OMB Control No. 2900-0149 Respondent Burden: 15 minutes Expiration Date: XX/XX/20XX

## Department of Veterans Affairs

## APPLICATION FOR CONVERSION **GOVERNMENT LIFE INSURANCE**

PRIVACY ACT INFORMATION: No insurance may be converted unless a completed application form has been received (38 U.S.C. 1904 and 1942). 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 5, Code of Federal Regulations 1.526 for routine uses as identified in 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 required to obtain or retain benefits. The responses you submit are considered confidential (38 USC 5701).

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0149, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this

OMB Control No. 2900-0149 in any correspondence. Do not send your correspondence.	
IMPORTANT (Answer all items. (See VA Pamphlet 29-73-1) Do not return policy with this form.)	1. INSURANCE POLICY NUMBER TO BE CONVERTED (Include letter prefix) (If more than one policy, please complete a separate form for each policy number)
2. FIRST, MIDDLE, LAST NAME OF INSURED AND MAILING ADDRESS FO INSURANCE PURPOSES (Include number and street or rural route, P.C. Box, city, state, ZIP Code and country)	10 27
	4. SOCIAL SECURITY NUMBER
	5. DAYTIME TELEPHONE NUMBER (Include Area Code)
6A. PERMANENT PLAN(S) APPLIED FOR	6B. AMOUNT OF INSURANCE TO BE CONVERTED
ORDINARY LIFE ENDOWMENT AT AGE 60	\$
20 PAYMENT LIFE ENDOWMENT AT AGE 65	
☐ 30 PAYMENT LIFE ☐ MODIFIED LIFE 65	6C. IF YOU ARE NOT CONVERTING THE ENTIRE POLICY, DO YOU WISH TO CONTINUE ANY TERM INSURANCE?
20 YEAR ENDOWMENT MODIFIED LIFE 70	
7. METHOD OF PREMIUM PAYMENT	
A. DESIRED METHOD OF PAYMENT (Check one)	B. DESIRED METHOD FOR DIRECT PAYMENT OF FUTURE PREMIUMS
☐ DIRECT PAYMENT TO VA (If checked, complete Item 7B)	(Check one)
MONTHLY DEDUCTION FROM VA PENSION OR COMPENSATION	MONTHLY ANNUAL
MONTHLY ALLOTMENT FROM RETIREMENT/ACTIVE SERVICE PAY	
☐ VA MATIC (Automatic Checking Account deduction)	
8. PAYMENT AMOUNT	
AMOUNT OF FIRST PREMIUM \$	
9A. ARE YOU NOW DISABLED?	9B. DATE LAST TREATED BY PHYSICAN OR HOSPITAL
(If "YES," give name of disability below and com,  YES NO Items 9B and 9C) (If "No," go to Item 10)	olete (Include VA Physician or hospital)
9C. DOES YOUR DISABILITY PREVENT YOU FROM WORKING?	·
YES NO (If "YES," explain fully below)	
UPLOAD:	OR MAIL THE COMPLETED FORM TO:
The fastest and most secure way to send your application to VA Insumble the document upload service at <a href="https://insurance.va.gov/home/IDU">https://insurance.va.gov/home/IDU</a> .	rance is to use VAROIC P.O. BOX 42954 PHILADELPHIA, PA 19101
10A. SIGNATURE OF APPLICANT	10B. DATE OF APPLICATION
IF YOU HAVE ANY OUESTIONS AROUT YOUR INSURANCE, CALL US TOLL-FREE AT 1-800-669-8477.	