OMB Approved No. 2900-0166
Respondent Burden: 5 minutes

Department of Veterans Affairs

APPLICATION FOR ORDINARY LIFE INSURANCE

REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED
AT AGE 70
NATIONAL SERVICE LIFE INSURANCE

1A. INSURANCE FILE NUMBER

1B. NEW POLICY NO.(Assigned by VA)

PRIVACY ACT NOTICE - 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 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, and published in the Federal Register. Your obligation to respond is required to obtain this benefit.

RESPONDENT BURDEN - We need this information to determine your eligibility for an insurance benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB Control Number is displayed. Valid OMB Control Numbers can be located on the OMB Internet Page at: www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA . If desired, you can call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT *- This application and the first premium must be submitted to the Department of Veterans Affairs BEFORE your 70th birthday.*

2. FIRST - MIDDLE -LAST NAME OF INSURED

3. DAYTIME TELEPHONE NUMBER

( )

4. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or post office, STATE and Zip Code) (COMPLETE ONLY IF DIFFERENT THAN THAT SHOWN ON REVERSE)

I wish to apply for the amount of insurance shown in the block to the right as replacement for the insurance coverage that will end on the day before my 70th birthday.

5. AMOUNT OF INSURANCE APPLIED FOR

$

I UNDERSTAND that the beneficiary designation and optional settlement under this new policy will be the same as on my Modified Life policy and will remain the same until I submit a change in writing to the Department of Veterans Affairs.

6. SIGNATURE OF INSURED (Do not print. Sign in ink)

7. DATE OF APPLICATION

When completed, mail this application and the first premium to the Department of Veterans Affairs at the address shown on the reverse.