



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

Forward this form to:
MONY Life Insurance Company of America
P.O. Box 4720
Syracuse, New York 13221

Auto Re-Balancing Enrollment Form
MONY Variable Universal Life (VUL)
Introduced 6/2003
Form No. 16127LA (09/2009)

Select One: Initiate Auto Re-Balancing Program Change existing Auto Re-Balancing Program

I. ASSET REALLOCATIONS/RE-BALANCING PROGRAM

Select one of the following re-balancing intervals: Quarterly Semi-Annually Annually

- Fund values in the Guaranteed Interest Accounts are not eligible for the program.
- The Reallocation Date is measured from the policy date and based on the interval selection above. The reallocation Date will not necessarily correspond to a quarterly, semiannual or annual calendar date.
- Dollar Cost Averaging and Auto-Re-Balancing cannot be in effect simultaneously.

II. REALLOCATION OF TRANSFER (in whole percentages and not less than 5%). The fund values, excluding funds allocated to a Guaranteed Interest Subaccounts will be reallocated on the Reallocation Date selected above using the following percentages:

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/Small Company Index	_____ %
AXA Moderate Allocation	_____ %	EQ/UBS Growth and Income	_____ %
AXA Moderate-Plus Allocation	_____ %	EQ/Van Kampen Mid Cap Growth	_____ %
EQ/BlackRock Basic Value Equity	_____ %	Franklin Income Securities	_____ %
EQ/Boston Advisors Equity Income	_____ %	Franklin Rising Dividends Securities	_____ %
EQ/Capital Guardian Research	_____ %	Franklin Zero Coupon 2010	_____ %
EQ/Core Bond Index	_____ %	Janus Aspen Series Forty	_____ %
EQ/GAMCO Small Company Value	_____ %	Janus Aspen Series Overseas	_____ %
EQ/Intermediate Government Bond Index	_____ %	MFS® Utilities	_____ %
EQ/Large Cap Value PLUS	_____ %	Multimanager Multi-Sector Bond	_____ %
EQ/Lord Abnett Growth and Income	_____ %	Multimanager Small Cap Growth	_____ %
EQ/Mid Cap Index	_____ %	Oppenheimer Global Securities	_____ %
EQ/Mid Cap Value PLUS	_____ %	PIMCO Global Bond (Unhedged)	_____ %

III. AUTHORIZATION

I hereby authorize MONY Life Insurance Company of America (MLOA) to enroll me in the Auto Re-Balancing Program. I understand that this program involves the automatic transfers of fund values at the interval specified above to maintain the desired allocation indicated above. These transfers involve the sale of units of the subaccounts where fund values have increased and the purchase of units of subaccounts where the fund values have decreased.

The terms of this authorization will remain in effect until the policy matures, the policy is surrendered, I cancel my participation in the Auto Rebalancing Program in writing or by phone (subject to telephone procedures), there is a change in the allocation percentages of new purchase payments or premiums, there is a change in the allocation of funds via a transfer of funds to different subaccounts or a subsequent authorization is submitted. Subsequent authorizations will be effective on the first business day following the end of each re-balancing period. 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 Dollar cost Averaging Program. The Auto Re-Balancing program does not provide me, the owner, with assurance of the profit and does not guarantee protection against a loss in declining markets.

I will not look to MLOA to indemnify me or any investment loss I may suffer as a result of my participation in the program.

Owner Signature _____ Policy No. _____ Date _____

Owner Name (print) _____ Telephone No. _____

Insured's Name (if different from Owner-print) _____

Registered Representative (signature) _____ Telephone No. _____

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