



A Message to our Beneficiaries

On behalf of MONY Life Insurance Company (MONY) and MONY Life Insurance Company of America (MLOA) please accept our condolences for your loss. We realize that this is a difficult time for you and your family and we are here to help. If you have questions in completing this form, contact your AXA Financial Professional or call the Syracuse Operations Center at **1-800-659-1058**. You may also visit our Beneficiary Resource Center at www.axa-equitable.com for support and resources.

Completing this Form

Each beneficiary claiming benefits is required to complete this form and any additional forms requested by MONY or MLOA (hereafter the "Company"). Photocopies of this form are permitted. This form is supplied by the Company without prior verification of coverage and without any assurances made by the Company to the recipient that he, she or it will be the appropriate payee or beneficiary of such benefits.

Where to Mail this Form

Regular Mail
MONY
Mail Drop 32-52
PO Box 4830
Syracuse, NY 13221

Express Mail
MONY
Mail Drop 32-52
100 Madison St
Syracuse, NY 13202

Or you may fax these documents to MONY Claims at 866-505-0286.

Be sure to include the following items with this form:

- A certified death certificate.
- Any other form(s) that we have requested.

Provide Information about the Deceased

Policy/Contract Numbers

Deceased's Name (first, middle initial, last)

Date of Birth

(Please list all names by which the Deceased may have been known).

Date of Death

Cause of Death

Place of Death

Social Security Number

Street Address

City, State, Zip

Payment Options

Lump Sum Check

MONEY Access Account¹ - *The MONEY Access Account is not available if the proceeds payable to the beneficiary are less than \$10,000, the beneficiary does not have a Social Security Number, or the beneficiary is one of the following: minor, corporation, partnership, tax-exempt entity, estate, trust with more than two trustees, represented under a power of attorney, or resides outside of the U.S.* This account is a draft account that works in certain respects like an interest bearing checking account. The Company will set the interest rate periodically, based upon our discretion and a review of current market interest rates. We reserve the right to change this procedure. The interest rate we apply will not be less than 0.25%. Interest earned may be taxable. We recommend you consult a tax advisor, an investment advisor, or any other financial advisor regarding your payout options and any potential tax liability. Interest is earned from the date the account is established until the account is closed, compounded daily and credited at the end of the month at which time a statement will be mailed. This statement will show withdrawals, interest credited and the applicable rate, and any other financial activity. The account which is established in your name allows you to write an unlimited number of drafts (minimum \$250 each draft) on your balance with no draft-clearing charges or you may write one draft to withdraw the entire amount including interest in your account at any time. Money in the MONEY Access Account is part of each Company's general account and fully backed by each Company but not guaranteed by the Federal Deposit Insurance Corporation or any other government or federal agency. Funds held by insurance companies are guaranteed by the respective state guaranty association. For further information, contact the National Organization of Life and Health Insurance Guaranty Associations at www.nolhga.com. If the balance in your account goes below \$1,000, the account will be terminated and a draft for the balance will be sent to you at the address we have on our record. A fee of \$25.00 will apply for returned drafts, stop payments and wire transfers. Express mail fees of \$15.00 to \$22.00 also apply. Deposits to this account can not be accepted. The obligation of the insurer is satisfied when the total policy or contract proceeds are deposited into the MONEY Access Account. For current MONEY Access Account rate information or to obtain answers to questions you may have about the MONEY Access Account, you may call or write to the following: MONEY c/o The Northern Trust Company, P. O. Box 92987, Chicago, IL 60675-2987, Toll-Free Telephone (866) 494-4265. **Kentucky residents – FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.** West Virginia residents – you may refer to www.wvlifega.org.

If your account has had no customer-initiated activity for a period of one year or more, your account could be considered abandoned under the unclaimed property laws of your state of residence. Such laws require us to report unclaimed property after a certain period of inactivity and then to turn the funds over to the state.

Settlement Option - Pay any part or all of the proceeds into an option with any balance being paid under the other payment option chosen above. If choosing a Settlement Option, please choose one of the three options below.

- Interest Option - This is an interest-bearing contract. There are no penalties or charges for withdrawals.
- Installment Option – Pays your proceeds plus interest in annual or more frequent installments for a period you select or in an amount you select.
- Life Income Option – Pays you a guaranteed income for life.

Additional descriptions of these options and eligibility requirements are provided with our election forms. To obtain election forms or more information about your payment options other than a lump sum, including our current rates of interest and estimates of income you can receive, call 1-800-326-6744.

¹ If you are the beneficiary of a MONY Life Insurance Company policy/contract then your retained asset account is known as the MONEY Access Account. On the other hand, if you are the beneficiary of a MONY Life Insurance Company of America policy/contract then your retained asset account is known as the MLOA Access Account.

Payment Delivery Options

I request delivery by mail to me.

I request and authorize delivery by an AXA Equitable Financial Professional.

Name of Financial Professional -- Please Print

Please Read and Sign Here

By signing below, I affirm that I have read the appropriate State Fraud Warning for my state of residence and that I provided my correct Taxpayer Identification or Social Security Number on page 2. (New York State Residents need to also sign the New York State Fraud Warning on page 4). If the Taxpayer Identification or Social Security Number is not supplied, the interest may be subject to federal and state withholding. Under the penalties of perjury, I certify that the information supplied on this form is true and complete, that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding and that I am a U.S. Person. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Beneficiary Signature (or other duly authorized signature and title)

Date

Print Name of Person/Party Signing

State Fraud Warnings:

Policy/Contract Number: _____

New York Fraud Warning:

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

NY STATE RESIDENTS READ AND SIGN ONLY: I have read and understood the New York State Fraud Warning.

Beneficiary’s Signature: _____

Date: _____

Alaska, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona and California:

For your protection, Arizona or California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties, which may include confinement in state prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or

information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Florida, Idaho, Indiana, and Oklahoma:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia, Maine, Tennessee, Virginia and Washington:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Kentucky and Pennsylvania:

Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties.

Louisiana:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in [RSA 638:20](#).

New Jersey and New Mexico:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon and All Other States:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Puerto Rico:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.