OMB Control No. 2900-0012 Respondent Burden: 10 minutes Expiration Date: XXXXXXX

## Department of Veterans Affairs

## APPLICATION FOR CASH SURRENDER GOVERNMENT LIFE INSURANCE

**PRIVACY ACT INFORMATION:** No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register.

**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 <a href="www.reginfo.gov/public/do/PRASearch">www.reginfo.gov/public/do/PRASearch</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST-MIDDLE-LAST NAME (Type or print)		2. INSURAN	ICE FILE NUMBER		
		F			
3. MAILING ADDRESS (Must be completed)		4. POLICY N	NUMBER (Include letter prefix)		
	4	5. DAYTIME	TELEPHONE NUMBER (Include Area Code)		
		6. SOCIAL S	SECURITY NUMBER		
7. I HEREBY SURRENDER MY: (Check appropriate box)					
BASIC INSURANCE POLICY	BASIC INSURANCE AND PAID-UP A	ADDITIONS			
PAID-UP ADDITIONS ONLY  USE SURRENDER VALUE TO BUY REDUCED PAID-UP INSURANCE			ID-UP INSURANCE		
PARTIAL SURRENDER OF PAID-UP ADDITIONS (Amount of check) \$					
8. FUTURE DIVIDEND OPTION					
PAY TO ME IN CASH	APPLY TO PAY PREMIUMS IN ADVA	NCE	HOLD ON DIVIDEND CREDIT		
APPLY TO PAY INDEBTEDNESS	APPLY TO BUY PAID-UP ADDITIONS		HOLD ON DIVIDEND DEPOSIT		
☐ NET CASH	NETLOLI		NETPUA		
NET OPTIONS: Dividend pays annual premium and remainder is used	to reduce loan (NETLOLI), buy additional in	surance (NETP	UA), or refunded to veteran (NETCASH).		
I hereby surrender all my right, title and interest in the basic insurance policy and/or paid-up additions represented by the policy number shown in Item 4 for the purpose of obtaining the cash surrender value.					
9. FULL SIGNATURE OF INSURED (Do not print - Sign in ink,	)		10. DATE		
	JLD YOU LIKE TO RECEIVE				
BY CHECK (NOTE: If you are currently on Direct Deposit, this will stop all future payments by electronic transfer until we	BY DIRECT DEPOSIT (Please attach a voided personal check)  (NOTE: The account must be in the name of the veteran. Direct Deposit will continue with all future payments to this account. You must notify us of any changes.)				
receive instructions from you.)  ADDRESS SHOWN IN ITEM 3	A. NAME OF FINANCIAL INSTITUTIO	N	B. TRANSIT/ROUTING NUMBER		
TEMPORARY ADDRESS SHOWN BELOW (Please print)	C. DEPOSITOR ACCOUNT NUMBER	<u>t</u>	D. TELEPHONE NUMBER OF FINANCIAL INSTITUTION		
	E. ADDRESS OF FINANCIAL INSTITU	UTION	F. TYPE OF DEPOSITOR ACCOUNT		
			CHECKING SAVINGS		
P.Ó Phil <b>NOTE:</b> IF YOU PREFER, INSTEAI PLEASE DO NOT I	partment of Veterans Affairs Box 7327 adelphia, PA 19101	IT MAY B	E FAXED TO 1-888-748-5828 PPLICATION		

OMB Approved No. 2900-0012 Respondent Burden: 10 minutes Expiration Date: XXXXXX

## Department of Veterans Affairs

## APPLICATION FOR POLICY LOAN GOVERNMENT LIFE INSURANCE

**PRIVACY ACT INFORMATION:** No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register.

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 <a href="https://www.reginfo.gov/public/do/PRASearch">www.reginfo.gov/public/do/PRASearch</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

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1. FIRST-MIDDLE-LAST NAME (Type or print)		2. INS	SURANCE FILE NUMBER		
		F			
3. MAILING ADDRESS (Must be completed)		4. SO	4. SOCIAL SECURITY NUMBER		
		5. DA	YTIME TELEPHONE NUMBER (Include Area Code)		
6. POLICY NUMBER(S) ON WHICH LOAN IS REQUESTED 7.		7. AMOUNT C	MOUNT OF LOAN DESIRED (Check one)		
		<b>\$</b>	\$ (AMOUNT) OR MAXIMUM LOAN		
		□ Ψ	(AWOONT) ON WAXIMOW EOAN		
8. DO YOU WISH TO USE DIVIDENDS TO REDUCE THE LOAM	<b>\</b> ?				
APPLY FUTURE DIVIDENDS TO PAY AN ANNUAL P REMAINING BALANCE APPLIED TO REDUCE THE I	1	APPLY EXIST PRINCIPAL	ING DIVIDEND CREDIT/DEPOSIT TO REDUCE THE LOAN		
APPLY FUTURE DIVIDENDS TO REDUCE LOAN PR	INCIPAL				
NOTE: Your VA compensation or pension or military retirement pay may be used to repay your loan. For more information, call the toll-free number below.					
IMPORTANT NOTICE  All new policy loans have a variable interest rate with a minimum rate of 5% and a maximum rate of 12%. The interest rate may change October of each year. The rate is based on the interest for long term Treasury bonds. Interest is payable yearly on the anniversary date of the loan.					
Treasury bonds. Interest is payable yes  9. FULL SIGNATURE OF INSURED (Do not print - Sign in ink)		sary date	of the loan.  10. DATE		
9. FULL SIGNATURE OF INSURED (Do not print - Sign in ink)  11. HOW WOU	LD YOU LIKE TO REC	CEIVE THI	of the loan.  10. DATE  S PAYMENT?  ach a voided personal check)		
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