



VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

INFORMATION REGARDING APPORTIONMENT OF BENEFICIARY'S AWARD

INSTRUCTIONS: All or part of a veteran's disability award may be apportioned (paid) to the veteran's spouse, child, or dependent parent. A surviving spouse's award may also be apportioned for the veteran's child(ren). For additional space, use Item 16, Remarks or attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to the form. Please read the Privacy Act and Respondent Burden information on page 2 before completing the form.

NOTE: You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing the form.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)

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2. VETERAN'S SOCIAL SECURITY NUMBER

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3. VA FILE NUMBER (If applicable)

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4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month	Day	Year
	-	

5. VETERAN'S SERVICE NUMBER (If applicable)

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SECTION II: CLAIMANT OR CUSTODIAN/GUARDIAN (if for minor child) INFORMATION

6. NAME OF CLAIMANT OR CUSTODIAN /GUARDIAN COMPLETING THIS FORM (First, Middle Initial, Last)

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7. CLAIMANT'S SOCIAL SECURITY NUMBER

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8. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street				
Apt./Unit Number		City		
State/Province		Country		ZIP Code/Postal Code
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9. TELEPHONE NUMBER (Include Area Code)

10. EMAIL ADDRESS (Optional)

SECTION III: APPORTIONMENT INFORMATION (Only complete the portion of this section that applies to you)

11. PERSON(S) YOU ARE REQUESTING AN APPORTIONMENT FOR:

A. NAME OF APPORTIONEE (First, Middle, Last)	B. PROVIDE CHILD/SPOUSE SOCIAL SECURITY NUMBER	C. WHAT IS HIS/HER RELATIONSHIP TO VETERAN?

SECTION III: APPORTIONMENT INFORMATION (Only complete the portion of this section that applies to you) (Continued)	
12A. HAS THE VETERAN BEEN CLAIMING A STEP CHILD(REN)? <input type="checkbox"/> YES <i>(If "Yes," complete Item 12B)</i> <input type="checkbox"/> NO	12B. IS/ARE THE STEP CHILD(REN) STILL LIVING IN THE VETERAN'S HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," provide the date the step child(ren) left the veteran's household)(MM/DD/YYYY)</i> _____
13. IF THE SPOUSE IS CLAIMING AN APPORTIONMENT, IS HE/SHE LIVING WITH ANOTHER PERSON AND HOLDING HIMSELF/HERSELF OUT OPENLY TO THE PUBLIC AS THE SPOUSE OF THE OTHER PERSON? <input type="checkbox"/> YES <i>(If "Yes," provide explanation):</i> <input type="checkbox"/> NO	
14. HAS/HAVE THE VETERAN'S CHILD(REN) BEEN LEGALLY ADOPTED BY ANOTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15A. SELECT THE SITUATION THAT APPLIES TO YOU <i>(Check applicable box and complete either Item 15B or 15C)</i> <i>(If not applicable skip to Section IV)</i> <input type="checkbox"/> Veteran is incarcerated for conviction of a felony for more than 60 days (38 U.S.C. § 5313) <input type="checkbox"/> Surviving spouse is incarcerated for conviction of a felony for more than 60 days (38 U.S.C. § 5313) <input type="checkbox"/> Veteran is incompetent, without fiduciary, and is receiving institutional care by the United States or a political subdivision and the veteran's benefits are not being paid to the veteran's spouse (38 U.S.C. § 5307 and 5502)	
15B. PROVIDE THE NAME AND ADDRESS OF THE PRISON WHERE THE VETERAN OR SURVIVING SPOUSE IS INCARCERATED	15C. PROVIDE THE NAME AND ADDRESS OF THE INSTITUTION WHERE THE VETERAN IS A PATIENT RECEIVING CARE
SECTION IV - REMARKS	
16. REMARKS <i>(if any)</i> 	
SECTION V - CERTIFICATION AND SIGNATURE	
I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.	
17A. SIGNATURE OF VETERAN/CLAIMANT OR CUSTODIAN/GUARDIAN (REQUIRED)	17B. DATE SIGNED <i>(MM/DD/YYYY)</i>
<p>PRIVACY ACT INFORMATION - 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 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA 21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p> <p>RESPONDENT BURDEN - We need this information to determine whether an apportionment of VA disability or death benefits may be made (38 U.S.C. 5307). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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.</p> <p>PENALTY - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.</p>	