



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

**Assignment  
of Benefits**  
Form No. 15313 (10/2004)

Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Assignor (Beneficiary and/or Owner): \_\_\_\_\_

**Purpose:**

This form is provided as a convenience for the purpose of transferring funds (e.g., death benefits, endowment and surrender proceeds) from the person(s) entitled to receive them ("Assignor") 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 interest specified below in the policy (or policies) identified above, and further directs MONY to remit such interest 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.

\_\_\_\_\_  
\*Signature of Assignor **X** \_\_\_\_\_

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

Telephone # for Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Interest Assigned:  Full or  Partial (check one). **If partial, specify amount: \$** \_\_\_\_\_

Check type:

Death Benefits     Endowment Proceeds     Surrender Proceeds     Dividends  
 Other: \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to Assignor, if any: \_\_\_\_\_

Reason for Assignment (optional): \_\_\_\_\_

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