
MEMORANDUM

TO: VBA PUBLICATIONS CONTROL OFFICER
FROM: DANIEL G ELLIS, VA LIFE INSURANCE CENTER
SUBJECT: NON-SUB CHANGE FOR DESIGNATION OF BENEFICIARY AND SUPPLEMENTAL DESIGNATION OF BENEFICIARY – GOVERNMENT LIFE INSURANCE FORMS
DATE: JANUARY 10, 2023

The **VA 29-336 Designation of Beneficiary – Government Life Insurance Form**, is used for veterans to update their beneficiary information. The VA Insurance Center needs to update the Beneficiary Designation forms (VA Form 29-336 and 29-336a) to contain more precise Funeral Home information.

- VA Form 29-336-Page 1-INSTRUCTIONS FOR COMPLETING THIS FORM-INSTRUCTIONS FOR DESIGNATING A PRINCIPAL OR CONTINGENT BENEFICIARY (Section II)
 - Where it says in the third bullet point: “You may name as beneficiary any person, firm, corporation or other legal entity, including your estate.” Please add the following:
 - “If you name a funeral home as beneficiary, then you may indicate in the Additional Instructions Section on page 5 of this form that you only wish for the funeral home to receive an amount of the death proceeds necessary to pay for your funeral, and that the remainder is to go to another principal or a contingent beneficiary, or to be paid to your estate.”

- VA Form 29-336-Page 5-SECTION IV - ADDITIONAL INSTRUCTIONS“
 - Where it says: “YOUR INSURANCE PROCEEDS WILL BE AUTOMATICALLY PAID ACCORDING TO THE AUTOMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION V BELOW. IF YOU DO NOT WANT YOUR INSURANCE PAID THIS WAY, PLEASE EXPLAIN BELOW HOW YOU WANT IT PAID.” Please add the following:
 - “IF YOU NAME A FUNERAL HOME AS BENEFICIARY AND WOULD ONLY LIKE THE FUNERAL HOME TO RECEIVE AN AMOUNT OF THE DEATH PROCEEDS NECESSARY TO PAY FOR YOUR FUNERAL COSTS, THEN PLEASE INDICATE THAT IN THIS SECTION. PLEASE ALSO INDICATE WHO YOU WANT TO RECEIVE THE REMAINDER OF YOUR DEATH PROCEEDS.”

On page 5, SECTION V – CERTIFICATION AND SIGNATURE -

Under number 1, delete the last two bullets and replace with content below..

- If all principal and contingent beneficiaries die before me, the insurance will be paid based on the following order:
 1. My surviving spouse
 2. My children and decedents of deceased children
 3. My parents or their surviving children
 4. The duly appointed executor or administrator of estate
 4. My other next of kin under laws of my domicile at time of my death

Under number 3, in the first sentence, replace the word “two years” with “one year”. In the second sentence, replace the word “four” with “two” and add “or 38 U.S.C. 1952(c)” at the end, after “38 U.S.C. 1917(f)”. At the end of the last sentence, replace “my insurance will be paid to my estate or to my heirs” with “my insurance will be paid according to the order of precedence listed above.”

Under number 4, at the end of the first sentence, replace “under 38 U.S.C. 1922B” with “listed above”

Under number 5, in the last sentence, replace “the Veteran’s estate will become the beneficiary” with “the insurance will be paid based on the order of precedence listed above”.

The **VA 29-336a Supplemental Designation of Beneficiary – Government Life Insurance Form**, is used for veterans to add additional beneficiary’s and beneficiary information to their policy. The VA Insurance Center needs to update the Beneficiary Designation forms (VA Form 29-336 and 29-336a) to contain more precise Funeral Home information.

- VA Form 29-336-Page 3-SECTION III - ADDITIONAL INSTRUCTIONS“
 - o Where it says: “YOUR INSURANCE PROCEEDS WILL BE AUTOMATICALLY PAID ACCORDING TO THE AUTOMATIC SURVIVORSHIP CLAUSE DETAILED IN SECTION V BELOW. IF YOU DO NOT WANT YOUR INSURANCE PAID THIS WAY, PLEASE EXPLAIN BELOW HOW YOU WANT IT PAID.” Please add the following:

- “IF YOU NAME A FUNERAL HOME AS BENEFICIARY AND WOULD ONLY LIKE THE FUNERAL HOME TO RECEIVE AN AMOUNT OF THE DEATH PROCEEDS NECESSARY TO PAY FOR YOUR FUNERAL COSTS, THEN PLEASE INDICATE THAT IN THIS SECTION. PLEASE ALSO INDICATE WHO YOU WANT TO RECEIVE THE REMAINDER OF YOUR DEATH PROCEEDS.”

On page 4, SECTION IV – CERTIFICATION AND SIGNATURE -

Under number 1, delete the last three bullets and replace with content below..

- If all principal and contingent beneficiaries die before me, the insurance will be paid based on the following order:
 1. My surviving spouse
 2. My children and decedents of deceased children
 3. My parents or their surviving children
 4. The duly appointed executor or administrator of estate
 4. My other next of kin under laws of my domicile at time of my death

Under number 3, in the first sentence, replace the word “two years” with “one year”. In the second sentence, replace the word “four” with “two” and add “or 38 U.S.C. 1952(c)” at the end, after “38 U.S.C. 1917(f)”. At the end of the last sentence, replace “my insurance will be paid to my estate or to my heirs” with “my insurance will be paid according to the order of precedence listed above.”

Under number 4, at the end of the first sentence, replace “under 38 U.S.C. 1922B” with “listed above”

Under number 5, in the last sentence, replace “the Veteran’s estate will become the beneficiary” with “the insurance will be paid based on the order of precedence listed above”.

These modifications will not change any previous calculations for either form. Therefore, this is a non-substantial change on both forms.

Thank you