

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Insurance Application Endorsement  
Project Name/Number: Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

## Filing at a Glance

Company: MONY Life Insurance Company of America

Product Name: Life Insurance Application SERFF Tr Num: ELAS-126338534 State: Arkansas

Endorsement

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 43915

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Audrey Arnold, Samra

Disposition Date: 02/01/2010

Mekbeb, Roxanne Persaud,

Sabrena Lallmohamed

Date Submitted: 10/27/2009

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Endorsement to Application and VUL Application Supplement

Status of Filing in Domicile: Pending

Project Number: 180-APPEND (2009) ET AL

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We have filed these forms in our state of domicile, Arizona, and will inform you, upon request, when approved.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/01/2010

Explanation for Other Group Market Type:

State Status Changed: 10/29/2009

Deemer Date:

Created By: Audrey Arnold

Submitted By: Audrey Arnold

Corresponding Filing Tracking Number:

Filing Description:

October 27, 2009

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
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Ms. Julie Benafield Bowman  
Insurance Commissioner  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: MONY Life Insurance Company of America (MLOA)  
NAIC No.: 968-78077 FEIN No.: 86-0222062  
Form Nos. 180-APPEND (2009) – Life Insurance Application Endorsement  
180-6006a-rev. (2009) – Variable Universal Life Supplement  
SERFF Tracking No.: ELAS-126338534

Dear Commissioner Bowman:

We are filing for your approval the above-referenced forms.

Form 180-APPEND (2009) is new and does not replace any form on file with the Department. This form endorses application form number AMIGV-2009 (state variation) that was approved by the Department on October 22, 2008; (SERFF Tracking No. ELAS-125849305, State Tracking Number 40557). Form 180-6006a-rev. (2009) will also be used with the above-referenced application and will replace substantially similar form 180-6006a (2009) that was also approved by Department on the same date as the above-referenced application.

We will be using 180-APPEND (2009) to simplify the underwriting process. The endorsement will modify non-material items on the application as identified in the attached document. It will be attached to the application and made part of the policy. Essentially, changes to items that are material to the contract or relate to the insured or owner's rights or benefits will continue to be amended via an amendment requiring the insured's and owner's (if different) signatures.

Form 180-6006a-rev. (2009) will be used with the above-referenced application for only the Company's variable life products. The only differences between this new form and the previously approved form that it will replace are: the new form number and revised Suitability question 2. a. (1) and (2) on page 2 by removing reference to the dates of the prospectus and supplements. We certify that these are the only revisions made to this form.

There are no unique or innovative features in these forms, nor are there any unusual material financial risks associated with the sales of these forms.

We have attached a Statement of Variability for each of these forms.

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We certify that form 180-APPEND (2009) has achieved a Flesch readability score of 51.7.

Form 180-6006a-rev. (2009) is used for only Variable Life therefore it is not subject to readability requirements.

We will be submitting the filing fee, in the amount of \$40.00, through EFT.

We have filed these forms in our domicile state, Arizona, and will inform you, upon request, when approved.

We request that the information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and that we be notified prior to any proposed release of this information.

Please call me collect at the above number if you have any questions or need additional information regarding this filing.

Sincerely,

Estella A. Devian  
Vice President

## Company and Contact

### Filing Contact Information

Estella A. Devian, Vice President estella.devian@axa-financial.com  
1290 Avenue of the Americas, 14th Floor 212-314-2921 [Phone]  
New York, NY 10104 212-707-7493 [FAX]

### Filing Company Information

MONY Life Insurance Company of America CoCode: 78077 State of Domicile: Arizona  
1290 Avenue of the Americas, 14th Floor Group Code: 968 Company Type: Insurance  
Company  
New York, NY 10104 Group Name: State ID Number:  
(212) 314-2921 ext. [Phone] FEIN Number: 86-0222062

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$40.00  
Retaliatory? No

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Project Name/Number: Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MONY Life Insurance Company of America	\$40.00	10/27/2009	31591131

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	02/01/2010	02/01/2010
Approved-Closed	Linda Bird	10/29/2009	10/29/2009

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statements of Variability	Samra Mekbeb	01/27/2010	01/27/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filng	Note To Filer	Linda Bird	01/27/2010	01/27/2010
Request to Re-open filing.	Note To Reviewer	Samra Mekbeb	01/27/2010	01/27/2010

*SERFF Tracking Number:* ELAS-126338534      *State:* Arkansas  
*Filing Company:* MONY Life Insurance Company of America      *State Tracking Number:* 43915  
*Company Tracking Number:*  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* Life Insurance Application Endorsement  
*Project Name/Number:* Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

## **Disposition**

Disposition Date: 02/01/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Company has submitted revised Statement of Variability.

