



Forward this form to:

MONY Life Insurance Company of America  
P.O. Box 4720 MD 32-7  
Syracuse, New York, 13221  
1-800-487-6669

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

**MONY Dollar Cost Averaging (DCA)**  
**Enrollment Form**  
**Variable Universal Life/  
Survivorship VUL**  
Form No. 15763LA (09/2009)

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)**

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>	<b>\$ _____</b>

**III. AUTHORIZATION**

I hereby authorize MONY Life Insurance Company of America (MLOA) to enroll me in the Dollar Cost Averaging Program. The terms of this authorization will remain in effect until the policy matures, policy is surrendered, I cancel my participation in the DCA Program in writing or by phone (subject to telephone procedures) or a subsequent authorization is submitted. Subsequent authorizations will be effective on the 10<sup>th</sup> day of the month/quarter if received by MLOA on or before the 8<sup>th</sup> day of the applicable month/quarter. MLOA does not currently assess a charge of this program, but it reserves the right to assess a charge. MLOA 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 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 \_\_\_\_\_