



I hereby authorize MONY Life Insurance to enroll me in the Dollar cost Averaging program. I understand that the Dollar Cost Averaging program is designed to allow me to transfer present and future policy values from my **Money Market Subaccount** at regular intervals over a specific period of time. This authorization will remain in effect until the policy matures or MONY receives a written policy surrender request. This authorization will be cancelled upon request either in writing signed by me, delivered by U.S. mail or by telephone call (subject to the telephone procedures), and will be cancelled upon receipt of a subsequent authorization. Requests for cancellation received by telephone will be confirmed. The address and telephone are set forth below.

By checking the appropriate box I hereby authorize MONY to:

- Transfer \$_____ on the transfer date selected below from the **Money Market Subaccount** to the Subaccount(s) selected below. This authorization will remain in effect for _____ (**number of**) transfers or until the amount remaining in the **Money Market Subaccount** is less than the amount designated for the transfer.
- Transfer \$_____ on the transfer date selected below from the **Money Market Subaccount** to the Subaccount(s) selected below. This authorization will remain in effect until the **Money Market Subaccount** is depleted.

If more than one Subaccount has been selected, the final transfer will be allocated among such Subaccounts in the proportion each Subaccount bears to the total amount remaining in the **Money Market Subaccount**. If only one Subaccount has been chosen, the entire amount remaining in the **Money Market Subaccount** will be transferred to the Subaccount selected.

By checking the appropriate box below, which shall become the "transfer date", I hereby direct MONY:

- on the 10th day of each month
- on the 10 day of the first month of each calendar quarter following receipt of this authorization,

to transfer policy value in the amounts specified above from the **Money Market Subaccount** to the selected Subaccount(s) in the amounts as specified below. (If the Transfer Date selected above does not fall on a business day, the transfer will take place on the next succeeding business day.)

| Available Sub-Accounts | Dollar Amount Of Transfer | Available Sub-Accounts | Dollar Amount Of Transfer |
|--|------------------------------|------------------------------------|------------------------------|
| AIM V.I. Financial Services | \$ _____ | EQ/Mid Cap Index | \$ _____ |
| AIM V.I. Global Health Care | \$ _____ | EQ/Mid Cap Value PLUS | \$ _____ |
| AIM V.I. Technology | \$ _____ | EQ/Money Market | \$ _____ |
| All Asset Allocation | \$ _____ | EQ/Montag & Caldwell Growth | \$ _____ |
| AXA Aggressive Allocation | \$ _____ | EQ/PIMCO Ultra Short Bond | \$ _____ |
| AXA Conservative Allocation | \$ _____ | EQ/UBS Growth and Income | \$ _____ |
| AXA Conservative-Plus Allocation | \$ _____ | EQ/Van Kampen Mid Cap Growth | \$ _____ |
| AXA Moderate Allocation | \$ _____ | Franklin Income Securities | \$ _____ |
| AXA Moderate-Plus Allocation | \$ _____ | Janus Aspen Series Forty | \$ _____ |
| EQ/Alliance Bernstein Small Cap Growth | \$ _____ | Janus Aspen Series Overseas | \$ _____ |
| EQ/Boston Advisors Equity Income | \$ _____ | MFS® Utilities | \$ _____ |
| EQ/Calvert Socially Responsible | \$ _____ | Multimanager Multi-Sector Bond | \$ _____ |
| EQ/Core Bond Index | \$ _____ | Multimanager Small Cap Growth | \$ _____ |
| EQ/GAMCO Small Company Value | \$ _____ | PIMCO Global Bond (Unhedged) | \$ _____ |
| EQ/Global Multi-Sector Equity | \$ _____ | Van Kampen UIF Global Value Equity | \$ _____ |
| EQ/Intermediate Government Bond Index | \$ _____ | | |
| EQ/Large Cap Value PLUS | \$ _____ | TOTAL | \$ _____ |
| EQ/Lord Abbett Growth and Income | \$ _____ | | |

Forward this Enrollment Form to:
MONY Life Insurance Company/P.O. Box 4720 MD 32-10/Syracuse, NY 13221/ 1-800-487-6669

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

ADDITIONAL TERMS AND CONDITIONS

I understand that the timing, amount or number of transfers, or the Subaccounts to which policy values are transferred, may only be changed by completing a new Enrollment Form. The change will be effective on the 10th day of the month or the 10th day or the first month of the calendar quarter, as applicable, only if received by MONY on or before the close of business by the eighth day of the month, or the eighth day of the first month of the calendar quarter, as applicable. If the eighth day is not a business day, the change must be received by the next preceding business day.

I further understand that:

- 1. Minimum initial payment: \$5,000
- 2. MONY does not currently assess a charge for this Program but it reserves the right to asses a charge.
- 3. MONY reserves the right to terminate, charge for, or change the terms and conditions of the Program at any time, effective 15 days from the date of written notice of the assessment of such charge, or the modification or termination of the Program.
- 4. If I wish to cancel my participation in the Program, I may do so only in writing unless I elect to be able to do so by telephone by signing in the space provided at the bottom of this form. I agree that once my participation is cancelled, whether in writing or by telephone, I must complete a new Enrollment Form in order to participate again in the Dollar Cost Averaging Program.

If I elect to cancel my participation in the Program I acknowledge that:

- a) I have received, and agree to the terms of, the Company's Procedures for Telephone Transfer for Holders of Variable Contracts. Set forth below is a brief description of some of the procedures to be followed to cancel participation in the Dollar Cost Averaging Program:
 - 1) The Rightsholder shall call the designated telephone number and provide the following information:
 - a. name of righsholder
 - b. name of insured
 - c. date of birth of insured
 - d. righsholder number
 - e. social security number or rightsholder
 - 2) MONY will compare the information provided above with that contained in the records of MONY, and if such information matches the records of MONY, the telephone cancellation will be accepted by MONY.
 - 3) A confirmation of the cancellation of the Dollar Cost Averaging Program will be sent to me.
- b) I agree that MONY's records of the receipt of instructions to cancel my participation in the Dollar Cost Averaging Program by telephone, shall be conclusive and agree to notify MONY of any unauthorized cancellation of the Dollar cost Averaging Program within 20 days of receipt of the confirmation of transaction.
- c) Notwithstanding anything to the contrary contained in this enrollment form, MONY reserves the right to modify these telephone provisions or to discontinue accepting Dollar Cost Averaging cancellation by telephone at any time, upon written notice.
- d) MONY, the Variable Account, and the underlying funds shall not be subject to any claim, loss, liability, cost or expense arising out of the cancellation of my participation in the Dollar cost Averaging program by telephone.

The Dollar Cost Averaging Program does not provide me, as rightsholder, with assurance of a profit and does not guarantee protection against loss in declining markets.

I elect the privilege to be able to cancel my participation in the Dollar Cost Averaging Program by telephone, and I agree to the conditions outlined above.

I have read the additional terms and conditions listed above and the Procedures for Telephone Transfer (if I have elected telephone authorization) for Holders of Variable Contracts and I agree that by participating in this program I have not relied upon any representation or warranty from MONY that this program will achieve a particular investment result. I further agree that I will not look to MONY to indemnify me for any investment losses I may suffer as a result of my participation in the program.

I consent in advance to the recording by MONY of any telephone conversations for as long as the Dollar Cost Averaging program is in effect.

Rightsholder Name (signature)_____ Date_____

Righsholder Name(print)_____ Policy Number (after issue only)_____

Registered Representative (signature at time of application)_____

Insured Name if different from Righsholder (print)_____

Date Received by Reg. Rep._____ Date Received by BGA/Agency_____