



**1. POLICYHOLDER**

Name of Policyholder(s) \_\_\_\_\_

Name of Insured (if different than policyholder) \_\_\_\_\_

Policy Number \_\_\_\_\_

SELECT ONE:

- Please establish the election checked below. This form supersedes any prior Systematic Withdrawal election(s).
- Please Cancel the Systematic Withdrawal election in effect.

**2. SYSTEMATIC WITHDRAWALS**

This plan makes it easy for you to receive regular payments from your Variable Universal Life Policy by having a check mailed to you or a third-party such as your bank. Alternatively, you may choose Electronic Fund Transfers (EFT) to your bank.

CHECK ONE:

- Send checks to policyholder at address of record
- Send checks payable to rightsholder at financial institution's address below
- Electronic Fund Transfer to bank account (please include Financial Institutions routing number).  
"Attached a Void Check if this is a checking account"

Name of Institution, if Applicable	Routing #	Account #
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Mailing Address \_\_\_\_\_

City	State	Zip Code
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Signature of Policyholder \_\_\_\_\_

**3. START DATE**

Systematic withdrawals will become effective when this form is received by the Home Office, unless a future Start Date is indicated below.

I want withdrawals to begin on \_\_\_\_\_ (mm/dd/yyyy)

**4. AMOUNT AND FREQUENCY OF PAYMENTS**

SELECT ONE:      Monthly Amount of \$ \_\_\_\_\_      Quarterly Amount of \$ \_\_\_\_\_

                                 Semi-Annual Amount of \$ \_\_\_\_\_      Annual Amount of \$ \_\_\_\_\_

**5. TAX WITHHOLDINGS**

CHECK ONE:      *(If you do not complete this box, taxes will be withheld from payments)*

- No, I do not want any income tax withheld from systematic withdrawal payments.
- Yes, I want income taxes to be withheld from the taxable portion of systematic withdrawal payments.

FEDERAL:     No     Yes    Additional amount to be withheld (optional) \_\_\_\_\_ %

Some states require us to withhold state income tax if federal income tax is withheld.

Please consult your tax advisor for rules that apply to you.

Instructions: 1 Original and 2 Copies required: original signed to service unit, md 32-10,; copy to policyholder; copy to financial professional

**6. ALLOCATIONS**

PLEASE SELECT ACCOUNT(S) FOR WITHDRAWAL; OTHERWISE, WITHDRAWAL WILL BE TAKEN ON A PRO-RATA BASIS ALLOCATION TO ANY ACCOUNT MUSE BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED. SURRENDERS FROM THE GUARANTEED INTEREST ACCOUNT(S) MAY BE SUBJECT TO MARKET VALUE ADJUSTMENT.

<b>ACCOUNT</b>	<b>\$ or %</b>	<b>ACCOUNT</b>	<b>\$ or %</b>
Guaranteed Interest	_____	EQ/Large Cap Value PLUS	_____
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	_____
		<b>TOTAL</b>	_____

**7. AUTHORIZATION**

Please make partial surrenders of my Variable Life Policy in the amounts and at the times indicated in Section 4, plus, if applicable, the amount of any surrender charge. I (we) have received and read the terms and conditions set forth on page 3 of this form, and I (we) agree to be subject to them. I (we) further agree that I (we) will retain a copy of this form for my (our) records.

**Policyholder's Taxpayer I.D. or Social Security Number** \_\_\_\_\_

I (we) have provided a Taxpayer I.D. or Social Security number, as distributions from the policy may be subject to federal and state taxes. The Company will report payments of taxable income. Additionally, I (we) understand that if the Policyholder is under age 59 1/2, amounts received may also be subject to a 10% penalty tax.

**UNDER THE PENALTIES OF PERJURY, I CERTIFY THAT (i) THE NUMBER ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, AND (ii) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (a) I AM EXEMPT FROM BACKUP WITHHOLDING OR (b) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (IRS) THAT I AM SUBJECT TO BACKUP WITHHOLDING OR (c) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING AND (iii) I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).**

**CERTIFICATION INSTRUCTIONS:** You must cross out item (ii) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

\_\_\_\_\_  
Signature of U.S. Person-Policyholder 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.

\_\_\_\_\_  
Date Received by Req. Rep

\_\_\_\_\_  
Signature of Other U.S. Person-Policyholder Date  
(If Applicable)

**Mail completed form to:**  
**MONY Life Insurance Company of America**  
P.O. Box 4720 MD 32-10  
Syracuse, NY 13221

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

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

## ADDITIONAL TERMS AND CONDITIONS

1. All Systematic Withdrawals must comply with Policy Provisions.
2. Systematic Withdrawals are subject to the partial surrender fee. The Systematic Withdrawals will be processed until (a) there is insufficient Fund Value to meet the current payment and accommodate the policy minimums states below or (b) the policyholder notifies the company in writing, to cease the withdrawals. Systematic Withdrawals are subject to the following rules:

Minimum Specified Amount	= \$110,000
Minimum Remaining Cash Value	= \$0

3. Systematic withdrawals via Electronic Fund Transfer will be presented to the Financial Institution indicated not less than 5 business days from the date of the withdrawal.
4. MONY Life Insurance Company of America reserves the right to discontinue the Systematic Withdrawal Service at any time without prior notice. Prior notice of not less than 15 days will be given to any policyholder then receiving Systematic Withdrawals Service payments.