



Forward this form to:  
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**Auto Re-Balancing Enrollment Form**  
**MONY Variable Universal Life/**  
**Survivorship VUL**  
 Form No. 15764LA (09/2009)

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

- 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 and not less than 5%)** Fund values, excluding funds allocated to a Guaranteed Interest Subaccounts will be reallocated on the Reallocation Date selected above using the following percentages:

AIM V.I. Financial Services	_____ %	EQ/Lord Abnett 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>	_____ %

**III. AUTHORIZATION**

I hereby authorize MONY Life Insurance Company of America (MLOA) 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 policy matures, the policy is surrendered, I cancel my participation in the Auto Rebalancing Program in writing or by phone (subject to telephone procedures), there is a change in the allocation percentages of new purchase payments or premiums, there is a change in the allocation of funds via a transfer of funds to different subaccounts or a subsequent authorization is submitted. Subsequent authorization will be effective on the first business day following the end of each re-balancing period. MLOA does not currently assess a charge for 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 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 MLOA to indemnify me for any investment loss I may suffer as a result of my participation in the program.

Owner Signature \_\_\_\_\_ Policy No. \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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