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
 Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
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 Product Name: Life Insurance Application Endorsement  
 Project Name/Number: Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document (revised)	Statements of Variability		No
Supporting Document	Statements of Variability	Replaced	No
Form	Life Insurance Application Endorsement		No
Form	Variable Universal Life Supplement		No

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
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Product Name: Life Insurance Application Endorsement  
Project Name/Number: Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

## Disposition

Disposition Date: 10/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
 Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document (revised)	Statements of Variability		No
Supporting Document	Statements of Variability	Replaced	No
Form	Life Insurance Application Endorsement		No
Form	Variable Universal Life Supplement		No

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
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**Amendment Letter**

Submitted Date: 01/27/2010

**Comments:**

We are filing for your information the above-referenced revised Statement of Variability to replace the Statement of Variability that was submitted with form 180-6006a-rev. (2009) (approved by the Department on October 29, 2009).

We are submitting this revised Statement of Variability to notify the Department of some minor modifications to the existing Statement of Variability, including an explanation that corresponds to the introduction of an index-linked investment option.

Please call me collect at the above number if you have any questions or need additional information regarding this filing.

Sincerely,

Estella A. Devian, Vice President

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statements of Variability**

Comment: Attached are the statements of variability which pertains to this submission.

Statement of Variability-form 180-APPEND (2009).pdf

revised Statement of Variability for form 180-6006a-rev. (2009).pdf

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
Company Tracking Number:  
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**Note To Filer**

**Created By:**

Linda Bird on 01/27/2010 11:23 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

01/27/2010 11:23 AM

**Subject:**

Request to re-open filing

**Comments:**

Filing has been re-opened in order to amend the Statement of Variability.

*SERFF Tracking Number:* ELAS-126338534                      *State:* Arkansas  
*Filing Company:* MONY Life Insurance Company of America      *State Tracking Number:* 43915  
*Company Tracking Number:*  
*TOI:* L08 Life - Other                      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* Life Insurance Application Endorsement  
*Project Name/Number:* Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

**Note To Reviewer**

**Created By:**

Samra Mekbeb on 01/27/2010 09:29 AM

**Last Edited By:**

Samra Mekbeb

**Submitted On:**

01/27/2010 09:29 AM

**Subject:**

Request to Re-open filing.

**Comments:**

We request that this submission be re-opened in order to amend the Statement of Variability sent with the filing. We will submit the amended Statement of Variability as soon as the file is re-opened.

Thank You

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
 Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Insurance Application Endorsement  
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## Form Schedule

### Lead Form Number: 180-APPEND (2009)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	180-APPEND (2009)	Policy/Cont ract/Fraternal Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.700	180-APPEND (2009).pdf
	180-6006a- rev. (2009)	Application/Variable Universal Enrollment Life Supplement Form	Initial			180-6006a- rev. (2009), VUL Supplement.pdf

**AXA Equitable Life Insurance Company**

1290 Avenue of the Americas  
New York, New York 10104

**MONY Life Insurance Company of America**

2999 North 44<sup>th</sup> Street, Suite 250  
Phoenix, Arizona 85018

**ENDORSEMENT TO APPLICATION**

Name of Proposed  
Insured: \_\_\_\_\_

First Middle Initial Last

Application Dated: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

First Middle Initial Last

Policy or Contract No: \_\_\_\_\_

Form(s) Endorsed: \_\_\_\_\_

Form number Form Name Form Number Form Name

Form number Form Name Form Number Form Name

**This endorsement is made part of the attached application; the provisions of this endorsement apply in lieu of any application or policy provisions to the contrary. It should be attached to and kept with your application and your policy. This endorsement modifies your application and/or application supplement in the following particulars:**

[Issue without System-Matic monthly premium plan  
Issue with Beneficiary – [Mary Doe] payable in a single sum]



Christopher M. Condrón  
Chairman and Chief Executive Officer



Karen Field Hazin, Vice President,  
Secretary and Associate General Counsel]



(Select One)  AXA Equitable Life Insurance Company  
 MONY Life Insurance Company of America

**Variable Universal Life Supplement**

1290 Avenue of the Americas, New York, NY 10104

**VARIABLE UNIVERSAL LIFE SUPPLEMENT FORMING PART OF THE APPLICATION FOR LIFE INSURANCE**

This Application Supplement must be completed by the Proposed Insured(s) and Owner, if other than the Proposed Insured(s), for Variable Life Application only.

