OMB Approved No. 2900-0060 Respondent Burden: 6 Minutes

		1.	INSURANCE FILE NUMBER	
Department of	Veterans Affairs			
CLAIN NATIC	I FOR MONTHLY PA DNAL SERVICE LIFE INS	SURANCE 2.	INSURANCE POLICY NUMBER	
3. NET AMOUNT PAYABLE	4. BENEFICIARY'S SHAR	O S	PAYMENT PTION ELECTED BY ISURED	
IMPORTANT - Use t	his form for all policy prefixes	except K. Please type or print in in	nk when completing this form.	
BENEFICIARY - This monthly payments inste	form is to be used only when mo ead of one sum. See the direction	onthly payments were selected by the as on the reverse side if you wish to see	insured, or the beneficiary is selecting elect a Lump Sum Payment.	
incompetent, the persor We need a photocopy of	n having custody of the beneficiar	ry should complete the form and give	eficiary. If the beneficiary is a minor or his/her address in Item 12. sician showing date and cause of death.	
6. FIRST, MIDDLE AND LAST	NAME OF INSURED VETERAN	7. DATE OF BIRTH	8. INSURED'S PLACE OF DEATH	
9. FIRST, MIDDLE AND LAST	NAME OF BENEFICIARY	10. RELATIONSHIP TO INSURED	11. BENEFICIARY'S DATE OF BIRTH	
12. ADDRESS OF BENEFICIA	RY OR THEIR GUARDIAN	13. BENEFICIARY'S DAYTIME TELEPHONE NUMBER (Include Area Code)	14. BENEFICIARY'S SOCIAL SECURITY NUMBER	
		SELECTION OF OPTION		
Read the instructions on th Check the box for the optic selecting Option 2, please	he reverse side and consult the tables on selected, or more than one box if n complete all items on the line checke	attached before making your selection in nore than one option is selected in accord d.	the space below. ance with Instruction 2 on the reverse side. If	
OPTION NUMBER		OPTION DESCRIPTION		
□ 2	MONTHLY INSTALLMENTS PAYA MONTHS (In multiples of 12)	ABLE FOR 36 TO 240	NUMBER OF EQUAL MONTHLY INSTALLMENTS (In multiples of 12)	
□ 3	MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY WITH 120 PAYMENTS GUARANTEED. PROOF OF AGE REQUIRED			
□ 4	MONTHLY INSTALLMENTS CONTINUING THROUGHOUT THE LIFETIME OF THE BENEFICIARY, WHICH WILL GUARANTEE PAYMENT OF AN AMOUNT AT LEAST EQUAL TO THE BENEFICIARY'S SHARE OF THE FACE OR NET AMOUNT OF THE CONTRACT. PROOF OF AGE REQUIRED			
This section shall not be	der one of these options shall be e valid unless and until it is recor ill be based on the option selected	ded in the Department of Veterans A	nent of all liability under this contract. ffairs. If the beneficiary fails to select	
IMPORTANT -This form must be signed by the beneficiary, guardian, or fiduciary, in Item 16, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "X", made by the beneficiary and signed by two disinterested witnesses, is acceptable.				
16. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN			17. DATE SIGNED	
	TO BE COMPLETED BY BE	ENEFICIARY IF DIRECT DEPOSI	T IS DESIRED	
NAME OF FINANCIAL INSTITUTION			ROUTING TRANSIT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION			TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS	
TELEPHONE NUMBER OF F	INANCIAL INSTITUTION		DEPOSITOR ACCOUNT NUMBER	
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1-800-669-8477				
/A FORM NOV 201029-4125aEXISTING STOCKS OF VA FORM 29-4125a, AUG 2002, WILL BE USED.				

INSTRUCTIONS FOR SELECTION OF OPTIONAL SETTLEMENT

1. OPTION 1- LUMP SUM SETTLEMENT is not available when the insured selected a monthly installment option. HOWEVER, if the insured left a will or there is other evidence, in writing, that the insured desired that the beneficiary receive a lump sum, the beneficiary may submit a copy of such consideration. When submitting also sign Item 16 of this form and return it along with the additional evidence. It is not necessary to complete the entire form.

2. If insured selected an option, the beneficiary may abide by the insured's selection or may request settlement in installments.

A. If insured selected Option 1 (Lump Sum Settlement), beneficiary may select Option 1, 2, 3 or 4 or may request part payment under Option 1 and remainder under one of the other options.

B. If insured selected Option 2, beneficiary may request settlement split between two variations of Option 2.

C. If insured selected Option 2, with monthly installments in excess of 120, beneficiary may select to receive payment in a greater number of installments under Option 2, or may elect to receive payment under Option 3 or 4 or may request settlement split between Option 2, as herein limited, and Option 3 or 4.

D. If insured selected Option 2, with monthly installments not in excess of 120, beneficiary may select a greater number of installments under Option 2 or may select Option 4, provided number of installments guaranteed under Option 4 is greater than number of installments selected by insured under Option 2 or may request settlement split between Option 2 and 4, as herein limited.

E. If insured has selected Option 3, beneficiary may select Option 4.

F. If insured has selected Option 4, and named no contingent beneficiary, beneficiary may select Option 3.

G. If beneficiary selects two methods of payment the amount payable under at least one of them must be in multiples of \$1000 and all monthly installments under such selection must be at least \$10. (See instruction 5)

3. Settlement under Option 4 is not authorized when payments would be made in a shorter period than 120 months.

4. Option 3 and 4 shall not be available if the beneficiary is a firm, corporation, legal entity or trustee. Settlement to an estate is authorized only in one sum.

5. If option selected requires payment of installments of less than \$10, the amount payable shall be paid under Option 2 in such maximum number of installments as are a multiple of 12 as will provide a monthly installment of not less than \$10. If present value at time any person initially becomes entitled to payment thereof is not sufficient to pay at least twelve monthly installments of not less than \$10 each, such amount shall be payable in one sum.

6. If the insured selected Option 1 and the beneficiary has elected payment under Option 2, 3 or 4 and dies before receiving all installments due, the commuted (cash) value of the remaining unpaid installments guaranteed will be paid to the ESTATE OF THE BENEFICIARY. If the insured designated Option 2, 3 or 4 and all beneficiaries die before receiving all installments due, the commuted value of the remaining installments guaranteed will be paid to the ESTATE OF THE INSURED.

SUBMIT THE COMPLETED FORM TO:	DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE AND INSURANCE CENTER P.O. BOX 7208 PHILADELPHIA, PA 19101	

PRIVACY ACT NOTICE: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 1917). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.