



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

Regular Mail:  
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MD 32-10  
Syracuse, NY 13221

Express Mail:  
100 Madison Street  
Syracuse, NY 13202  
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**MONY Dollar Cost Averaging (DCA)**  
**Enrollment Form**  
**Variable Universal Life/**  
**Survivorship VUL - (VULA / SVLA)**  
Form No. 15763LA (05/2011)

**Toll Free : 1-800-487-6669**

Select One:  Initiate Dollar Cost Averaging Program  Change existing Dollar Cost Averaging Program

**I. DCA TRANSFER PROGRAM**

I wish to transfer \$\_\_\_\_\_ at regular intervals from my Money Market subaccount to the subaccounts selected below.

Minimum Purchase Payment required to participate in the program is \$5,000.

Select one of the following transfers periods:

\_\_\_\_\_ Number of Transfers  Continue transfers until the Money Market Subaccounts is depleted

Please select the frequency of transfers:

Monthly – 10<sup>th</sup> day of each month  Quarterly – 10<sup>th</sup> day of month (March, June, September, December)

- The amount of money transferred from the Money Market subaccount will be a level amount for the selected period.
- The final transfer, if less than the amount indicated above, will be proportionately distributed to the subaccounts selected below.
- If the transfer date does not fall on a business day, the transfer will take place on the next succeeding business day.

**II. ALLOCATION OF TRANSFERS (in whole dollars)**

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/UBS Growth and Income	\$ _____
AXA Moderate-Plus Allocation	\$ _____	Franklin Income Securities	\$ _____
EQ/Alliance Bernstein Small Cap Growth	\$ _____	Invesco Van Kampen V.I. Global Value Equity	\$ _____
EQ/Boston Advisors Equity Income	\$ _____	Invesco V.I. Dividend Growth	\$ _____
EQ/Calvert Socially Responsible	\$ _____	Invesco V.I. Global Health Care	\$ _____
EQ/Core Bond Index	\$ _____	Invesco V.I. Technology	\$ _____
EQ/GAMCO Small Company Value	\$ _____	Janus Aspen Series Forty	\$ _____
EQ/Global Multi-Sector Equity	\$ _____	Janus Aspen Series Overseas	\$ _____
EQ/Intermediate Government Bond Index	\$ _____	MFS® Utilities	\$ _____
EQ/Large Cap Value Index	\$ _____	Multimanager Multi-Sector Bond	\$ _____
EQ/Large Cap Value PLUS	\$ _____	Multimanager Small Cap Growth	\$ _____
EQ/Mid Cap Index	\$ _____	PIMCO Global Bond (Unhedged)	\$ _____
EQ/Mid Cap Value PLUS	\$ _____		
		<b>TOTAL</b>	<b>\$ _____</b>

**III. AUTHORIZATION**

I hereby authorize MONY Life Insurance Company of America (MLOA) / MONY Life Insurances Company (MONY) to enroll me in the Dollar Cost Averaging Program. The terms of this authorizations will remain in effect until the policy matures, policy is surrendered, I cancel my participation in the DCA program in writing, or a subsequent authorization is submitted. Subsequent authorizations will be effective on the 10th day of the month/quarter if received by MLOA/MONY on or before the 8<sup>th</sup> day of the applicable month/quarter. MLOA/MONY does not currently assess a charge for this program, but it reserves the right right to assess a charge. MLOA/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 Plus Program or any automatic re-balancing program. The DCA 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 MLOA / MONY to indemnify me for any investment loss I may suffer as a result of my participation in the program.

Owner Name (signature)\_\_\_\_\_ Policy No. \_\_\_\_\_ Date \_\_\_\_\_

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

Insured's Name (if different from Owner-Print)\_\_\_\_\_

Registered Representative Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

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