



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

MONY Life Insurance Company

Variable Universal Life (VUL)  
Systematic Withdrawal  
Enrollment Form -NY Only  
Introduced 6/2003  
Form No. 16131LL (12/2010)

**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 # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**

CHECK ONE: (If you do not complete this box, taxes will be withheld from payments)

- No, I do not want any income tax withheld from systematic withdrawal payments
- Yes, I want income taxes to be withheld from the taxable portion of systematic withdrawal payments and I will complete boxes 1 and 2 below.

1. FEDERAL       No       Yes      Additional amount to be withheld (optional) \_\_\_\_\_%

2. STATE       No       Yes      Additional amount to be withheld (optional) \_\_\_\_\_%

Instructions: 1 Original and 2 Copies required: original signed to service unit, md 32-10; copy to contractholder; copy to financial professional



### 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 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 policyholder then receiving Systematic Withdrawal Service payments.