



**MONY Life Insurance Company of America**

Regular Mail: PO Box 4720 MD 32-10 Syracuse, NY 13221 Toll Free #: 1-800-487-6669  
Express Mail: 100 Madison Street Syracuse, NY 13202 Fax: (315)-477-2802

**MONY Custom Master (FPVA)  
Application Supplement (NY)**  
Form No. 15671LL (12/10)

**Systematic Withdrawal Form**

**1. CONTRACTHOLDER** Rightsholder's (Owner's) Daytime Phone Number \_\_\_\_\_

Name of Contractholder(s) \_\_\_\_\_

Name of Annuitant (if different than contractholder) \_\_\_\_\_

Contract Number \_\_\_\_\_

**SELECT ONE:**

- Please establish the election checked below. This form supersedes any prior Systematic Withdrawal election(s).
- Please Cancel the Systematic Withdrawal election in effect.

**2. SYSTEMATIC WITHDRAWALS**

This plan makes it easy for you to receive regular payments from your Flexible Payment Variable Annuity contract by having a check mailed to you or a third-party such as your bank. Alternatively, you may choose Electronic Fund Transfers (EFT) to your bank.

**CHECK ONE:**

- Send checks to contractholder at address of record
- Send checks payable to rightsholder at financial institution's address below
- Electronic Fund Transfer to bank account (Please include Financial Institution routing number).

Name of Institution, if Applicable \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Contractholder \_\_\_\_\_

**3. START DATE**

Systematic withdrawals will become effective when this form is received by the Home Office, unless a future Start Date is indicated below.

I want withdrawals to begin on \_\_\_\_\_  
(month/day/year)

**4. AMOUNT AND FREQUENCY OF PAYMENTS**

- SELECT ONE:  Monthly Amount of \$ \_\_\_\_\_  Quarterly Amount of \$ \_\_\_\_\_  
 Semi-Annual Amount of \$ \_\_\_\_\_  Annual Amount of \$ \_\_\_\_\_

**5. TAX WITHHOLDINGS**

**CHECK ONE:** (if you do not complete this box, taxes will be withheld from payments, reducing the amount sent to you.)

- No, I do not want any income tax withheld from systematic withdrawal payments.
- Yes, I want income taxes to be withheld from the taxable portion of systematic withdrawal payments.

**FEDERAL**

- No
- Yes  I want to have 10% Federal Income Tax withheld from the taxable amount of my withdrawal or surrender (you may also designate an additional percentage below).  
 I want the following additional percentage withheld from my withdrawal or surrender: \_\_\_%+10%= \_\_\_%

Some states require us to withhold state income tax if federal income tax is withheld.  
Please consult your tax advisor for rules that apply to you.

Instructions: 1 Original and 2 Copies required: original signed to service unit, md 32-7; copy to contractholder; copy to financial professional.

**6. ALLOCATIONS**

PLEASE SELECT ACCOUNT(S) FOR WITHDRAWAL; OTHERWISE, WITHDRAWAL WILL BE TAKEN ON A PRO-RATA BASIS. ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED.

ACCOUNT	\$ OR %	ACCOUNT	\$ OR %
Guaranteed Interest Account	_____	EQ/Montag & Caldwell Growth	_____
All Asset Allocation	_____	EQ/Morgan Stanley Mid Cap Growth	_____
AXA Aggressive Allocation	_____	EQ/PIMCO Ultra Short Bond	_____
AXA Conservative Allocation	_____	EQ/Quality Bond PLUS	_____
AXA Conservative-Plus Allocation	_____	EQ/Short Duration Bond	_____
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/BlackRock Basic Value Equity	_____	Franklin Income Securities	_____
EQ/Boston Advisors Equity Income	_____	Franklin Rising Dividends Securities	_____
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 Mergers and Acquisitions	_____	Multimanager Small Cap Growth	_____
EQ/GAMCO Small Company Value	_____	Oppenheimer Global Securities	_____
EQ/Intermediate Government Bond Index	_____	PIMCO Global Bond (Unhedged)	_____
EQ/International Growth	_____	ProFund VP Bear	_____
EQ/Lord Abbett Growth and Income	_____	ProFund VP Rising Rates Opportunity	_____
EQ/Mid Cap Index	_____	ProFund VP UltraBull	_____
EQ/Mid Cap Value PLUS	_____	<b>Total</b>	_____
EQ/Money Market	_____		

**7. AUTHORIZATION**

Please make partial surrenders of my Flexible Payment Variable Annuity contract in the amounts and at the times indicated in Section 4, plus, if applicable, the amount of any surrender charge and less the amount of any tax withheld. I (we) have received and read the terms and conditions set forth on page 3 of this form, and I (we) agree to be subject to them. I (we) further agree that I (we) will retain a copy of this form of my (our) records. I (we) have provided a Taxpayer I.D. or Social Security number, as distributions from the annuity may be subject to federal and state taxes. The Company will report payments of taxable income. Additionally, I (we) understand that if the Contractholder is under age 59½, amounts received may also be subject to a 10% penalty tax.

