OMB Control No. 2900-0020 Respondent Burden: 10 minutes Expiration Date: 10/31/2023

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Department of Veterans Affairs

DESIGNATION OF BENEFICIARY - GOVERNMENT LIFE INSURANCE

NOTE: Before completing the form, please note we highly recommend updating your beneficiary designation directly online at https://www.insurance.va.gov/home. It is safe, secure and instant.

SECTION I - VETERAN'S IDENTIFYING INFORMATION (All information requested in this section is required)

NOTE: You may either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly and using capital letters to expedite processing of the form.

1. FIRST NAME - MIDDLE IN	NITIAL - LAST NAME (OF VETERAN					
2. SOCIAL SECURITY NO.				3. DATE OF BI	RTH (MM,DD,Y	YYY)	
				Month	Day	Year	
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4 V/FTEDANIC MAII INC AD		C4	I Don't D.O. Don City	Cana ZID Codo	1 C t \		
4. VETERAN'S MAILING AD	DRESS (Number and	Street or Kura	l Route, P.O. Box, City,	State, ZIP Coae	ana Country)		
No. &							
Street							
Apt./Unit Number		City					
State/Province	Country		ZIP Code/Postal Code	Э		_	
5. EMAIL ADDRESS							
C DAVIME TELEBUIONE N	ILIMPED (la alcida Aire	0-4-1					
6. DAYTIME TELEPHONE N	IUMBER (Include Area	Code)					
7. CHECK BOX IF YOUR AD	DRESS HAS CHANG	ED ▶					
IMPORTANT - IF YOU DO N	IOT NAME A SPECIEI	C RENEEICIAE	V VOLIR INSURANCE	WILL BE DAID A	S NOTED LIND	ER SECTION V RELOW	THIS DESIGNATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Use this form to designate or make changes to the beneficiary(ies) of your Government Life insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary without anyone knowing or consenting to it. You may change your beneficiary at any time by completing a new Government Life Insurance Beneficiary Designation form. This form *cannot* be used to reinstate your coverage if your insurance is not in force due to failure to pay timely premiums.

INSTRUCTIONS FOR DESIGNATING A PRINCIPAL OR CONTINGENT BENEFICIARY (Section II)

- You may name more than one principal and more than one contingent beneficiary. This form allows you to name up to three principal and three contingent beneficiaries. Please use VA Form 29-336a, Supplemental Designation of Beneficiary to list additional beneficiaries.
- · You have the right to change your beneficiary at any time without the knowledge or consent of the prior beneficiary. A state court or divorce decree cannot restrict this right and is not binding on you.
- You may name as beneficiary any person, firm, corporation or other legal entity, including your estate.
- Federal regulations pertaining to designating beneficiaries of Government life insurance require that the designation be valid. If any part of the designation in either the principal or contingent beneficiary section is unclear, ambiguous, or not legally acceptable, then the previous beneficiary designation will remain effective, or the Veteran's estate will become the beneficiary if no previous, valid designation exists.

PRIVACY ACT NOTICE: 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 as 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. Your obligation to respond is voluntary. VA uses your Social Security number (SSN) to identify your insurance file. Providing your SSN will help ensure that your records are properly associated with your insurance file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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.

RESPONDENT BURDEN: We need this information to determine your eligibility for Insurance benefits (38 U.S.C. 1922). 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

WILL APPLY TO ALL POLICIES.

SECTION II - BENEFICIARY DESIGNATION INFORMATION - PRINCIPAL

Principal Beneficiaries are the person(s) or entity(ies) you choose to receive your life insurance proceeds. **Payment will be made in equal shares unless otherwise specified**. In the event that a designated principal beneficiary predeceases you, the proceeds will be paid to the remaining principal beneficiaries in equal shares or all to the sole remaining principal beneficiary. For more information about alternatives to the automatic survivorship clause or lump sum payment, please call our toll-free number 1-800-669-8477.

