



1. POLICYHOLDER

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

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/Money Market | _____ |
| All Asset Allocation | _____ | EQ/Montag & Caldwell Growth | _____ |
| AXA Aggressive Allocation | _____ | EQ/PIMCO Ultra Short Bond | _____ |
| AXA Conservative Allocation | _____ | EQ/Small Company Index | _____ |
| AXA Conservative Plus Allocation | _____ | EQ/UBS Growth and Income | _____ |
| AXA Moderate Allocation | _____ | EQ/Van Kampen Mid Cap Growth | _____ |
| AXA Moderate Plus Allocation | _____ | Franklin Income Securities | _____ |
| EQ/Black Rock Basic Value Equity | _____ | Franklin Rising Dividends Securities | _____ |
| EQ/Boston Advisors Equity Income | _____ | Franklin Zero Coupon 2010 | _____ |
| 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 PLUS | _____ | Multimanager Small Cap Growth | _____ |
| EQ/Lord Abbett Growth and Income | _____ | Oppenheimer Global Securities | _____ |
| EQ/Mid Cap Index | _____ | PIMCO Global Bond (Unhedged) | _____ |
| EQ/Mid Cap Value PLUS | _____ | | |

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.

MONY Life Insurance Company
 P.O. Box 4720 MD 32-10
 Syracuse, New York 13221

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 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.