**Product (select one):**  Incentive Life Optimizer (IL Optimizer)  Incentive Life Legacy (IL Legacy)  Survivorship Incentive Life Legacy (SIL Legacy)

Owner's Name \_\_\_\_\_ Proposed Insured's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (mm/dd/yyyy)

**1. INITIAL ALLOCATION TO THE INVESTMENT OPTIONS\***

Policy No. (if known) \_\_\_\_\_

Please see the Prospectus for a description of the investment objective(s) for each Investment Option.

IL LEGACY AND SIL LEGACY: IF ENLG RIDER IS ELECTED, SEE FUND RESTRICTIONS BELOW.**	(Whole Percentages Only)	
	For Premiums	For Deductions
<b>Guaranteed Interest Account**</b>	%	%
<b>AXA Aggressive Allocation**</b>	%	%
<b>AXA Conservative Allocation**</b>	%	%
<b>AXA Conservative-Plus Allocation**</b>	%	%
<b>AXA Moderate Allocation**</b>	%	%
<b>AXA Moderate-Plus Allocation**</b>	%	%
EQ/AllianceBernstein International	%	%
EQ/AllianceBernstein Small Cap Growth	%	%
EQ/BlackRock Basic Value Equity	%	%
EQ/BlackRock International Value	%	%
EQ/Boston Advisors Equity Income	%	%
EQ/Calvert Socially Responsible	%	%
EQ/Capital Guardian Growth	%	%
EQ/Capital Guardian Research	%	%
EQ/Common Stock Index	%	%
EQ/Core Bond Index	%	%
EQ/Equity 500 Index	%	%
EQ/Equity Growth PLUS	%	%
EQ/Evergreen Omega	%	%
EQ/GAMCO Mergers and Acquisitions	%	%
EQ/GAMCO Small Company Value	%	%
EQ/Global Bond PLUS	%	%
EQ/Global Multi-Sector Equity	%	%
EQ/Intermediate Government Bond Index	%	%
EQ/International Core PLUS	%	%
EQ/International Growth	%	%
EQ/JPMorgan Value Opportunities	%	%
EQ/Large Cap Core PLUS	%	%
EQ/Large Cap Growth Index	%	%

	(Whole Percentages Only)	
	For Premiums	For Deductions
EQ/Large Cap Growth PLUS	%	%
EQ/Large Cap Value Index	%	%
EQ/Large Cap Value PLUS	%	%
EQ/Lord Abbett Growth and Income	%	%
EQ/Lord Abbett Large Cap Core	%	%
EQ/Mid Cap Index	%	%
EQ/Mid Cap Value PLUS	%	%
EQ/Money Market	%	%
EQ/Montag & Caldwell Growth	%	%
EQ/PIMCO Ultra Short Bond	%	%
EQ/Quality Bond PLUS	%	%
EQ/Small Company Index	%	%
EQ/T. Rowe Price Growth Stock	%	%
EQ/UBS Growth and Income	%	%
EQ/Van Kampen Comstock	%	%
EQ/Van Kampen Mid Cap Growth	%	%
Multimanager Aggressive Equity	%	%
Multimanager Core Bond	%	%
Multimanager International Equity	%	%
Multimanager Large Cap Core Equity	%	%
Multimanager Large Cap Growth	%	%
Multimanager Large Cap Value	%	%
Multimanager Mid Cap Growth	%	%
Multimanager Mid Cap Value	%	%
Multimanager Multi-Sector Bond	%	%
Multimanager Small Cap Growth	%	%
Multimanager Small Cap Value	%	%
Multimanager Technology	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

\*The "Investment Start Date" is the business day your investment first begins to earn a return for you, as described in the next paragraph, and is generally the later of: (1) the business day we receive the minimum initial premium at our Administrative Office; and (2) the Register Date of your policy.

In AL, AK, AZ, CA, CO, FL, ID, IA, KS, MN, NJ, OR, PA, PR, TN, USVI, and WY your Policy Account will be allocated according to the above percentages as of the Investment Start Date. In all other jurisdictions, your Policy Account (except any amounts you allocated to the Guaranteed Interest Account) will be allocated to the EQ/Money Market Investment Option as of the Investment Start Date for 20 days (Money Market Lock-in Period), and then will be allocated according to the above percentages on the 1st business day following the Money Market Lock-in Period.