anomatives to the automatic survivorship diause or lamp sum payment, please dail our toll-nee maniber 1-000 005-0-77.			
I HEREBY REVOKE ANY PREVIOUS DESIGNATION OF PRINCIPAL BENEFICIARY(IES), IF ANY, AND IN THE EVENT OF MY DEATH, DESIGNATE THE FOLLOWING:			
IMPORTANT - The total for all principal beneficiaries must equal 100%.	IMPORTANT - The total for all principal beneficiaries must equal 100%.		
FIRST PRINCIPAL BENEFICIARY ID	DENTIFYING INFORMATION		
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF PRINCIPAL BENEFICIARY			
PRINCIPAL BENEFICIARY SOCIAL SECURITY NUMBER	PRINCIPAL BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
	Month Day Year		
PRINCIPAL BENEFICIARY MAILING ADDRESS (Number and Street or Rural Route, P.O.	Box, City, State, ZIP Code and Country)		
No. &	· · · · · · · · · · · · · · · · · · ·		
Street			
A - // - / - A			
Apt./Unit Number City			
State/Province Country 7IP Code/Postal Code			
State/Province Country ZIP Code/Postal Code	_		
PRINCIPAL BENEFICIARY EMAIL ADDRESS	PRINCIPAL BENEFICIARY DAYTIME TELEPHONE NUMBER		
	(Include Area Code)		
INSURANCE PAYMENT	DISTRIBUTION		
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you was	want equal share distribution) ▶ □		
SECOND PRINCIPAL BENEFICIARY	IDENTIFYING INFORMATION		
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF PRINCIPAL BENEFICIARY			
PRINCIPAL BENEFICIARY SOCIAL SECURITY NUMBER	PRINCIPAL BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
	Month Day Year		
DDINGIDAL DENIFFICIARY MAILING ARRESCO (Al., al., a., al., f., a., a., a., a., a., a., a., a., a., a	Don City Costs 7ID Code and Constant		
PRINCIPAL BENEFICIARY 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	_		
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER (Include Area Code)		
INSURANCE PAYMENT DISTRIBUTION			
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you want equal share distribution) ▶			

SECTION II - BENEFICIARY DESIGNATION INFORMATION - PRINCIPAL (Continued)			
THIRD PRINCIPAL BENEFICIARY IDENTIFYING INFORMATION			
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF PRINCIPAL BENEFICIARY			
PRINCIPAL BENEFICIARY SOCIAL SECURITY NUMBER	PRINCIPAL BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
	Month Day Year		
DDINGIDAL DENETICIADY MAILING ADDRESS (Alumban and Street on Dunal Douts D.O.)	Pour City, State 7ID Code and Country)		
PRINCIPAL BENEFICIARY MAILING ADDRESS (Number and Street or Rural Route, P.O. No. &	Box, Cuy, State, 21r Code and Country)		
Street			
Apt./Unit Number City			
State/Province Country ZIP Code/Postal Code			
State/Province Country ZIP Code/Postal Code	_		
PRINCIPAL BENEFICIARY EMAIL ADDRESS	PRINCIPAL BENEFICIARYHDAYTIME TELEPHONE NUMBER (Include Area Code)		
INSURANCE PAYMENT I	I DISTRIBUTION		
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you w	vant equal share distribution) ▶ □		
SECTION III - BENEFICIARY DESIGNATION	ON INFORMATION - CONTINGENT		
Contingent Beneficiaries are the person(s) or entity(ies) you choose to receive your life insurance proceeds if the principal beneficiary (ies) die or the entity dissolves before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases you, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.			
IMPORTANT - The total for all contingent beneficiaries must equal 100%	%.		
FIRST CONTINGENT BENEFICIARY	IDENTIFYING INFORMATION		
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF CONTINGENT BENEFICIARY			
CONTINUENT DENISIONARY COOKS OF CURITY AND DED	CONTINUENT PENERICIARY DATE OF RIPTH (AAL DR WWW)		
CONTINGENT BENEFICIARY SOCIAL SECURITY NUMBER	CONTINGENT BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
	Month Day Year		
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Apt./Unit Number City			
State/Province Country ZIP Code/Postal Code	-		
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER (Include Area Code)		
MOUDANOE DAVASTAT	DISTRIBUTION		
INSURANCE PAYMENT DISTRIBUTION			
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you want equal share distribution) ▶			

