OMB Control No. 2900-0166 Respondent Burden: 5 minutes Expiration Date: XXXXXXX

Department of Veterans A	ffair
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APPLICATION FOR ORDINARY LIFE INSURANCE

REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED AT AGE 65

NATIONAL SERVICE LIFE INSURANCE

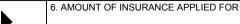
1. INSURANCE FILE NUMBER (Include letter
prefix)

2. POLICY NUMBER ON NEW INSURANCE (To be assigned by VA)

the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses identified in Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, and published required to obtain or retain benefits. The responses you submit are considered confidential (38 US)	I in the Federal Register. Your obligation to respond is	
RESPONDENT BURDEN : We need this information from you to purchase additional governm allows us to ask for this information. We estimate that you will need an average of 5 minutes to r complete this form. VA cannot conduct or sponsor a collection of information unless a valid OM to respond to a collection of information if this number is not displayed. Valid OMB control num www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information this form.	eview the instructions, find the information, and B control number is displayed. You are not required abers can be located on the OMB Internet Page at	
IMPORTANT - This application and the initial premium must be submitted to the Department of Veterans Affairs before your 65th birthday.		
3. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED		
4A. MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural route, city or P.O., State and ZII	P Code)	
4B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE RECORDS? (Check one)	5. DAYTIME TELEPHONE NUMBER (Include Area Code)	

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under

I wish to apply for the amount of insurance shown in Item 6, the block to the right, as replacement for the insurance that will end on the day before my 65th birthday.



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

8. DATE OF APPLICATION

9. PLEASE MAIL THIS APPLICATION TO THE VA OFFICE BELOW.

Department of Veterans Affairs Regional Office and Insurance Center P.O. Box 7787 Philadelphia, PA 19101

VA FORM XXXX

YES

□ NO

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

29-8485

SUPERSEDES VA FORM 29-8485, OCT 2014,

WHICH WILL NOT BE USED.