Any payments we receive prior to your Investment Start Date will be held in a non-interest bearing account until your Investment Start Date.

**\*\* IF EXTENDED NO LAPSE GUARANTEE (ENLG) RIDER is elected:**  
 a. Investment Options are limited ONLY to the funds BOLDED ABOVE.  
 b. Premium allocations to the Guaranteed Interest Account are RESTRICTED to a maximum of 25%.  
 c. DO NOT specify Deduction allocations.

## 2. SUITABILITY

- a. Have you, the Proposed Insured(s) and the Owner, if other than the Proposed Insured(s), received:
- (1) the most current prospectus, and supplement(s) if applicable, for the policy(ies) applied for?  Yes  No
  - (2) the most current prospectus, and supplement(s) if applicable, for the designated investment company(ies)?  Yes  No
- b. Do you understand that **(i)** policy values reflect certain deductions and charges, and may increase or decrease depending on credited interest for the Guaranteed Interest Account and/or the investment experience of Separate Account Funds and **(ii)** the cash value may be subject to a surrender charge, if any, upon policy surrender, lapse or face amount reduction?  Yes  No
- c. With this in mind, is (are) the policy(ies) in accord with your insurance and long-term investment objectives and anticipated financial needs?  Yes  No
- d. Disclosures and Consent for Delivery of Initial Prospectus on CD-Rom for AXA Equitable's and its affiliates' Variable Life products.
- By checking the box and signing this application supplement, you acknowledge that you received the initial prospectus on computer readable compact disk "CD", if available for the product chosen, and that you are able to access the CD information. In order to retain the prospectus indefinitely, you must print it. You understand that you may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be provided to you in paper format, unless you enroll in our electronic delivery service.

## 3. OPTIONAL BENEFITS/RIDERS

### IL Optimizer

- Cash Value Plus Rider
- Disability Rider – Waiver of Premiums  
OR
- Disability Rider – Waiver of Monthly Deductions
- Children's Term Insurance Rider (*complete Children's Term Insurance Rider Supplement*)  
Amount \$ \_\_\_\_\_
- Long-Term Care Services Rider (*complete Long-Term Care Services Rider Supplement*)<sup>†</sup>
- Option to Purchase Additional Insurance Rider  
Amount \$ \_\_\_\_\_
- Other \_\_\_\_\_

### IL Legacy

- Disability Rider – Waiver of Monthly Deductions
- Extended No Lapse Guarantee (ENLG) Rider (*indicate no. of years as measured from the Register Date*)
- 20 Years (minimum)
  - To Age 100 (maximum)
  - Other (specify no. of years) \_\_\_\_\_ years
- Children's Term Insurance Rider (*complete Children's Term Insurance Rider Supplement*)  
Amount \$ \_\_\_\_\_
- Long-Term Care Services Rider (*complete Long-Term Care Services Rider Supplement*)<sup>†</sup>
- Option to Purchase Additional Insurance Rider  
Amount \$ \_\_\_\_\_
- Other \_\_\_\_\_

### SIL Legacy

- Extended No Lapse Guarantee (ENLG) Rider (*indicate no. of years as measured from the Register Date*)
- 30 years (minimum)
  - To Age 100 (maximum)
  - Other (specify no. of years) \_\_\_\_\_ years
- Estate Protector Rider (*EPR benefit is a maximum of 122% of the base policy face amount*)
- Other \_\_\_\_\_

<sup>†</sup> Not available in Florida, Minnesota, North Carolina, and Washington.

- 4. AUTOMATIC TRANSFER SERVICE** *Note: Not available if you elect the Asset Rebalancing Service or the Extended No Lapse Guarantee (ENLG) Rider.* A minimum of \$5,000 must be allocated to the EQ/Money Market Investment Option. Up to 8 investment options can receive the monthly automatic transfer. Each transfer must be at least \$50. The automatic transfer is effective on the first monthly anniversary after the Money Market Lock-in period ends and will continue until the amount allocated to the EQ/Money Market Investment Option is depleted.

