



1. POLICYHOLDER

Rightsholder's (Owner's) Daytime Phone # _____

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 Transfers to bank account (Please include Financial Institution routing number).
"Attach 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 _____ (month/day/year)

4. AMOUNT AND FREQUENCY OF PAYMENTS

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

 Semi-Annual Amount of \$ _____ Annual Amount of \$ _____

5. TAX WITHHOLDINGS

(If you do not complete this section, taxes will be withheld from payments, reducing the amount sent to you)

- No, I do not want any income tax withheld from disbursements requested on this form.
- Yes, I want income tax to be withheld from the taxable portion of disbursements as indicated below.

FEDERAL

- No
- Yes 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%= ____%

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.

6. 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 SURRENDERS FROM THE GUARANTEED INTEREST ACCOUNT(S) MAY BE SUBJECT TO MARKET VALUE ADJUSTMENT.

ACCOUNT	\$ or %	ACCOUNT	\$ or %
Guaranteed Interest	_____	EQ/Mid Cap Value PLUS	_____
All Asset Allocation	_____	EQ/Money Market	_____
AXA Aggressive Allocation	_____	EQ/Montag & Caldwell Growth	_____
AXA Conservative Allocation	_____	EQ/Morgan Stanley Mid Cap Growth	_____
AXA Conservative Plus Allocation	_____	EQ/PIMCO Ultra Short Bond	_____
AXA Moderate Allocation	_____	EQ/Small Company Index	_____
AXA Moderate Plus Allocation	_____	EQ/UBS Growth and Income	_____
EQ/BlackRock Basic Value Equity	_____	Franklin Income Securities	_____
EQ/Boston Advisors Equity Income	_____	Franklin Rising Dividends Securities	_____
EQ/Capital Guardian Research	_____	Janus Aspen Series Forty	_____
EQ/Core Bond Index	_____	Janus Aspen Series Overseas	_____
EQ/GAMCO Small Company Value	_____	MFS® Utilities	_____
EQ/Intermediate Government Bond Index	_____	Multimanager Multi-Sector Bond	_____
EQ/Large Cap Value Index	_____	Multimanager Small Cap Growth	_____
EQ/Large Cap Value PLUS	_____	Oppenheimer Global Securities	_____
EQ/Mid Cap Index	_____	PIMCO Global Bond (Unhedged)	_____

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. I (we) agree to be subject to them. I (we) further agree that I (we) 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 ½ amounts received may also be subject to a 10% penalty tax.

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).

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 CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

X _____
 Signature of U.S. Person – Policyholder Date Signature of Other U.S. Person – Policyholder Date
 (if Applicable)

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.

Regular Mail: Express Mail:
 PO Box 4720 100 Madison Street
 MD 32-10 Syracuse, NY 13202
 Syracuse, NY 13221 Fax: (866) 505-0253
 Toll Free #: 1-800-487-6669

Date Received by Reg. Reg _____ 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 stated 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 = \$50,000
 - 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 (MLOA) / MONY Life Insurance Company (MONY) reserves the right to discontinue the Systematic Withdrawal Service at anywithout prior notice. Prior notice of not less than 15 days will be given to any policyholder then receiving Systematic Withdrawal Service payments.