



MONY Life Insurance Company
P.O. Box 4830
Policyholder Service
Syracuse, New York 13221-4830

**Assignment
of Benefits**
Form No. 15313 (02/2011)

Insured: _____ Policy No(s): _____

Assignor (Beneficiary and/or Owner): _____

Purpose:

This form is provided as a convenience for the purpose of transferring funds (i.e. death benefits) from the beneficiary ("**Assignor**" – **person(s) entitled to receive them**) to a third party ("**Assignee**" – **proposed payee of the funds**). MONY does not render an opinion on the validity, effect, priority, extent, enforceability or authenticity of this assignment. The use of a disclaimer (or renunciation) conforming to the law of the disclaimant/assignor's state should also be considered as an alternative. The use of the terms "policy" and "insured" above means "contract" and "annuitant" respectively in the case of annuities. In the case of annuities/policies issued by MONY Life Insurance Company of America ("MLOA"), MONY acts as a servicing agent. Assignees should not transfer or pay any consideration for this agreement without verifying the amount of the Assignor's interest, if any.

Assignment:

The undersigned Assignor assigns, transfers and sets over the funds specified below in the policy (or policies) identified above, and further directs MONY to remit such funds to the Assignee listed below. The undersigned acknowledges that: (1) this assignment is subject and subordinate to any and all rights that MONY or MLOA may have in and to such policy benefits; and (2) **this assignment will not modify or change any federal or state income or estate tax reporting by MONY**; and (3) Assignor will be responsible for complying with all MONY's reasonable requirements to effectuate payment of the benefits if he/she/it has not heretofore done so; and (4) payment by MONY to Assignee hereunder shall fully discharge MONY under the applicable policy (or policies).

*Signature of Assignor X _____

Printed or typed name & title/entity, if applicable.

Telephone # for Verification: _____ Date: _____

Funds Assigned: Full or Partial (check one) **If partial, specify amount: \$** _____

Note: "Full" will include a transfer of any applicable interest and that interest may be tax reported to the Assignor. "Partial" will be a flat amount transferred with no interest added; any applicable interest will be payable to the Assignor and may be tax reported to the Assignor.

Check Proceeds Type:

Death Benefits Other _____

Assignee (Proposed Payee): _____
(If more than one named, specify each share)

Address: _____

_____ Telephone _____

Relationship to Assignor, if any: _____

Reason for Assignment (optional): _____

If Assignee is an individual person provide:

Date of Birth: _____ and Social Security #: _____

Signature(s) must be acknowledged before a Notary Public, use Form 15283 or an equivalent.