



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

MONY Equity Master (VUL)  
 Service Request  
 Form No. 15629LL (09/2009)

INSURED

POLICY #

REQUESTING 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)."

**Purchase Payment**

- Allocate according to existing percentage elections
- Allocate as Instructed below (complete section III)

**Change Future Payment Allocation** (complete section II)

**Transfer of Funds** (complete section I)

- Continue present payment allocations
- Change future payment allocations (complete section II)

**ALLOCATION SECTION**

ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%  
 NO FRACTIONAL PERCENTAGES ARE ALLOWED. PERCENTAGES MUST TOTAL 100%.

ACCOUNT	I. TRANSFER FROM ACCOUNT(S) (% OR \$)	TRANSFER TO ACCOUNT(S) (% OR \$)	II. FUTURE PREMIUM ALLOCATION (%)	III, 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/Money Market				
EQ/Montag & Caldwell Growth				
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				
TOTAL				

**OTHER SERVICE OR INFORMATION** \_\_\_\_\_

MONY-Matic Plan # \_\_\_\_\_  NEW  ADD  BANK CHANGE  FULL  PART Termination Effective \_\_\_\_\_

Mode change to \_\_\_\_\_ Attachments \_\_\_\_\_

I (we) have requested the above change(s) and have read and understand the information contained on Page 2 of this form pertaining to my (our) change. **THE SECOND PAGE CONTAINS THE TERMS AND OTHER IMPORTANT INFORMATION.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
*Rightsholder's Signature Date Other Rightsholder's Signature Date*

Indicate new address if applicable

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

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

## 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

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

### **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