MONY
An AXA Financial Company

Clear Form

MONY Life Insurance Company of America
P.O. Box 4720
Variable Insurance Products
Service Unit 32-10
Syracuse, New York 13221

Print Form

MONY Equity Master (VUL) Surrender/Loan

Form No. 15627LA (01/2010)

INSURED **POLICY #** **REQUESTING AGENCY #**

☐ **PARTIAL SURRENDER** - Please pay me $ _____ in cash and allocate that amount 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.

Account	$ or %	Account	$ or %
Guaranteed Interest	_____	EQ/Intermediate Government Bond Index	_____
All Asset Allocation	_____	EQ/International Growth	_____
AXA Aggressive Allocation	_____	EQ/Money Market	_____
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	_____		

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

Is this surrender transaction due to rollover? ☐ Yes ☐ No 1035 Exchange? ☐ Yes ☐ No

☐ **LOAN** For FPVL policies issued after January 16, 1995.
☐ Cash Loan $ _____

☐ **FEDERAL INCOME TAX STATEMENT OF WITHHOLDING:** (See page 2 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/part surrender/loan transaction(s) and have read and fully understand the information contained on the second page of this form.

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.

SIGNATURES AND IMPORTANT INFORMATION ON PAGE 2

NOTE: Checks will be sent only to rightsholder

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Print Form

Instructions: 1 Original and 2 Copies required: Original signed to service unit; copy to agency; copy to registered representative.

FEDERAL INCOME TAX ELECTION INFORMATION

Unless you elect otherwise, on page 1 of this form, 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 that 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 is 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 (Not available to Variable Life Policy with Additional Premium Option) – Partial surrenders must be at least $500 (in some states) and the remaining cash value must be at least $500. 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.

LOAN The minimum amount you may borrow is $250. The maximum amount you may borrow is 90% of the Cash Value of your policy less any outstanding debt.

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 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 _____

If the taxpayer I.D. or Social Security number is not supplied, the proceeds may be subject to federal and state withholding. **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.

FOR REGISTERED REPRESENTATIVE USE ONLY

Pending Transaction contact: ☐ Rightsholder ☐ Registered Representative

Registered Representative Address if detached from Agency

Note: Checks will be sent only to rightsholder

_____

_____

_____

_____ _____ _____

PRINT REGISTERED REPRESENTATIVE NAME F.P. CODE Brokerage Name or Agency No.

_____ _____

Date Received By Reg. Rep Date Received by BGA/Agency

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

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