



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

MONY Life Insurance Company of America
 An Arizona Stock Company
 New York, New York

MONY Equity Master (VUL)
 Dollar Cost Averaging
 Enrollment Form
 Form No. 15625LA (09/2009)

I hereby authorize MONY Life Insurance Company of America (MLOA) to enroll me in the Dollar Cost Averaging program. I understand that the Dollar Cost Averaging program is designed to allow me to transfer present and future policy values from my **Money Market Subaccount** at regular intervals over a specific period of time. This authorization will remain in effect until MLOA receives a written policy surrender request. This authorization will be cancelled upon request either in writing signed by me, delivered by U.S. mail or by telephone call (subject to the telephone procedures), and will be cancelled upon receipt of a subsequent authorization. Requests for cancellation received by telephone will be confirmed. The address and telephone number are set forth below.

By checking the appropriate box I hereby authorize MLOA to:

- Transfer \$ _____ (minimum \$100) on the transfer date selected below from the **Money Market Subaccount** to the Subaccount(s) selected below. This authorization will remain in effect for _____ (number of) transfers or until the amount remaining in the **Money Market Subaccount** is less than the amount designated for the transfer.
- Transfer \$ _____ on the transfer date selected below from the **Money Market Subaccount** to the Subaccount(s) selected below. This authorization will remain in effect until the **Money Market Subaccount** is depleted or until I cancel it in writing or by telephone.

If more than one Subaccount has been selected, the final transfer will be allocated among such Subaccounts in the proportion each Subaccount bears to the total amount remaining in the Money Market Subaccount. If only one Subaccount has been chosen, the entire amount remaining in the Money Market Subaccount will be transferred to the Subaccount selected.

By checking the appropriate box below, which shall become the "transfer date," I hereby direct MLOA:

- on the 10th day of each month,
- on the 10th day of the first month of each calendar quarter following receipt of this authorization,

to transfer policy value in the amounts specified above from the **Money Market Subaccount** to the selected Subaccount(s) in the amounts as specified below. (If the Transfer Date selected above does not fall on a business day, the transfer will take place on the next available business day.)

Dollar Amount of Transfer	Available Subaccounts (Min. \$100/Subaccount)	Dollar Amount of Transfer	Available Subaccounts (Min. \$100/Subaccount)
	_____		EQ/Intermediate Government Bond Index _____
AXA Aggressive Allocation	_____		EQ/International Growth _____
AXA Conservative Allocation	_____		EQ/Montag Caldwell Growth _____
AXA Conservative-Plus Allocation	_____		EQ/Quality Bond PLUS _____
AXA Moderate Allocation	_____		EQ/T. Rowe Price Growth Stock _____
AXA Moderate-Plus Allocation	_____		EQ/UBS Growth and Income _____
Dreyfus Stock Index	_____		Fidelity VIP Contrafund _____
EQ/Boston Advisors Equity Income	_____		Janus Aspen Series Balanced _____
EQ/Calvert Socially Responsible	_____		Janus Aspen Series Enterprise _____
EQ/Capital Guardian Research	_____		Janus Aspen Series Forty _____
EQ/Core Bond Index	_____		Janus Aspen Series Worldwide _____
EQ/Equity Growth PLUS	_____		Multimanager Small Cap Growth _____
EQ/GAMCO Small Company Value	_____		

I have read the additional terms and conditions listed on page 2 and the Procedures for Telephone Transfer for Holders of Variable Policies and 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.

I consent in advance to the recording by MLOA of any telephone conversations for as long as the Dollar Cost Averaging program is in effect.

 Rightsholder Name (signature)

 Date

 Rightsholder Name (print)

 Policy Number (after issue only)

 Registered Representative (signature at time of Application)

 Date Received By Reg. Rep

 Insured Name if different from Rightsholder (print)

 Date Received by Agency

Forward this Enrollment Form to:

MONY Life Insurance Company of America /P.O. Box 4720 MD 32-10 / Syracuse, NY 13221 / 1-800-487-6669

ADDITIONAL TERMS AND CONDITIONS

I understand that the timing, amount or number of transfers, or the Subaccounts to which policy/contract values are transferred, may only be changed by completing a new Enrollment Form. The change will be effective on the 10th day of the month or the 10th day of the first month of the calendar quarter, as applicable, only if received by MLOA on or before the close of business by the eighth day of the month, or the eighth day of the first month of the calendar quarter, as applicable. If the eighth day is not a business day, the change must be received by the next preceding business day.

I further understand that:

1. MLOA does not currently assess a charge for this Program but it reserves the right to assess a charge.
2. 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.
3. If I wish to cancel my participation in the Program, I may do so only in writing unless I elect to be able to do so by telephone by signing in the space provided at the bottom of this form. I agree that once my participation is cancelled, whether in writing or by telephone, I must complete a new Enrollment Form in order to participate again in the Dollar Cost Averaging Program.
4. I have received, and agree to the terms of, the Company's Procedures for Telephone Transfer for Holders of Variable Policies.
5. Set forth below is a brief description of some of the procedures to be followed to cancel participation in the Dollar Cost Averaging Program:
 - A. The Rightsholder shall call the designated telephone number and provide the following information:
 - a. name of rightsholder
 - b. name of insured
 - c. date of birth of insured
 - d. policy number
 - e. social security number of policyholder
 - B. MLOA will compare the information provided above with that contained in the records of MLOA, and if such information matches the records of MLOA, the telephone cancellation will be accepted by MLOA.
 - C. A confirmation of the cancellation of the Dollar Cost Averaging Program will be sent to me.
6. I agree that MLOA's records of the receipt of instructions to cancel my participation in the Dollar Cost Averaging Program by telephone, shall be conclusive and agree to notify MLOA of any unauthorized cancellation of the Dollar Cost Averaging Program within 20 days of receipt of the confirmation of transaction.
7. Notwithstanding anything to the contrary contained in this enrollment form, MLOA reserves the right to modify these telephone provisions or to discontinue accepting Dollar Cost Averaging cancellation by telephone at any time, upon written notice.
8. MLOA, the Variable Account, and the underlying funds shall not be subject to any claim, loss, liability, cost or expense arising out of the cancellation of your participation in the Dollar Cost Averaging program by telephone.

The Dollar Cost Averaging Program does not provide me, as rightsholder, with assurance of a profit and does not guarantee protection against loss in declining markets.

I elect the privilege to be able to cancel my participation in the Dollar Cost Averaging Program by telephone, and I agree to the conditions outlined above.

Signature of Rightsholder