



**DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE**

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA	DATE RECORDED	SIGNATURE OF VA INSURANCE OFFICIAL
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1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES *(Type or print)*

(First, Middle, Last Name)

(Number and street or rural route)

(City or P.O., State and ZIP Code)

2A. INSURANCE FILE NUMBER
F

2B. SOCIAL SECURITY NUMBER

3. DAYTIME TELEPHONE NUMBER
(Include Area Code)

1B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE? YES NO

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. <i>(If known See instruction No. 5 on reverse)</i>	C. RELATIONSHIP TO INSURED	D. SHARE TO EACH <i>(Use fractions, such as 1/2, 2/3, or "all")</i>	E. OPTION FOR EACH
PRINCIPAL				
				LUMP SUM
				LUMP SUM
				LUMP SUM
				LUMP SUM
OR TO SURVIVORS				
CONTINGENT				
<i>(Person(s) who get proceeds if all of the Principal Beneficiaries die before the insured. If none, write "none")</i>				
				LUMP SUM
				LUMP SUM
				LUMP SUM
				LUMP SUM

OR TO SURVIVORS

5. REMARKS *(Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)*

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED *(Do NOT print) (Power of Attorney signatures are NOT acceptable)*

7. DATE

8. NAME AND ADDRESS OF WITNESS *(Type or print)*

If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.

**DEPARTMENT OF VETERANS AFFAIRS GOVERNMENT LIFE INSURANCE
IMPORTANT INFORMATION AND INSTRUCTIONS FOR NAMING BENEFICIARIES**

In order to protect your beneficiary(ies), it is important to keep your Beneficiary Designation up to date. A properly completed, current designation filed with your insurance records will ensure that your insurance will be paid to the person(s) you want to get it. The information and instructions on this page are provided to help you complete the Beneficiary Designation on the reverse side of this form.

1. You have the right to change the beneficiary(ies) at any time without the knowledge or consent of the prior beneficiary(ies). A state court order or divorce decree cannot restrict this right and is not binding on you.
2. You may name as beneficiary(ies) any person, firm, corporation or other legal entity including your estate.
3. This designation will cancel and replace all previous designations for all of your policies. Any policies you wish to be excluded from this designation must be listed in Item 5, "Remarks" on the designation form.
4. When inserting a beneficiary's name, please provide the first name, middle initial, and last name. For example, use John J. Smith. For married persons, use Mary K. Smith, not Mrs. John J. Smith.
5. **DO NOT DELAY SENDING THIS DESIGNATION** if you do not have a beneficiary's social security number handy. Your designation is still valid even if you do not know the social security number, so send this designation right away. Having the beneficiary's social security number will help us locate the beneficiary.
6. If you name more than one principal or contingent beneficiary, please show the share, in fractions such as 1/2 or 1/3, etc. which each is to receive and make certain that the shares total "1". Equal shares will be paid unless you designate otherwise.
7. The "LUMP SUM" preprinted in the "option for each" block means that the beneficiary(ies) may choose to receive the insurance in one lump sum or in monthly payments. For information on monthly payment options call our toll-free number below.
8. The preprinted phrase "or to survivor(s)" means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the other two principal beneficiaries, not to any contingent beneficiaries. For information about alternatives to the automatic survivorship clause, please call our toll-free number below.
9. By law, if a designated principal beneficiary does not file a claim for payment within two years of the date of your death, then payment may be made to the beneficiary(ies) next entitled. If no claim for payment is received from any designated beneficiary within four years of the date of your death, your insurance will be paid in accordance with 38 U.S.C. 1917(f). If you do not designate a beneficiary, your insurance will be paid to your estate or to your heirs.
10. **MAILING INSTRUCTIONS** - Send the form promptly upon completion to the address below. A copy will be mailed to you as evidence of receipt by VA. The address is:

**VARO & IC (B&O)
P.O. BOX 8638
PHILADELPHIA, PA 19101**

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE, PLEASE FEEL FREE TO CALL OUR TOLL-FREE NUMBER 1-800-669-8477.

NOTE: THIS FORM IS NOT TO BE USED FOR SERVICEMEMBERS' OR VETERANS GROUP LIFE INSURANCE.

PRIVACY ACT NOTICE: 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 1.576 for routine uses identified in the VA System of records, Veterans of Uniformed Services Personnel Programs of U.S. Government - VA (36VA29), published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny any 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. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information to determine, establish or verify your eligibility for VA Insurance benefits (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 10 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.