Investment Options to Receive Transfer:

Dollar Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I (we), the undersigned, have read the detailed description of the Automatic Transfer Service in the prospectus. My (our) instructions will remain in effect until (a) insufficient funds are available to process transfers, (b) I (we) provide new written instructions, or (c) the Automatic Transfer Service otherwise terminates as described in the prospectus. I (we) understand that use of the Automatic Transfer Service does not guarantee a profit and will not protect against loss in a declining market.

- 5. ASSET REBALANCING SERVICE** *Note: Not available if you elect the Automatic Transfer Service or the Extended No Lapse Guarantee (ENLG) Rider.* The Guaranteed Interest Account is not available for Asset Rebalancing. Your allocation among the investment options will be periodically re-adjusted according to the percentage you indicated in Section 1 and the frequency you choose below. Asset allocation percentages of 2% or more (in whole percentages) may be specified for all variable investment options up to a maximum of 50 options. Asset Rebalancing is effective on the first monthly anniversary after the Money Market Lock-in period ends.

Quarterly                       Semi-annually                       Annually

I (we), the undersigned, have read the detailed description of the Asset Rebalancing Service in the prospectus. My (our) instructions will remain in effect until (a) I (we) provide new written instructions or (b) Asset Rebalancing otherwise terminates as described in the prospectus. I (we) understand that the use of the Asset Rebalancing Service does not guarantee a profit and will not protect against loss in a declining market.

**REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE UNDERSIGNED UNDERSTAND(S) THAT THE POLICY VALUES AND THE DEATH BENEFIT MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE INVESTMENT EXPERIENCE OF THE VARIABLE SUBACCOUNTS (SUBJECT TO ANY SPECIFIED MINIMUM GUARANTEES).**

Date (mm/dd/yyyy) \_\_\_\_\_

**X** \_\_\_\_\_  
 Signature of Proposed Insured

**X** \_\_\_\_\_  
 Signature of Additional/Joint Proposed Insured

**X** \_\_\_\_\_  
 Signature of Owner, if other than the Proposed Insured(s), who agrees to be bound by the representations and agreements in this and any other part of the application

Based on the information furnished by the Proposed Insured(s) and Owner, if other than the Proposed Insured(s), in this and any other part of the application(s), I certify that I have reasonable grounds for believing the purchase of the policy applied for is suitable for the applicant or the owner. I further certify the current prospectuses were delivered and that no written sales materials other than those furnished by the Company were used.

**X** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
 Signature of Licensed Financial Professional/Insurance Broker

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Attached is the signed readability certification.

**Attachment:**

AR Readability Certification -- MLOA.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

The forms in this submission will be used with application form No. AMIGV-2009, which was approved on October 22, 2008, SERFF Tracking No. ELAS-125849305, State Tracking Number 40557.

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Statements of Variability

**Comments:**

Attached are the statements of variability which pertains to this submission.

**Attachments:**

Statement of Variability-form 180-APPEND (2009).pdf  
revised Statement of Variability for form 180-6006a-rev. (2009).pdf

# MONY Life Insurance Company of America

## CERTIFICATION OF READABILITY

MONY Life Insurance Company of America has reviewed the enclosed forms and certifies that these forms meet the minimum Flesch Scale Readability requirements.

<u>FORM NO.</u>	<u>SCORE</u>
180-APPEND (2009)	51.7
180-6006a-rev. (2009)	N/A*

\* This form will only be used for Variable Life, therefore, it is not subject to readability requirements.

BY:

*Estella A. Devian*

\_\_\_\_\_  
Signature

Estella A. Devian

\_\_\_\_\_  
Name

Vice President

\_\_\_\_\_  
Title

October 19, 2009

\_\_\_\_\_  
Date

**Statement of Variability for Application Endorsement  
Form 180-APPEND (2009)**

Depending on the necessary change, one or more of the following items will be included on Form 180-APPEND (2009). The italicized wording will be replaced by the corrected amount, name, premium mode, address, etc. In the event the Company decides to add another parameter, we will submit for information a revised Statement of Variability.