SECTION III - BENEFICIARY DESIGNATION INFORMATION - CONTINGENT (Continued)			
SECOND CONTINGENT BENEFICIARY	/ IDENTIFYING INFORMATION		
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF CONTINGENT BENEFICIARY			
CONTINGENT BENEFICIARY SOCIAL SECURITY NUMBER	CONTINGENT BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
	Month Day Year		
CONTINGENT BENEFICIARY MAILING ADDRESS (Number and Street or Rural Route, P. No. &	O. Box, City, State, ZIP Coae and Country)		
Street			
Apt./Unit Number City			
·			
State/Province Country ZIP Code/Postal Code	-		
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER (Include Area Code)		
INCURANCE DAYMENT	DISTRIBUTION		
INSURANCE PAYMENT	NOTION CONTRACTOR		
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you w	vant equal share distribution) ▶ □		
THIRD CONTINGENT BENEFICIARY	IDENTIFYING INFORMATION		
TYPE OF BENEFICIARY (Check one)			
SPOUSE CHILD PARENT SIBLING OTHER	LEGAL ENTITY		
FIRST NAME - MIDDLE INITIAL - LAST NAME OF CONTINGENT BENEFICIARY			
CONTINGENT BENEFICIARY SOCIAL SECURITY NUMBER	CONTINGENT BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)		
CONTINGENT BENEFICIART SOCIAL SECURITT NUMBER	Month Day Year		
CONTINGENT BENEFICIARY 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	_		
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER (Include Area Code)		
11000011000	DISTRIBUTION		
INSURANCE PAYMENT DISTRIBUTION			
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you	want equal share distribution) ▶ □		

SECTION IV - ADDITIONAL INSTRUCTIONS				
YOUR INSURANCE PROCEEDS WILL BE AUTOMATI IF YOU DO NOT WANT YOUR INSURANCE PAID THIS		OMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION V BELOW. YOU WANT IT PAID.		
SECT	ION V - CERTIFICATION	AND SIGNATURE		
I Certify that I am the policyholder and I u	inderstand that:			
1. Unless otherwise noted in Section IV, a clause as follows:	Additional Instructions, my insur	ance will be paid according to the automatic survivorship		
	ies before me, the insurances wil	l be divided between any remaining principal		
beneficiaries. • If all principal beneficiaries die before me, the insurance will be paid to my contingent beneficiaries. • For all programs other than VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid to my estate.				
• For VALife, if all principal and contingent beneficiaries die before me, the insurance will be paid based on the order of precedence in accordance with 38 U.S.C. 1922B.				
2. This change cancels all prior beneficia	ry and option selections and app	lies to all Government Life Insurance policies.		
3. <u>For all programs other than VALife</u> , by law, if a designated principal beneficiary does not file a claim for payment within two years of the date of my death, then payment may be made to the beneficiary(ies) next entitled. If no claim for payment is received from any designated beneficiary within four years of the date of my death, my insurance will be paid in accordance with 38 U.S.C. 1917(f). If I do not designate a beneficiary, my insurance will be paid to my estate or to my heirs.				
4. <u>For VALife</u> , by law, if the designated beneficiary does not file a claim for the payment within one year of the date of my death, or if payment to the designated beneficiary within that period is prohibited by Federal statute or regulation, my insurance will be paid based on the order of precedence listed under <u>38 U.S.C. 1922B</u> . Beneficiaries listed under the order of precedence may file a claim for such payment during the one year period following the period as if the designated beneficiary had predeceased the veteran.				
any part of the designation in either the	principal or contingent beneficial	ent life insurance require that the designation be valid. If ary section is unclear, ambiguous, or not legally ive, or the Veteran's estate will become the beneficiary if		
	umber at 1-800-669-8477 if the	olding a Power of Attorney or Guardianship cannot ne veteran is unable to sign. The signature date must		
SIGNATURE OF VETERAN (Sign in ink)		ATE SIGNED (MM/DD/YYYY onth Day Year — —		
THIS COMPLETED FORM MAY BE SUBMITTED BY:				
MAIL	ONLINE			
VARO & IC (B&O) P. O. Box 8638 Philadelphia, PA 19101	Upload the form using of secure website at www.insurance.va.go			