



Forward this form with Application to:
MONY Life Insurance Company of America
 Regular Mail: PO Box 4720
 MD 32-10
 Syracuse, NY 13221
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 Express Mail:
 100 Madison Street
 Syracuse, NY 13202
 Fax: (315)-477-2802

**MONY Variable Annuity/MONY L-VA
 Dollar Cost Averaging Plus (DCA Plus)
 Enrollment Form**
 Form No. 15912LA (12/10)

THE SUBACCOUNT ALLOCATIONS MUST BE CONSISTENT WITH THE OBJECTIVE CHOSEN ON THE APPLICATION SUPPLEMENT.

I. DCA PLUS PROGRAM (ONLY THE INITIAL PURCHASE PAYMENT IS ELIGIBLE FOR THIS PROGRAM)

I wish to allocate \$ _____ of my Initial Purchase Payment to the DCA Plus Program to be transferred at regular intervals to the subaccounts selected below - **\$5,000 minimum**.

Select one of the following transfer periods:

- 6 month DCA Plus Program 12 Month DCA Plus Program

Please select the frequency of transfers:

- Monthly – 10th day of each month Quarterly – 10th day of month (March, June, September, December)

- The amount of money transferred under the DCA Plus Program will be a level amount based on the selected period.
- At the end of the selected program, all remaining funds in the DCA Plus Program will be transferred to the Money Market Subaccount.
- 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 UNDER DCA PLUS PROGRAM (in whole percentages and not less than 5%)

THE SUBACCOUNT ALLOCATIONS MUST BE CONSISTENT WITH THE OBJECTIVE CHOSEN ON THE APPLICATION SUPPLEMENT.

ACCOUNT	\$ OR %	ACCOUNT	\$ OR %
All Asset Allocation	_____	EQ/PIMCO Ultra Short Bond	_____
AXA Aggressive Allocation	_____	EQ/Small Company Index	_____
AXA Conservative Allocation	_____	EQ/UBS Growth and Income	_____
AXA Conservative-Plus Allocation	_____	Franklin Income Securities	_____
AXA Moderate Allocation	_____	Franklin Rising Dividends Securities	_____
EQ/Alliance Bernstein Small Cap Growth	_____	Invesco Van Kampen V.I. Global Value Equity	_____
EQ/BlackRock Basic Value Equity	_____	Invesco V.I. Financial Services	_____
EQ/Boston Advisors Equity Income	_____	Invesco V.I. Global Health Care	_____
EQ/Calvert Socially Responsible	_____	Invesco V.I. Technology	_____
EQ/Capital Guardian Research	_____	Janus Aspen Series Forty	_____
EQ/Core Bond Index	_____	Janus Aspen Series Overseas	_____
EQ/GAMCO Mergers and Acquisitions	_____	MFS Utilities	_____
EQ/GAMCO Small Company Value	_____	Multimanager Multi-Sector Bond	_____
EQ/Global Multi-Sector Equity	_____	Multimanager Small Cap Growth	_____
EQ/Intermediate Government Bond Index	_____	Oppenheimer Global Securities	_____
EQ/Large Cap Value PLUS	_____	PIMCO Global Bond (Unhedged)	_____
EQ/Lord Abbett Growth and Income	_____	ProFund VP Bear	_____
EQ/Mid Cap Index	_____	ProFund VP Rising Rates Opportunity	_____
EQ/Mid Cap Value PLUS	_____	ProFund VP UltraBull	_____
EQ/Money Market	_____	Total	_____
EQ/Montag Caldwell Growth	_____		
EQ/Morgan Stanley Mid Cap Growth	_____		

III. AUTHORIZATION

I hereby authorize MONY Life Insurance Company of America (MLOA) to enroll me in the Dollar Averaging Plus Program. This authorization will remain in effect until the end of the selected DCA transfer program unless the contract is surrendered or cancel my participation in the DCA Plus Program in writing or by phone (subject to telephone procedures). 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 regular Dollar Cost Averaging Program or any automatic re-balancing program. The DCA Plus program does not provide me as 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 _____ Contract No. _____ Date _____

Owner Name (print) _____

Annuitant Name (if different from owner – print) _____

Registered Representative (signature at time of application) _____ Telephone No. _____

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