Series Forty	_____ %
EQ/GAMCO Small Company Value	_____ %	Janus Aspen Series Worldwide	_____ %
EQ/Intermediate Government Bond Index	_____ %	Multimanager Small Cap Growth	_____ %
EQ/International Growth	_____ %	PIMCO Global Bond (Unhedged)	_____ %
EQ/Lord Abbett Growth and Income	_____ %		
		<b>Total</b>	_____ %

**Cancellation:**

- This authorization will remain in effect until:
- The contract matures or MLOA receives a written policy surrender request.
  - This authorization will be cancelled upon receipt by the Company of a written request signed by the rightsholder terminating the enrollment in this program.
  - If there is a change in the allocation of new purchase payments or premiums
  - If there is a change in the allocation of funds

**Forward Enrollment Form To:**

MONY Life Insurance Company of America / P.O. Box 4720 / Syracuse, NY 13221 / 1-800-487-6669

Variable Life - MD-32-10

I have read the additional terms and conditions listed below. I agree that by participating in this program I have not relied upon any representation or warranty from MLOA that this program will achieve a particular investment result. I further agree that I will not look to MLOA to indemnify me for any investment losses I may suffer as a result of my participation in the program.

\_\_\_\_\_  
Policyholder(signature)

\_\_\_\_\_  
Date signed by Policyholder

\_\_\_\_\_  
Policyholder Name (print)

\_\_\_\_\_  
PolicyNumber (after Issue Only)

\_\_\_\_\_  
Registered Representative (signature at time of application)

\_\_\_\_\_  
Agency/Registered Representative Number

\_\_\_\_\_  
Insured Name if different from policyholder/contractholder (print)

### Additional Terms and Conditions

I understand that the timing, percentage or number of transfers, or the Subaccounts, to which policy values are transferred, may only be changed by completing a new Enrollment Form. The change will be effective on the first business day following the end of each re-balancing period.

I further understand that:

MLOA does not currently asses a charge for this Program but it reserves the rights to assess a charge.

MLOA reserves the right to terminate, charge for, or change the terms and conditions of the Program, at any time, effective 15 days from the date of written notice of the assessment of such charge, or the modification or termination of the Program.

If I wish to cancel my participation in the Program, I may do so only in writing. I agree that once my participation is cancelled, I must complete a new Enrollment Form in order to participate again in the Auto Re-Balancing Program.

The Auto Re-Balancing Program does not provide me, as policyholder/contractholder, with assurance of a profit and does not guarantee protection against loss in declining markets.

I consent in advance to the recording by MLOA of any telephone conversations for as long as the Auto Re-Balancing Program is in effect.

### FOR REGISTERED REPRESENTATIVE USE ONLY

Rightsholder/Contractholder

Registered Representative

Registered Representative Address If Detached from Agency

\_\_\_\_\_  
FP Code #

\_\_\_\_\_  
Date Received By BGA/Agency

\_\_\_\_\_  
Date Received By Reg. Rep.