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 <i>either</i> complete the form online or by hand. If completed by har capital letters to expedite processing of the form.	nd, print the information requested in ink, neatly, and legibly and using				
1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN					
2. SOCIAL SECURITY NO.	3. DATE OF BIRTH (MM,DD,YYYY) Month Day Year				
4. VETERAN'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	e —				
5. EMAIL ADDRESS					
6. DAYTIME TELEPHONE NUMBER (Include Area Code)					
7. CHECK BOX IF YOUR ADDRESS HAS CHANGED ►					
IMPORTANT - IF YOU DO NOT NAME A SPECIFIC BENEFICIARY, YOUR INSURANCE WILL APPLY TO ALL POLICIES.	WILL BE PAID AS NOTED UNDER SECTION V BELOW. THIS DESIGNATION				
INSTRUCTIONS FOR COM	PLETING 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 <u>cannot</u> 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	C 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, <i>Supplemental Designation of Beneficiary</i> 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 be We estimate that you will need an average of 10 minutes to review the instructions, find the infor- unless a valid OMB control number is displayed. You are not required to respond to a collection of the OMB Internet Page at <u>www.reginfo.gov/public/do/PRAMain</u> . If desired, you can call 1-800-82	mation, and complete this form. VA cannot conduct or sponsor a collection of information information if this number is not displayed. Valid OMB control numbers can be located on				
	250 0040				

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.						
I HEREBY REVOKE ANY PREVIOUS DESIGNATION OF PRINCIPAL DEATH, DESIGNATE THE FOLLOWING:	BENEFICIARY(IES), IF ANY, AND IN THE EVENT OF MY					
IMPORTANT - The total for all principal beneficiaries must equal 100%						
FIRST PRINCIPAL BENEFICIARY I	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						
Apt./Unit Number City						
State/Province Country ZIP Code/Postal Code	-					
PRINCIPAL BENEFICIARY EMAIL ADDRESS	PRINCIPAL BENEFICIARY DAYTIME TELEPHONE NUMBER (Include Area Code)					
	DISTRIBUTION					
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you						
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					
PRINCIPAL BENEFICIARY MAILING ADDRESS (Number and Street or Rural Route, P.O.	Pox City State 71D Code and Country)					
	box, Cuy, State, ZH 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) ►						

Г

SECTION II - BENEFICIARY DESIGNATION INFORMATION - PRINCIPAL (Continued)					
THIRD PRINCIPAL BENEFICIARY I	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					
Apt./Unit Number City					
State/Province Country ZIP Code/Postal Code	_				
PRINCIPAL BENEFICIARY EMAIL ADDRESS	PRINCIPAL BENEFICIARYHDAYTIME TELEPHONE NUMBER (Include Area Code)				
INSURANCE PAYMENT	L DISTRIBUTION				
LUMP SUM SHARE % OR EQUAL SHARES (Check box if you v	vant equal share distribution) ►				
SECTION III - BENEFICIARY DESIGNATIO					
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					
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.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 III - BENEFICIARY DESIGNATION INFORMATION - CONTINGENT (Continued)						
SECOND CONTINGENT BENEFICIARY IDENTIFYING INFORMATION						
TYPE OF BENEFICIARY (Check one)						
	PARENT	SIBLING OTHER	LEGAL ENTITY			
FIRST NAME - MIDDLE INITIAL -	LAST NAME OF CON	TINGENT BENEFICIARY				
CONTINGENT BENEFICIARY SOC	CIAL SECURITY NUME	BER	CONTINGENT BENEFICIARY DATE OF BIRTH (MM,DD,YYYY) Month Day Year			
CONTINGENT BENEFICIARY MAI	LING ADDRESS (Nun	ber and Street or Rural Route. P.	O. Box, City, State, ZIP Code and Country)			
No. &	- (
Street						
Apt./Unit Number	Cit	У				
State/Province	Country	ZIP Code/Postal Code	_			
	-					
EMAIL ADDRESS			DAYTIME TELEPHONE NUMBER (Include Area Code)			
		INSURANCE PAYMENT	DISTRIBUTION			
LUMP SUM SHARE %	OR EQU	IAL SHARES (Check box if you w	rant equal share distribution) ►			
	THIRD CON	TINGENT BENEFICIARY I	DENTIFYING INFORMATION			
TYPE OF BENEFICIARY (Check o	ne)					
SPOUSE CHILD	PARENT	SIBLING OTHER	LEGAL ENTITY			
FIRST NAME - MIDDLE INITIAL -	LAST NAME OF CON	INGENT BENEFICIARY				
			CONTINGENT BENEFICIARY DATE OF BIRTH (MM,DD,YYYY)			
CONTINGENT BENEFICIARY SO	SIAL SECORITY NOME	DER	Month Day Year			
	_					
CONTINGENT BENEFICIARY MAI No. &	LING ADDRESS (Nun	ber and Street or Rural Route, P.	O. Box, City, State, ZIP Code and Country)			
Street						
Apt./Unit Number	Cit	У				
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 IV - ADDITIONAL INSTRUCTIONS

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.

SECTION V - CERTIFICATION AND SIGNATURE

I Certify that I am the policyholder and I understand that:

1. Unless otherwise noted in Section IV, Additional Instructions, my insurance will be paid according to the automatic survivorship clause as follows:

• If one or more principal beneficiary dies before me, the insurances will 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 <u>38 U.S.C. 1922B</u>.

- 2. This change cancels all prior beneficiary and option selections and applies 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 <u>38 U.S.C. 1917(f)</u>. 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.
- 5. 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.

IMPORTANT - The veteran must sign and date the form. A person holding a Power of Attorney or Guardianship cannot sign the form. Please call our toll-free number at 1-800-669-8477 if the veteran is unable to sign. The signature date must be the date the veteran actually signed the form.

SIGNATURE OF VETERAN (Sign in ink)		DATE SIGNED (MM/DD/YYYY			
		Month	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 us secure website <u>www.insurance.v</u>	at			