

MONY

Service Request Form

Express Mail:
MONY Life Insurance Company
100 Madison Street
Syracuse, N.Y. 13202

Regular Mail:
MONY Life Insurance Company
P.O. Box 4830
Syracuse, N.Y. 13221

Fax Number:
(315)-477-3546



For Assistance Call: (800) 487-6669
Monday – Friday 8:00 a.m. – 5:00 p.m. EST

Type of Request (Do not combine requests which involve policies in more than one company.)

Please check the appropriate box and complete the sections listed if you are requesting a:

- ☐ Name Change – Sections 1, 2, 6 and 7 ☐ Dividend Transaction – Sections 1, 3, 6 and 7
☐ Loan Transaction – Sections 1, 4, 6 and 7 ☐ Elect Change in Coverage – Sections 1, 5, 6 and 7

For general information on any type of request listed above, please see last page of this form.

1. Owner's Information (Please print)

Owner's Name (Last, First, Middle)

Policy Number(s)

Joint Owner's Name (Last, First, Middle) (if applicable)

Owner's/Joint Owner's Daytime Phone Number(s)

Insured's Name (if other than Owner)

Address

☐ Check here if this represents an Address Change

2. Name Change

Complete this section to indicate a change of name by marriage, court decree or correction.

Indicate party to be updated: ☐ Owner ☐ Insured ☐ Beneficiary

From: _____

To: _____

Reason for Change: _____

3. Dividend Transactions (Check all appropriate boxes that apply)

☐ Dividend Withdrawal _____ ☐ Cash Dividend \$ _____

☐ Apply \$ _____ to the same policy to pay ☐ premium(s) due \$ _____ ☐ loan interest

☐ Apply \$ _____ to policy number _____

☐ Apply \$ _____ to new insurance. Date of App. _____ App. # _____

☐ Dividend Option Change From _____ to _____

☐ Convert Dividend Option From _____ to _____

Specific Instructions _____

4. Loan Transactions (Check all appropriate boxes that apply)

☐ Loan _____ ☐ Cash Loan \$ _____

☐ Apply \$ _____ to the same policy to pay ☐ premium(s) due \$ _____ ☐ loan interest

☐ Apply \$ _____ to policy number _____

Election or Cancellation of Policy Provision for Automatic Loan to Pay Premium (check one)

☐ Add

☐ Cancel

Specific Instructions _____

5. Elect Change In Coverage (Check all appropriate boxes that apply)

- For any change involving a policy provision (rider or benefit removal or change in currency) an endorsement is prepared by the company for placement into the policy.
- Unless otherwise specified, when the Flexible Term Rider (FTR) is terminated, the dividend option will automatically be changed to Option 01, Additions.

Termination

- ☐ Termination of Flexible Term Rider (FTR) _____
- ☐ Termination of _____

Paid-Up Insurance

- ☐ Option (A) Reduced Paid-up: (if selected, choose A1 or A2) ☐ (A1) Free from Loan ☐ (A2) with Loan Continued
- ☐ Option (B) Paid-Up Term Insurance with Pure Endowment, if any
- ☐ Option (C) Paid-up Term Insurance for Last Survivor

Specific Instructions _____

6. Important Tax Information

Under penalty of perjury, I/we certify that:

(i) the following Taxpayer Identification Number for the Owner or Rightsholder is correct: _____

- ☐ S.S.N. ☐ E.I.N. ☐ Other

(ii) the Owner(s) or Rightsholder are "U.S. persons" (including "resident aliens" with respect to the U.S.). If (ii) is not true, I/we have provided appropriate documentation as to citizenship and residence.

7. Signatures

I (we) have requested the above change(s) and have read and agree to the supplementary terms on the second page of this form to my (our) request.

X _____ for _____
Owner's Signature Date (Name of Corporation, Partnership, or Trust, if applicable)

Other Required Signature Date Other Required Signature Date

Advisor or Agency Use Only

Routing: ☐ Pending Transaction Contract ☐ Rightsholder ☐ Advisor ☐ Agency

Print – Advisor, ASA, or Reg. Rep. Name

Code #

Date Received by Reg. Rep.

