



MONY Life Insurance Company  
 P.O. Box 4720  
 Service Unit 32-10  
 Syracuse, New York 13221

**Variable Universal Life (VUL)  
 Service Request**

Form No. 15777LL (06/2010)

Insured \_\_\_\_\_ Policy # \_\_\_\_\_ Requesting Brokerage Name or Agency # \_\_\_\_\_

To elect one or more of the following functions check the appropriate box/boxes below and enter the percentage or dollar amounts in the corresponding allocation sections(s).

- TRANSFER OF FUND VALUES** (Complete Section I)
- CHANGE FUTURE PREMIUM ALLOCATION** (Complete Section II)
- PREMIUM** Allocation as Instructed below (Complete Section III)

**ALLOCATION SECTION**

ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED. PERCENTAGES MUST TOTAL 100%.

If percentages are used, the amount in the **Transfer To** column must equal **100%**.  
 If dollar amounts are used, the total amount from the **Transfer From** and the **Transfer To** columns must be equal.

Account	I. Transfer From Account(s) (% OR \$)	Transfer to Account(s) (% OR \$)	II. Future Payment Allocation (%)	III. Enclosed Payment Allocation (% or \$)
Guaranteed Interest				
All Asset Allocation				
AXA Aggressive Allocation				
AXA Conservative Allocation				
AXA Conservative-Plus Allocation				
AXA Moderate Allocation				
AXA Moderate-Plus Allocation				
EQ/Alliance Bernstein Small Cap Growth				
EQ/Boston Advisors Equity Income				
EQ/Calvert Socially Responsible				
EQ/Core Bond Index				
EQ/GAMCO Small Company Value				
EQ/Global Multi-Sector Equity				
EQ/Intermediate Government Bond Index				
EQ/Large Cap Value PLUS				
EQ/Lord Abbett Growth and Income				
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				
EQ/UBS Growth and Income				
Franklin Income Securities				
Invesco V.I. Financial Services				
Invesco V.I. Global Health Care				
Invesco V.I. Technology				
Invesco Van Kampen V.I. Global Value Equity				
Janus Aspen Series Forty				
Janus Aspen Series Overseas				
MFS Utilities				
Multimanager Multi-Sector Bond				
Multimanager Small Cap Growth				
PIMCO Global Bond (Unhedged)				
TOTAL				

**THE SECOND PAGE CONTAINS THE SIGNATURES, TERMS AND OTHER IMPORTANT INFORMATION**

Instructions: 1 Original and 1 copy required: Original signed to service unit; copy to registered representative

## Terms

**Purchase Payment Allocation** Any Change will be effective within 7 days after the request is received.

**Transfer of Fund Values** A transfer charge may be imposed as provided in the contract. Transfers involving the Guaranteed Interest Account(s) are limited by contract provisions, and a market value adjustment may be imposed if a transfer of fund value(s) from the Guaranteed Interest Account(s) is requested

**Please note:** Unless otherwise expressly provided in this form, any request or election made on page 1 of this form will be made in accordance with provisions of the contract.

This service request, assuming it is properly completed, will be deemed received by us when it is received at the address indicated on page 1.

## Signatures

I(we) have requested the above change(s), have read and understand the information contained on this page 2 of this form pertaining to my(our) change, and understand that a market value adjustment may be imposed if a transfer of Fund Value(s) from the Guaranteed Interest Account(s) is requested.

X \_\_\_\_\_  
Contractholder Signature      Date

X \_\_\_\_\_  
Other Contractholder Signature      Date

If a corporate signature is required, the title of the signing officer other than the annuitant or secretary, and the name of the corporation must be indicated.

Note: Two witnesses are required when signature is a mark or in foreign script

### **For Registered Representative Use Only**

\_\_\_\_\_  
Registered Representative Signature / Date

Type of request   Solicited   Unsolicited

\_\_\_\_\_  
Print – Registered Representative Name

\_\_\_\_\_  
Date/Time Received by Authorized Registered Representative

\_\_\_\_\_  
Agency Number

\_\_\_\_\_  
Authorized Registered Principal Signature

If your client currently has auto-rebalancing, dollar cost averaging, or additional investment strategies, have you discussed the contract provisions with respect to these allocations as the requested transfers may have an effect on them?

Yes    No

I verify and confirm that the transfers requested are in accord with the client's investment objectives, risk tolerance, time horizon, and overall asset allocation.

Yes    No

When did the last sub-account transfer occur (date)? \_\_\_\_\_

### **Home Office Use Only**

\_\_\_\_\_  
Customer Service Representative Name

\_\_\_\_\_  
Date/Time Transfer Entered