IMPORTANT - SEE INSTRUCTIONS ON REVERSE

OMB Approved No. 2900-0020
Respondent Burden: 10 minutes

Department of Veterans Affairs

DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE

AS-S

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA | DATE RECORDED | SIGNATURE OF VA INSURANCE OFFICIAL

copy

JOHN M SIMON
6 EDWARDS LANE
GLEN COVE L I NY
11542-3209

1. INSURANCE FILE NUMBER
F V 240 34 35

2. SOCIAL SECURITY NUMBER
015-16-5808

3. DAYTIME TELEPHONE NUMBER (Include Area Code)
( ) -

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. (If known) See instruction No. 5 on reverse)	C. RELATIONSHIP TO INSURED	D. SHARE TO EACH (Use fractions, such as 1/2, 2/3, or "all")	E. OPTION FOR EACH (1, 2, 3 or 4)
PRINCIPAL				
[illegible]	[illegible]	[illegible]	[illegible]	1
)				1
)				1
				1
OR TO SURVIVOR(S)				1
CONTINGENT (Person(s) who get proceeds if all of the Principal Beneficiaries die before the Insured. If none, write "none")				
[illegible]	[illegible]	[illegible]		1
[illegible]	[illegible]	[illegible]		1
[illegible]	[illegible]	[illegible]		1
				1
OR TO SURVIVOR(S)				1

5. REMARKS (Include any additional information which will clarify your entries regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)

[illegible]

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED (Do not print)

7. DATE
[illegible]

8. NAME AND ADDRESS OF WITNESS (Type or print)

[illegible]

If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.

VA FORM
JAN 1994 **29-336b**