Date Received by Agency

Checks will only be sent to Rightsholder.

Advisor Address if not at Agency of Record: _____

General Information

Dividend Transactions — Dividend Withdrawal or Option Change:

- If the Change is from an Option which provides One Year Term Insurance to another Option which does not provide One Year Term Insurance, I understand that this Change terminates the One Year Term Insurance provisions on my policy as of the effective date of this change.
- If the Change or Withdrawal is from the Supplemental Protection (Option #8), then I understand that this will alter the basic nature of my Keyman Policy and will irrevocably terminate my Supplemental Protection Dividend Option. If Supplemental Protection (Option #8) dividends are being withdrawn, the withdrawal will automatically be increased by the amount of any cash value of the One Year Term Insurance.
- If the change is from a policy with Supplemental Insurance (Option #18), then I understand that this will permanently reduce the target Death Benefit of my Last Survivor Whole Life Policy, and will irrevocably terminate my Supplementary Insurance (Option #18). Any withdrawals from Supplemental Insurance (Option #18), will permanently reduce the Target Death Benefit.
- If the change is for Level Outlay, Balance to Additions, (Option #19), I understand that this will irrevocably terminate my Flexible Term Rider and no further premiums will be accepted to purchase additional coverage under the Rider. Paid-Up Additions purchased to date under the Rider are not affected by the Rider Termination. Any withdrawal of Paid-Up Additions (Option #19) may reduce the Target Face Amount.

Policy Loan Transactions:

- Your policy loan provisions and the following terms constitute your MONY Loan Agreement, which included the loan made through this request, any other loans and accrued interest (collectively "indebtedness").
- Loan interest will accrue daily at the policy rate (fixed or variable) and will be payable on the policy or premium anniversary.
- Interest remaining unpaid will be added to the principal.
- If the indebtedness on the policy equals or exceeds the policy cash value, the policy will terminate when the grace period expires.
- While loans may be paid in whole or in part at any time before the insured's death, MONY will apply payment first to due or overdue policy loan interest with any excess applied to due or overdue premiums and then to repayment of policy loan principal unless otherwise specified.
- The indebtedness will be secured solely by the one policy to which it refers and will be automatically repaid as a first lien (a) if the policy is surrendered, or (b) there is a default in payment of premiums, or (c) the indebtedness becomes equal to or greater than the cash value or (d) the policy matures and proceeds become payable.
- If this loan is granted after the due date of any premium in default, any extended term insurance which may become effective shall be computed as though this loan had been granted on the due date.
- This indebtedness is not dischargeable in bankruptcy under current federal law.

Election or Cancellation of Policy Provision for Automatic Loan to Pay Premiums:

- The policy is required for endorsement if issued before August 31, 1954.
- An endorsement is prepared by the Company for your review and acceptance.

Elect Change in Coverage — Paid-Up Insurance:

- Upon receipt of the election, the Company's liability is limited to the option of benefit elected, except when Option A or B is elected and the policy provides Option C as the automatic option on lapse. Option C becomes effective at the end of the days of grace and continues until the end of the period specified in the policy for election of reduced paid-up insurance on lapse or until the prior end of the term insurance and then the reduced paid-up insurance becomes effective.
- If the policy provides for additional insurance benefits (double indemnity, disability benefits, etc.) any paid-up insurance will be without these benefits.
- Unless otherwise provided, any paid-up insurance is nonparticipating.
- For Last Survivor Whole Life Policies, once on Paid-Up Term (P.U.T.), only the P.U.T. insurance will be in force and premiums will no longer be due. Once on P.U.T., the policyholder cannot elect out of P.U.T.

Corporate Rightsholder: (Owner)

- An officer (other than insured or secretary) must sign and specify his/her corporate title.
- If the only officers are the Insured and Secretary, use only a statement to that effect or indicate that fact.
- State the complete name of the Corporation (as it appears Charter or Certificate of Incorporation). DO NOT submit a corporate assumed name or d/b/a.

Partnership Rightsholder: (Owner)

A general partner other than the insured must sign.