



MONY Life Insurance Company  
 PO Box 4720  
 Syracuse, NY 13221

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

Variable Products (VUL/SVUL )  
 Asset Reallocation/Auto -  
 Re-Balancing Enrollment Form  
 Form No. 15762LL (09/2009)

**Activation:**

I hereby authorize and direct MONY Life Insurance Company (MONY) to enroll me in the Auto Re-Balancing/Asset Reallocation program. I understand that the Auto Re-Balancing/Asset Reallocation program is designed to maintain a desired proportion of fund values in the various subaccounts. My desired proportion is indicated by the percentages I have written into the chart below. I further understand that this program involves the automatic transfer of fund values from subaccounts where the current ratio exceeds the proportionate percentages as I have indicated below. This transfer involves the sale of units of the subaccounts where fund values have increased and the purchase of units of subaccounts where the fund values decreased.

The transfer ("re-balancing" can occur quarterly, semi-annually, or annually at the option of the rightsholder. Transfers will take place the first business day following the end of each re-balancing period.

**By checking the appropriate box below, I hereby direct MONY to rebalance the fund values in the subaccounts to which I have allocated fund values:**

- Quarterly       Semi-Annually       Annually

**These periods are measured from the policy date. This date will be known as the reallocation Date. The reallocation Date will not necessarily correspond to a quarterly, semi annual or annual calendar date.**

Fund values in the Guaranteed Interest Account are not eligible for this program. Dollar Cost Averaging and Auto Re-Balancing cannot be in effect simultaneously.

I want the fund values of my policy reallocated on the Reallocation Date at the percentages I have indicated in the table below. Allocations **must** be specified in whole percentages of at least 5%. The percentages must total 100%.

SUB ACCOUNT	%	SUB ACCOUNT	%
AIM V.I. Financial Services	_____	EQ/Lord Abbett Growth and Income	_____
AIM V.I. Global Health Care	_____	EQ/Mid Cap Index	_____
AIM V.I. Technology	_____	EQ/Mid Cap Value PLUS	_____
All Asset Allocation	_____	EQ/Money Market	_____
AXA Aggressive Allocation	_____	EQ/Montag & Caldwell Growth	_____
AXA Conservative Allocation	_____	EQ/PIMCO Ultra Short Bond	_____
AXA Conservative-Plus Allocation	_____	EQ/UBS Growth and Income	_____
AXA Moderate Allocation	_____	EQ/Van Kampen Mid Cap Growth	_____
AXA Moderate-Plus Allocation	_____	Franklin Income Securities	_____
EQ/Alliance Bernstein Small Cap Growth	_____	Janus Aspen Series Forty	_____
EQ/Boston Advisors Equity Income	_____	Janus Aspen Series Overseas	_____
EQ/Calvert Socially Responsible	_____	MFS® Utilities	_____
EQ/Core Bond Index	_____	Multimanager Multi-Sector Bond	_____
EQ/GAMCO Small Company Value	_____	Multimanager Small Cap Growth	_____
EQ/Global Multi-Sector Equity	_____	PIMCO Global Bond (Unhedged)	_____
EQ/Intermediate Government Bond Index	_____	Van Kampen UIF Global Value Equity	_____
EQ/Large Cap Value PLUS	_____		
		<b>TOTAL</b>	_____

**Cancellation:**

- The contract matures or MONY receives a written policy surrender request.
- This authorization will be cancelled upon receipt by the Company of a written request signed by the rightsholder terminating the enrollment in this program.
- If there is a change in the allocation of new purchase payments or premiums.
- If there is a change in the allocation of funds.

**Forward Enrollment Form To:**

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

I have read the additional terms and conditions listed below. 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.

\_\_\_\_\_  
Policyholder Name (signature)

\_\_\_\_\_  
Date signed by Policyholder

\_\_\_\_\_  
Policyholder Name (print)

\_\_\_\_\_  
Policy Number (after Issue Only)

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

\_\_\_\_\_  
Agency/Registered Representative Number

\_\_\_\_\_  
Insured Name if different from policyholder (print)

**Additional Terms and Conditions**

I understand that the timing, percentage or number of transfers, or the Subaccounts, to which policy values are transferred, may only be changed by completing a new Enrollment Form. The change will be effective on the first business day following the end of each re-balancing period.

I further understand that:

MONY does not currently assess a charge for this Program but it reserves the rights to assess a charge.

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.

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 Enrollment Form in order to participate again in the Auto Re-Balancing Program.

The Auto-Re-Balancing Program does not provide me, as a policyholder, with assurance of a profit and does not guaranteed protection against loss in declining markets.

I consent in advance to the recording by MONY of any telephone conversations for as long as the Auto Re-Balancing Program is in effect.

**FOR REGISTERED REPRESENTATIVE USE ONLY**

Rightsholder

Registered Representative

Registered Representative Address If Detached from Agency

\_\_\_\_\_  
FP Code #

\_\_\_\_\_  
Address

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

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

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