



**MONY Life Insurance Company of America**

Regular Mail: PO Box 4720 MD 32-10 Syracuse, NY 13221 Toll Free #: 1-800-487-6669  
Express Mail: 100 Madison Street Syracuse, NY 13202 Fax: (315)-477-2802

**C/L Variable Annuity Systematic Withdrawal Enrollment Form**  
Form No. 15915LL(12/10)

**1. CONTRACTOWNER**

Name of Owner(s) \_\_\_\_\_

Name of Annuitant (if different than contractholder) \_\_\_\_\_

Contract 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 Flexible Payment Variable (C-VA/L-VA) Annuity contract 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 the owner at address of record
- Send checks payable to rightsholder at financial institution's address below
- Electronic Fund Transfer to bank account (Please include Financial Institution routing number). "Attach a Voided Check."

Name of Institution (if applicable) \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Owner \_\_\_\_\_

**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 \$ \_\_\_\_\_
  - Quarterly \$ \_\_\_\_\_
  - Semi-Annual \$ \_\_\_\_\_
  - Annual \$ \_\_\_\_\_

**5. ALLOCATIONS**

PLEASE SELECT ACCOUNT(S) FOR WITHDRAWAL; OTHERWISE, WITHDRAWAL WILL BE TAKEN ON A PRO-RATA BASIS. ALLOCATION TO ANY ACCOUNT MUST BE NO LESS THAN 5%. NO FRACTIONAL PERCENTAGES ARE ALLOWED.

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

**Withholding Election Information:** This section must be completed if cash value surrenders or withdrawals are elected.

We will automatically withhold 10% Federal Income Tax from the taxable portion (NQ contracts) or the gross amount (all IRAs) of your surrender or withdrawal unless you check option A below. 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. If you are a U.S. citizen/legal resident and the check is sent abroad, we must withhold tax.

If you are not a U.S. citizen/legal resident you cannot use only this form and you must cross out all of the bold-faced wording in the **AUTHORIZATION** section of this form. In addition, please send us a letter requesting this withdrawal, indicating your current residence and citizenship status, along with an IRS Form W-8BEN. We will withhold 30% tax unless your Form W-8BEN properly indicates to us that we may withhold at a different rate.

Even though your distribution from your IRA may not be fully taxable, we are required to withhold Federal Income Tax from the gross amount of the distribution, unless you elect out, as shown below. You will be able to compute the taxable amount, if any, of your IRA withdrawal on your own tax return.

- A.  I do not want Federal (and State, if applicable) Income Taxes withheld from my withdrawal or surrender. I have provided my U.S. residence address and Social Security Number on this form. I understand that I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.
- B.  I want to have 10% Federal Income Tax withheld from the taxable amount of my withdrawal or surrender (you may also designate an additional percentage below).  
 I want the following additional percentage withheld from my withdrawal or surrender: \_\_\_\_% + 10% = \_\_\_\_%.
- C.  I want to have the applicable percentage of State Income Tax withheld from the taxable amount of my withdrawal or surrender (you may also designate an additional percentage below).  
 I want the following additional percentage withheld from my withdrawal or surrender: \_\_\_\_% + applicable % = \_\_\_\_%.

We ask for the above information to comply with federal and state tax laws. Failure to provide this information may result in inaccurate withholding on your payment (s). Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws.

**CAUTION:** There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. For more information, please see IRS Publication 505, *Tax Withholding and Estimated Tax*, available from the IRS website: [www.irs.gov](http://www.irs.gov). You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity by checking the appropriate box(es) above.

By January 31st of next year you will receive a statement from the Company *on Form 1099-R* showing the total amount of your distribution (s) and the total income tax withheld during the year. The Company will report payments of taxable income to the IRS and you may be liable for federal income tax payments on those amounts whether or not you elect withholding.

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#### 7. ADDITIONAL TERMS AND CONDITIONS

1. All Systematic Withdrawals must comply with contract provisions.
2. If any surrender made in order to meet the specified Systematic Withdrawal payment, together with all other surrenders made during the contract year, exceeds the Free Surrender Amount (if applicable) described in the contract, a surrender charge (if applicable) will be imposed and in order to meet such charge, additional cash values will be surrendered.
3. MONY Life Insurance Company will make surrenders of cash values in order to make the Systematic Withdrawal Service payments you requested in Section 2 on the first page of this form. These surrenders will continue until the earlier of (1) the cash value, after giving effect to a surrender and applicable surrender charge will be less than \$1,000, and (2) the receipt of written notice from you that you wish to discontinue the Systematic Withdrawal Service.
4. Systematic Withdrawals via Electronic Fund Transfers will be presented to the Financial Institution indicated not less than 5 business days from the date of the withdrawal.
5. MONY Life Insurance Company 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 owner then receiving Systematic Withdrawal Service payments.

8. AUTHORIZATION

Please make partial surrenders of my Flexible Payment Variable (C-VA) Annuity contract in the amounts and at the times indicated in Section 4, plus, if applicable, the amount of any surrender charge and less the amount of any tax withheld. I (we) have received and read the terms and conditions set forth page one and two, 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.

U.S. Person/Owner's  
Taxpayer I.D. or Social Security Number \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I CERTIFY THAT (i) THE NUMBER SHOWN 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).  
CERTIFICATIONS 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 CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

\_\_\_\_\_  
Signature of U.S. Person-Contractholder                      Date

\_\_\_\_\_  
Signature of Other U.S. Person-Contractholder                      Date

\_\_\_\_\_  
Daytime Phone No./Ext. (including area code)

\_\_\_\_\_  
Daytime Phone No./Ext. (including area code)

\_\_\_\_\_  
Date Received by Reg Rep

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

\_\_\_\_\_  
Registered Representative Daytime Phone No./Ext. (including area code)