



**APPLICATION FOR REFUND OF EDUCATIONAL CONTRIBUTIONS  
 (VEAP, Chapter 32, Title 38, U.S.C.)**

**IMPORTANT INSTRUCTIONS** - Before completing this form, remember you may be eligible for education benefits under VEAP if you served between the dates of January 1, 1977 through June 30, 1985 and contributed to the fund. If you accept a refund of your contributions, you will forfeit any entitlement you may have earned under VEAP. To get information about eligibility for VEAP, or for assistance in completing this form, contact your local VA regional processing office (RPO). See the reverse side of this form for the address of your RPO. If you want a refund, complete and send this form to your RPO at the address shown. If you need additional information click on Submit a Question at [www.benefits.va.gov/gibill/](http://www.benefits.va.gov/gibill/) or call toll-free to 1-888-442-4551. This refund is not available to Montgomery GI Bill, 903, and Chapter 32 participants. Partial refunds cannot be made from your fund balance.

**PART I - IDENTIFICATION DATA**

|                                  |                        |                                      |                                |
|----------------------------------|------------------------|--------------------------------------|--------------------------------|
| 1. NAME OF APPLICANT             | 2. SOCIAL SECURITY NO. | 3. BRANCH OF SERVICE                 | 4. VA FILE NO. (If applicable) |
| 5A. MAILING ADDRESS OF APPLICANT |                        | 5B. PHONE NUMBER (Include Area Code) | 5C. EMAIL ADDRESS              |

**PART II - NOTICE OF DISENROLLMENT AND APPLICATION FOR REFUND**

I request to be disenrolled from the POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM. I further request a refund of my remaining contributions. I realize that a refund of my contributions will result in forfeiture of my entitlement to receive educational benefits under this program. However while on active duty, I may enroll again in this program by establishing a payroll deduction and/or making a lump sum contribution(s) not to exceed a total of \$2700, thereby reestablishing entitlement to educational benefits.

**6. REASON FOR DISENROLLMENT**

- A.  PERSONAL HARDSHIP    B.  EDUCATION COMPLETED    C.  VOCATION OBTAINED    D.  OTHER (Specify)

|                                      |   |   |  |                 |
|--------------------------------------|---|---|--|-----------------|
| <b>FOR APPLICANTS ON ACTIVE DUTY</b> | <i>NOTE: The following signature block is to be completed only by applicants <b>on active duty</b>. Signature of Service Approving Official is required only upon disenrollment prior to completion of at least 12 monthly contributions to this program.</i> |   |  |                 |
|                                      | 7. SIGNATURE OF APPLICANT   | 8. DATE SIGNED                                | 9. SIGNATURE AND TITLE OF SERVICE APPROVING OFFICIAL | 10. DATE SIGNED |
|                                      | 11. LAST ALLOTMENT (Month, year)  | 12. SIGNATURE OF INSTALLATION FINANCE OFFICER |  | 13. DATE SIGNED |

|  |   |                 |   |                 |
|--|---|-----------------|---|-----------------|
| <b>FOR APPLICANTS NOT ON ACTIVE DUTY</b> | <i>NOTE: The following signature block is to be completed only by applicants <b>not on active duty</b>, and must either be notarized by a Notary Public or certified by a VA official upon the applicants personal appearance and presentation of valid identification at any VA regional office.</i> |                 |   |                 |
|  | 14. SIGNATURE OF APPLICANT  | 15. DATE SIGNED | 16. SIGNATURE AND TITLE OF VA CERTIFYING OFFICIAL | 17. DATE SIGNED |
|  | 18. DATE OF DISCHARGE (AS SHOWN ON YOUR DD FORM 214)  |                 |   |                 |
|  | Sworn to and subscribed before me this _____ day _____, _____<br><br><div style="text-align: center;">_____</div> Notary Public<br><br>[SEAL]<br>My commission expires _____  |                 |   |                 |

**PART III - CERTIFICATION (FOR VA USE ONLY)**

I CERTIFY that I have reviewed this document and that payment of refund is proper.

|   |                 |
|---|-----------------|
| 19. SIGNATURE OF VA REGIONAL OFFICE FINANCE OFFICER | 20. DATE SIGNED |
|---|-----------------|

To determine the mailing address on where to send this completed form, you should first find your state in the following Regional jurisdiction tables. Then, mail your complete form to the post office box address for the VA regional office having jurisdiction for that region.

|   |    |                   |                 |   |             |            |    |
|---|----|-------------------|-----------------|---|-------------|------------|----|
| <b>Eastern Region:<br/>VA Regional Office<br/>P.O. Box 4616<br/>Buffalo, NY 14240-4616</b>    |    |                   |                 | <b>Western Region:<br/>VA Regional Office<br/>P.O. Box 8888<br/>Muskogee, OK 74402-8888</b> |             |            |    |
| SERVES THE FOLLOWING STATES   |    |                   |                 | SERVES THE FOLLOWING STATES   |             |            |    |
| CT  | DE | DC                | ME              | AK  | AL          | AR         | AZ |
| MD  | MA | NC                | NH              | CA  | FL          | GA         | HI |
| NJ  | NY | PA                | RI              | ID  | LA          | MS         | NM |
| VA  | VT | US Virgin Islands | Foreign Schools | NV  | OK          | OR         | PR |
| APO/FPO AA  |    |                   |                 | SC  | TX          | UT         | WA |
| <b>Central Region:<br/>VA Regional Office<br/>P.O. Box 66830<br/>St. Louis, MO 63166-6830</b> |    |                   |                 | Guam  | Philippines | APO/FPO AP |    |

|   |    |    |    |
|---|----|----|----|
| <b>Central Region:<br/>VA Regional Office<br/>P.O. Box 66830<br/>St. Louis, MO 63166-6830</b> |    |    |    |
| SERVES THE FOLLOWING STATES   |    |    |    |
| CO  | IA | IL | IN |
| KS  | KY | MI | MN |
| MO  | MT | NE | ND |
| OH  | SD | TN | WV |
| WI  | WY |    |    |

**PRIVACY ACT INFORMATION:** 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 i.e., contacting an employer only to help facilitate the processing of your refund, as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101. 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. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to properly identify and refund the amount currently being held in the Post-Vietnam Era Veterans Education Account. 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](http://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.