



**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)

[] [] []

2. VETERAN'S SOCIAL SECURITY NUMBER

[] - [] - []

3. VA FILE NUMBER (If applicable)

[]

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

Month Day Year
 [] - [] - []

5. VETERAN'S SERVICE NUMBER (If applicable)

[]

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)

[] [] []

7. CLAIMANT'S SOCIAL SECURITY NUMBER

[] - [] - []

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 [] - []

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?