**U.S. Person/Contractholder's Taxpayer I.D. 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** \_\_\_\_\_  
 Signature of U.S. Person-Contractholder Date

\_\_\_\_\_  
 Signature of Other U.S. Person-Contractholder Date  
 (If Applicable)

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.

Mail Completed form to:  
**MONY Life Insurance Company**  
 P.O. Box 4720 MD 32-7  
 Syracuse, New York 13221

\_\_\_\_\_  
 Date Received by BGA/Agency

\_\_\_\_\_  
 Date Received by Reg. Rep

(PLEASE NOTE: Additional Terms and Conditions on 3<sup>rd</sup> Page of this form)

## ADDITIONAL TERMS AND CONDITIONS

1. All Systematic Withdrawals must comply with contract provisions.
2. If any surrender made in order to meet the specified Systematic Withdrawal payment, together with all other surrenders made during the contract year is subject to a surrender charge and exceeds the Free Surrender Amount described in the contract, a surrender charge will be imposed and in order to meet such charge, additional cash values will be surrendered.
3. MONY Life Insurance Company will make surrenders of cash values in order to make the Systematic Withdrawal Service payments you requested in Section 2 on the first page of this form. These surrenders will continue until the earlier of (1) the cash value, after giving effect to a surrender and applicable surrender charge and market value adjustment, if any, will be less than \$1,000 and (2) the receipt of written notice from you that you wish to discontinue the Systematic Withdrawal Service.
4. MONY Life Insurance Company reserves the right to discontinue the Systematic Withdrawal Service at any time without prior notice. Prior notice of not less than 15 days will be given to any contractholder then receiving Systematic Withdrawal Service payments.



Dollar Cost Averaging Form

I hereby authorize MONY Life Insurance Company (MONY) 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/contract values from my **Money Market Subaccount** at regular intervals over a specific period of time. This authorization will remain in effect until the contract matures or MONY receives a written contract surrender request. This authorization will be cancelled upon request in writing signed by me, delivered by U.S. mail.

By checking the appropriate box I hereby authorize MONY to:

- Transfer \$ \_\_\_\_\_ on the transfer for 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.

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 MONY:

- on the 10<sup>th</sup> day of each month,
- on the 10<sup>th</sup> day of the first month of each calendar quarter following receipt of this authorization, to transfer contract 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 succeeding business day.)

All Asset Allocation	_____	EQ/Montag & Caldwell Growth	_____
AXA Aggressive Allocation	_____	EQ/Morgan Stanley Mid Cap Growth	_____
AXA Conservative Allocation	_____	EQ/PIMCO Ultra Short Bond	_____
AXA Conservative-Plus Allocation	_____	EQ/Quality Bond PLUS	_____
AXA Moderate Allocation	_____	EQ/Short Duration Bond	_____
AXA Moderate-Plus Allocation	_____	EQ/T. Rowe Price Growth Stock	_____
Dreyfus Stock Index	_____	EQ/UBS Growth and Income	_____
EQ/BlackRock Basic Value Equity	_____	Fidelity VIP Contrafund®	_____
EQ/Boston Advisors Equity Income	_____	Franklin Income Securities	_____
EQ/Calvert Socially Responsible	_____	Franklin Rising Dividends Securities	_____
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 Mergers and Acquisitions	_____	Janus Aspen Series Worldwide	_____
EQ/GAMCO Small Company Value	_____	Multimanager Small Cap Growth	_____
EQ/Intermediate Government Bond Index	_____	Oppenheimer Global Securities	_____
EQ/International Growth	_____	PIMCO Global Bond (Unhedged)	_____
EQ/Lord Abbett Growth and Income	_____	ProFund VP Bear	_____
EQ/Mid Cap Index	_____	ProFund VP Rising Rates Opportunity	_____
EQ/Mid Cap Value PLUS	_____	ProFund VP UltraBull	_____
EQ/Money Market	_____	<b>Total</b>	_____

SIGNATURE AND ADDITIONAL TERMS AND CONDITIONS ON PAGE 5

Forward this Enrollment Form to:  
 MONY Life Insurance Company/ P.O. Box 4720. MD 32-7, 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 contract values are transferred, may only be changed by completing a new Enrollment Form. The change will be effective on the 10<sup>th</sup> day of the month or the 10<sup>th</sup> day of the first month of the calendar quarter, as applicable, only if received by MONY 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. Minimum initial payment or transfer: \$5,000.
2. MONY does not currently assess a charge for this Program but it reserves the right to assess a charge.
3. MONY 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.
4. 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 Application Supplement in order to participate again in the Dollar Cost Averaging Program.

