

MONEY/MLOA

Variable Annuity FPVA (1VAA / 2VAA)

Surrender/Withdrawal/Loan Form

MONEY Life Insurance Company
of America (MLOA)
Not Licensed in New York

MONEY Life Insurance Company (MONEY)
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: (866) 505-0260



For Assistance Call: (800) 487-6669
Monday - Friday 8:00 a.m. - 5:00 p.m. EST

Type of Request

Please check the appropriate box and complete the sections listed if you are requesting a:

- Full Surrender – sections 1,2,5,6
- Systematic Withdrawal – sections 1,4,5,6
- Partial Surrender or 401(k) Loan -- sections 1,3,5,6

Please read the “general information” page after page 4 of this form before completing your request.

1. Owner's Information *(Please print)*

Contract Number

Owner's Name *(Last, First, Middle)*

TIN: S.S.N. E.I.N.

Owner's Daytime Phone Number

Joint Owner's Name *(Last, First, Middle) (if applicable)*

Joint Owner's Daytime Phone Number

Annuitant's Name *(if other than Owner) (Last, First, Middle)*

Address Number and Street

Apt. / Suite / Floor

City

State

Zip

Please check if this is an Address Change

2. Full Surrender

For Full Surrender, a surrender charge and a market value adjustment (MVA) may apply. Surrender value equals fund value less any charges.

If you have a monthly automatic EFT contribution to this contract, have you cancelled? If so, when _____ (mm/dd/yyyy)

Please be sure all required forms are attached.

Contract Other _____

3. Partial Surrender or 401(k) Loans

For Partial Surrender, a surrender charge and a market value adjustment may apply.

Please check one: Partial Surrender-Net \$ _____ or Gross \$ _____

401(k) loan \$ _____ or Maximum Loan (50% Cash Value)

Term of Loan _____ Years (must be 5 years or less)

Please check one: (If neither box is checked, default will be to distribute pro-rata.)

I do not wish to choose specific subaccount(s). Please provide my distribution from the applicable subaccounts.

I wish to have my distribution taken from specific subaccount(s) as indicated below. Applicable charges will be allocated in accordance with contract provisions.

Please note: Partial surrender allocations from any account must be no less than 5%. No fractional percentages are allowed.

(% or \$)	Fund Name	(% or \$)	Fund Name
_____	Guaranteed Interest – 1 Year (only for MA, MD, NJ, NY, OK, OR, PA, SC, TX, WA)	_____	EQ/Small Company Index
_____	Guaranteed Interest – 3 Year (non NY only)	_____	EQ/UBS Growth and Income
_____	Guaranteed Interest – 5 Year (non NY only)	_____	Franklin Income Securities
_____	Guaranteed Interest – 7 Year (non NY only)	_____	Franklin Rising Dividends Securities
_____	Guaranteed Interest – 10 Year (non NY only)	_____	Invesco Van Kampen V.I. Global Value Equity
_____	All Asset Allocation	_____	Invesco V.I. Dividend Growth
_____	AXA Aggressive Allocation	_____	Invesco V.I. Global Health Care
_____	AXA Conservative Allocation	_____	Invesco V.I. Technology
_____	AXA Conservative-Plus Allocation	_____	Janus Aspen Forty
_____	AXA Moderate Allocation	_____	Janus Aspen Series Overseas
_____	AXA Moderate-Plus Allocation	_____	MFS Utilities
_____	EQ/AllianceBernstein Small Cap Growth	_____	Multimanager Multi-Sector Bond
_____	EQ/BlackRock Basic Value Equity	_____	Multimanager Small Cap Growth
_____	EQ/Boston Advisors Equity Income	_____	Oppenheimer Global Securities
_____	EQ/Calvert Socially Responsible	_____	PIMCO GlobalBond (Unhedged)
_____	EQ/Capital Guardian Research	_____	ProFund VP Bear
_____	EQ/Core Bond Index	_____	ProFund VP Rising Rates Opportunity
_____	EQ/GAMCO Mergers and Acquisitions	_____	ProFund VP UltraBull
_____	EQ/GAMCO Small Company Value	100%	Total
_____	EQ/Global Multi-Sector Equity		
_____	EQ/Intermediate Government Bond Index		
_____	EQ/Large Cap Value Index		
_____	EQ/Large Cap Value PLUS		
_____	EQ/Mid Cap Index		
_____	EQ/Mid Cap Value PLUS		
_____	EQ/Money Market		
_____	EQ/Montag & Caldwell Growth		
_____	EQ/Morgan Stanley Mid Cap Growth		
_____	EQ/PIMCO Ultra Short Bond		

General Information

Systematic Withdrawals:

- All Systematic Withdrawals must comply with contract provisions.
- If any surrender made in order to meet the specified Systematic withdrawal payment, together with all other surrenders made during the contract year, 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.
- MLOA/MONY will make surrenders of cash values in order to make the Systematic Withdrawal Service payments you requested in Section 4. 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.
- Systematic Withdrawals via Electronic Fund Transfers will be presented to the Financial Institution indicated not less than 5 business days from the date of the withdrawal.
- MLOA/MONY reserves the right to discontinue the Systematic Withdrawal at any time without prior notice. Prior notice of not less than 15 days will be given to any owner then receiving Systematic withdrawal Service Payments.

Full and Partial Surrenders:

- Partial surrenders may be made at any time. A partial surrender which would reduce the cash value below the \$1,000 minimum will be processed as a full surrender. Partial surrenders from the Guaranteed Interest Account are limited by contract provisions.
Net—all charges and taxes will be taken out in addition to the amount being requested.
Gross—all charges and taxes will be taken out of the amount being requested.
- An election to surrender in full or part will be effective upon receipt of such request to surrender.
- A Market Value Adjustment may be imposed if a surrender of Fund Value from the Guaranteed Interest Account is requested.

Loans:

The trustee signing this form represents that the loan request is permitted under the terms of the 401(k) plan.

Tax Withholding:

MLOA/MONY will automatically withhold 10% federal income tax from the taxable portion of your withdrawal unless you check the 'no withholding' box in Section 5. Some states require us to withhold state income tax if federal income tax is withheld. We do not withhold income tax in every state; we will only withhold state income tax in those states which require us to do so. We will withhold tax in those states unless you are eligible to, and elect out of withholding. You may request an additional amount to be withheld for either or both of federal and state income tax. In order to elect out of withholding, by your signature in Section 6, you indicate that you have provided your U.S. residence address and correct Taxpayer Identification Number (Social Security Number for an individual or Employer Identification Number for a non-natural owner) in Section 1.

CAUTION: There are penalties for not paying enough tax during the year, whether through withholding or estimated tax payments. You may incur penalties if your estimated tax payments are not enough. For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

- By January 31st of the 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.

Corporate Rightsholder: (Owner):

An officer (other than insured or secretary) must sign and specify his/her corporate title. If the only officers are the Insured and Secretary, use only a statement to that effect or indicate that fact. State the complete name of the Corporation (as it appears on the Charter or Certificate of Incorporation). DO NOT submit a corporate assumed name or d/b/a.

Partnership Rightsholder: (Owner):

A general partner other than the insured must sign.