



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"

**Statement as to Birth/Death and Statement as to Children**

Form No. 03557 (1/2010)

**COMPLETE THIS SECTION AND SECTIONS A OR B AS APPLICABLE AND SIGN ON THE BOTTOM OF THIS FORM.**

Under the penalties of perjury, I certify that the following information on this form is true, correct and complete.

I am the \_\_\_\_\_ under Contract/Policy No. (s) \_\_\_\_\_  
*(Insured, Annuitant, Assignee, Beneficiary, etc.)*

issued on the life of (Insured/Annuitant) \_\_\_\_\_

**SECTION A:** To be completed when the date of birth and/or death is required for: beneficiary, rightsholder (owner), payee, assignee, annuitant, insured or other. (Circle one) Attach a separate page if more space is required.

Name	Date of Birth	Address (or date of death if applicable)	Social Security # Or Taxpayer ID #

**SECTION B:** To be completed when children are named as beneficiary, or the policy contains a Children's Term Rider, or the policy is a Family Plan. Complete b) **only** if the beneficiary designation states to the "children of the marriage..."

a) The following list includes all of the children of \_\_\_\_\_  
(Include children of all marriages, unions and/or legally adopted.)

**OR**

b) The following list includes all the children of the marriage of \_\_\_\_\_ and \_\_\_\_\_

Name	Date of Birth	Address (or date of death if applicable)	Social Security # Or Taxpayer ID #

Attach a separate page if more space required.

Signature of Informant _____	Date _____
Address _____	
Relationship of Insured/Annuitant _____	( ) _____ (Telephone Number)