Issue without System-Matic monthly premium plan  
Issue without Armed Service Allotment premium plan  
Issue without Salary Allotment premium plan  
Issue with System-Matic monthly premium plan  
Issue with Armed Service Allotment premium plan  
Issue with Salary Allotment premium plan  
Issue without Additional Policy  
Issue without Alternate Policy  
Issue with Beneficiary – *Name of Beneficiary* payable in a single sum  
Issue with Initial Premium Payment of \$ *initial premium amount*  
Issue with Planned Periodic Premiums of \$ *planned periodic premium*  
Issue on *monthly, quarterly, semi-annual or annual* premium payment plan  
Issue with Billed Periodic Premium of \$ *billed periodic premium*  
Issue with Special Periodic Billing to be \$ *special period billing*  
Issue without Special Periodic Billing  
Issue without Special Periodic Billing *monthly, quarterly, semi-annual or annual*  
Issue with Street/PO Box *address*  
Issue with Birthplace Country *birthplace country*  
Issue with Employee Title *title*  
Issue with Physician or Clinic address *address*  
Issue with City *city*  
Issue with State/Province *state/provence*  
Issue with Zip/Postal Code *zip/postal code*  
Issue with Business Phone Number Area Code *123-456-7890*  
Issue with Business Phone Number: Dial Number *123-456-7890*  
Issue with Company *AXA Equitable Life Insurance Company or MONY Life Insurance Company of America*  
Issue with Middle Initial *middle initial*  
Issue with Suffix *Jr, Sr, I, II, III, IV*

# AXA EQUITABLE LIFE INSURANCE COMPANY MONY LIFE INSURANCE COMPANY OF AMERICA

## STATEMENT OF VARIABILITY

<u>Form Number</u>	<u>Form Description</u>
180-6006a-rev. (2009)	Variable Universal Life Supplement

This Statement of Variability describes the bracketed material contained in the above-referenced form. Variability is denoted by the use of bracketing on the form.

- 1. Company Address (top of the first page):** In the event of a change in the Company address.
- 2. Product Names (top of the first page):** The marketing name of the available product(s), as well as the Company name of the Company authorized to sell such product, will be shown. If an existing product is discontinued or if a new product is made available by a Company authorized to do business in your state, the product name and the Company name will be removed or shown, as necessary.
- 3. Investment Options (section 1):** This section may vary as we change, add, or delete investment funds, including any index-linked investment funds, that we make available by product type. This section is expanded to include allocation instructions related to such investment funds.
- 4. Instructional Notes/Footnotes (section 1):** We intend to update the instructional notes and/or footnotes as necessary.
- 5. Optional Benefits (section 3):** This section allows for the addition of any future options that may become available or the deletion of any current options that may become unavailable by product type.
- 6. Automatic Transfer Service and Asset Rebalancing Service (sections 4 and 5):** These sections are bracketed to allow for any changes by product type.

SERFF Tracking Number: ELAS-126338534 State: Arkansas  
 Filing Company: MONY Life Insurance Company of America State Tracking Number: 43915  
 Company Tracking Number:  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Insurance Application Endorsement  
 Project Name/Number: Endorsement to Application and VUL Application Supplement/180-APPEND (2009) ET AL

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/27/2009		Supporting Statements of Variability Document	01/27/2010	Statement of Variability-form 180-APPEND (2009).pdf Statement of Variability-form 180-6006a-rev. (2009).pdf (Superseded)

**Statement of Variability for Application Supplement  
Form 180-6006a-rev. (2009)**

The following comments describe the nature and scope of the variable material in the above-referenced form. Variability is denoted by the use of bracketing on the form. We certify that any revisions made to this form, other than bracketed text, will be filed for approval with the Department.

1. We have bracketed the Home Office address as it may change in the future.
2. We have bracketed the product marketing names to allow for any future products that may become available (or unavailable) with this application supplement. The current product marketing names associated with this form are Incentive Life Optimizer, Incentive Life Legacy, Incentive Life Legacy II, Survivorship Incentive Life Legacy, and Corporate Owned Incentive Life. We certify that no new products will ever be offered without gaining prior approval from the Department.
3. We have bracketed the Investment Options on p. 1 to allow for any future changes by product, to the extent allowed by the policy form.
4. We have also bracketed the instructional notes on p. 1 as we intend to update the instructions in accordance with any future products that may be available (or unavailable) for use with this application supplement. However, any such change shall be consistent with the type of instructions now shown on the form. We certify that no new products will ever be offered without gaining prior approval from the Department.
5. We have bracketed the Optional Benefits on p. 2 to allow for any future options that may become available (or unavailable) by product. We certify that no new optional benefits will ever be offered without gaining prior approval from the Department.
6. We have bracketed the instructional notes and service frequency options on p. 3 to allow for any future changes by product. However, any such change shall be consistent with the type of instructions now shown on the form. We certify that no new product features will ever be offered without gaining prior approval from the Department.