



IN REPLY REFER TO:

FILE NUMBER:

We are pleased to tell you that your endowment policy, has matured, which means you are entitled to the benefits of the policy now. The amount matured for your policy is

A check will be sent to you shortly. No action on your part is needed to receive this payment. You will also receive a separate statement explaining any adjustments made.

If this method of payment is not satisfactory and you desire settlement under one of the installment options available to you, do not cash the check. Instead, please return the check with this form within 31 days indicating your option selection by completing the application on the reverse. Upon receipt of the check and the completed form, we will comply with your request.

If you want to keep the check, **DO NOT RETURN THIS APPLICATION.**

If you want monthly installments, complete the application on the reverse and return it and the check to:

**DEPARTMENT OF VETERANS AFFAIRS  
ATTN: COLLECTIONS 292F  
P.O. BOX 13399  
PHILADELPHIA, PA 19101-3399**

It will take approximately four (4) weeks to process your application. Be sure to mail your application to the address exactly as indicated.

Chief, Insurance Claims Division

**MATURED ENDOWMENT NOTIFICATION**

QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL-FREE AT 1-800-669-8477

THE BEST DAYS TO CALL ARE WEDNESDAY AND THURSDAY.

OPERATORS ARE ON DUTY MONDAY THROUGH FRIDAY 8:30 AM TO 6 PM EASTERN TIME.



**APPLICATION FOR PAYMENT OF MATURED ENDOWMENT**

**PRIVACY ACT INFORMATION** - The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records VA, published in the Federal Register. Your obligation to respond is required to obtain monthly payments of your Government Life Insurance. The responses you submit are considered confidential (38 USC 5701). Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

**REPENDENT BURDEN** - We need this information to verify your eligibility for monthly payments of your Matured Endowment Government Life Insurance (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB Control Number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB Control Numbers can be located on the OMB Internet Page at: [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send your comments about this form.

To receive payment of this policy in installments, this application must be completed, **SIGNED BY THE INSURED**, and returned promptly with the endowment check to the VA office shown on the reverse.

**INSTRUCTIONS FOR COMPLETION OF APPLICATION:**

- Item 1A should be checked and the number of installments selected (in multiples of 12) should be entered in the space provided if payment in a limited number of monthly installments is desired.
- Item 1B should be checked if monthly payments for life are preferred.
- Item 1C should be checked if a combination of cash and installments (as described above) are chosen and Item 2 completed showing the amount of cash desired and the installment option selected.
- If the selected installment plan would result in monthly payments of less than \$10, the amount due will be paid in the largest number of guaranteed monthly installments that are multiple of 12 and provides payments of at least \$10.
- Item 3, Beneficiary Information - You may name as beneficiary(ies) any person, firm, corporation or legal entity, including your estate. If you die before receiving all guaranteed monthly installments and no beneficiaries survive you, the remaining installments will be paid to your estate.
- Item 4, Check the block that shows how you wish any remaining guaranteed installments to be paid to the designated beneficiary.

Please call our toll-free number, 1-800-669-8477, for monthly installment rates or if you have any questions about installment payments.

<p><b>1. PAY PROCEEDS OF THE POLICY (Check one)</b></p> <p><input type="checkbox"/> A. IN A LIMITED NUMBER OF MONTHLY INSTALLMENTS _____ (Specify Number)</p> <p><input type="checkbox"/> B. IN MONTHLY INSTALLMENTS CONTINUING DURING MY LIFETIME</p> <p><input type="checkbox"/> C. COMBINATION (Cash and any one of the installment selections) (If checked complete Item 2)</p>	<p><b>2. COMPLETE IF 1C IS CHECKED</b></p> <p>A. AMOUNT OF CASH \$ _____</p> <p>B. TYPE OF INSTALLMENTS (Check one)</p> <p><input type="checkbox"/> MONTHLY INSTALLMENTS FOR _____ MONTHS (Specify Number)</p> <p><input type="checkbox"/> INSTALLMENTS CONTINUING DURING MY LIFETIME</p>
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**3. BENEFICIARY INFORMATION (Indicate below whether principal or contingent)**

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If a married woman, her own first and middle names and her husband's last name must be given)	RELATIONSHIP	SHARE TO EACH BENEFICIARY (Use fractions, such as 1/2, 2/3" or "all")

**4. PAY REMAINING UNPAID INSTALLMENTS TO DESIGNATED BENEFICIARY(IES) AS INDICATED ABOVE (Check one)**

PRESENT VALUE OF ANY REMAINING INSTALLMENTS IN ONE SUM       CONTINUE MONTHLY INSTALLMENTS

<b>5. SIGNATURE OF INSURED</b>	<b>6. DATE SIGNED</b>
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**TO BE COMPLETED BY BENEFICIARY IF DIRECT DEPOSIT IS DESIRED**

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER
C. ADDRESS OF FINANCIAL INSTITUTION	D. DEPOSITOR ACCOUNT NUMBER
E. TELEPHONE NUMBER OF FINANCIAL INSTITUTION	F. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

**DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY**

PAYMENT AUTHORIZED BY:	DATE SIGNED	AUDITED BY:	DATE:
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