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

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

\_\_\_\_\_  
Contractholder Name (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractholder Name (print)

\_\_\_\_\_  
Contract Number (after issue only)

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

\_\_\_\_\_  
Date Received by Reg. Rep.

\_\_\_\_\_  
Annuitant Name if different from Contractholder (print)

\_\_\_\_\_  
Date Received by BGA/Agency



Forward this form to:  
 MONY Life Insurance Company  
 P.O. Box 4720 (MD 32-67)  
 Syracuse, New York 13221

**Auto Re-Balancing Enrollment form  
 MONY Custom Master (VA)**

Select One:  Initiate Auto Re-Balancing Program  Change existing Auto Re-Balancing Program

**I. ASSET REALLOCATION/RE-BALANCING PROGRAM**

Select one of the following re-balancing intervals:  Quarterly  Semi-Annually  Annually

Future payment allocations must be the same as the allocations below.

Fund values in the Guaranteed Interest Accounts are not eligible for the program.

The Reallocation Date is measured from the contract date/policy date and based on the interval selected above. The Reallocation Date will not necessarily correspond to a quarterly, semiannual or annual calendar date.

Dollar Cost Averaging and Auto Re-Balancing cannot be in effect simultaneously.

**II. REALLOCATION OF TRANSFERS (in whole percentages, not less than 5%, and totaling 100%)** Fund values, excluding funds allocated to Guaranteed Interest Sub-accounts will be reallocated on the Reallocation Date selected above using the following percentages:

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/BlackRock Basic Value Equity	\$ _____	Fidelity VIP Contrafund®	\$ _____
EQ/Boston Advisors Equity Income	\$ _____	Franklin Income Securities	\$ _____
EQ/Calvert Socially Responsible	\$ _____	Franklin Rising Dividends Securities	\$ _____
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 Mergers and Acquisitions	\$ _____	Janus Aspen Series Worldwide	\$ _____
EQ/GAMCO Small Company Value	\$ _____	Multimanager Small Cap Growth	\$ _____
EQ/Intermediate Government Bond Index	\$ _____	Oppenheimer Global Securities	\$ _____
EQ/International Growth	\$ _____	PIMCO Global Bond (Unhedged)	\$ _____
EQ/Lord Abbett Growth and Income	\$ _____	ProFund VP Bear	\$ _____
EQ/Mid Cap Index	\$ _____	ProFund VP Rising Rates Opportunity	\$ _____
EQ/Mid Cap Value PLUS	\$ _____	ProFund VP UltraBull	\$ _____
		<b>Total</b>	\$ _____

**III. AUTHORIZATION**

I hereby authorize MONY Life Insurance Company (MONY) to enroll me in the Auto Re-Balancing Program. I understand that this program involves the automatic transfers of fund values at the interval specified above to maintain the desired allocation indicated above. These transfers involve 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 terms of this authorization will remain in effect until the contract/policy commences, the contract/policy is surrendered, I cancel my participation in the Auto Re-Balancing Program in writing, or there is a change in the allocation of funds, new purchase payments or premiums.

Subsequent authorizations will be effective on the first business day following the end of each re-balancing period.

MONY does not currently assess a charge for this program, but it reserves the right to assess a charge.

MONY reserves the right to terminate or change the terms and conditions of the program, at any time, effective 15 days from the date of written notice of such termination or change.

This program may not be used concurrently with the Dollar Cost Averaging Program or the Dollar Cost Averaging Plus Program. The Auto Re-Balancing program does not provide me, the owner, with assurance of a profit and does not guarantee protection against a loss in declining markets. I will not look to MONY to indemnify me for any investment loss I may suffer as a result of my participation in the program.

Owner Signature \_\_\_\_\_ Contract No. \_\_\_\_\_ Date \_\_\_\_\_

Owner Name (print) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Annuitant Name (if different from Owner-print) \_\_\_\_\_

Registered Representative (signature) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date Received by Reg. Rep. \_\_\_\_\_ Date Received by BGA/Agency \_\_\_\_\_