



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

MONY Life Insurance Company of America
P.O. Box 4720
Syracuse, New York 13221
"Not licensed in NY"

**Federal Income Tax
Statement of Elections**
Form No. 11363 (05/2010)

Substitution Form W-4P
OMB No. 1545 0074

USE FOR NON-PERIODIC ONLY

INSTRUCTION:

Unless you elect otherwise, the Company indicated above (hereafter the "Company") will withhold Federal and, in certain cases, State, income tax from the taxable portion of your annuity distribution. Non-periodic payments will have Federal Income tax withheld at a flat 10% rate unless the payment is a qualified total distribution. Tax will be withheld from a qualified total distribution using tables furnished to the Company and prescribed by the Treasury Department. Likewise, the taxable portion of distribution from annuities, life insurance or Endowment Contracts are subject to Federal withholding at 10% unless elected otherwise. You can elect to have no income tax withheld from your non-periodic distribution by completing and filing this Income Tax Statement of Election with the Company.

CAUTION:

There are penalties for not paying enough tax during the year, either, through withholding or estimated tax payments. For more information please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices.

By January 31 of next year you will receive a statement from the Company showing the total amount of your distribution(s) and the total income tax withheld during the year. The Company will report payments of taxable income to the IRS and you are liable for Federal Income taxes on those amounts whether or not you elect withholding.

To complete the form, fill in all of the requested information and mark the box to indicate your election.

- NO - I do not want any Federal or State Income Tax withheld.
- YES - Withhold Federal, and if applicable, State Income Tax from my distribution.

You must include the following information to ensure correct reporting:

CONTRACT #: _____

SOCIAL SECURITY NUMBER: _____

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 CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

U.S. PERSON - SIGNATURE: _____ DATE: _____

ADDRESS: _____ PHONE: _____