



CLAIM FOR ONE SUM PAYMENT GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER

2. INSURANCE POLICY NUMBER

3. NET AMOUNT OF INSURANCE

4. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN

5. DATE OF DEATH

6. BENEFICIARY'S SHARE (Fraction)

INSTRUCTIONS

WE NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 10. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

Send this completed form to:
 Department of Veterans Affairs
 Regional Office and Insurance Center
 P.O. Box 7208
 Philadelphia, PA 19101

NOTE: If you prefer, instead of mailing this form, it may be faxed to 1-888-748-5822

7. FIRST, MIDDLE, LAST NAME OF BENEFICIARY (Please print)

8. RELATIONSHIP TO INSURED

9. DATE OF BIRTH OF BENEFICIARY

10A. MAILING ADDRESS (must be completed)

10B. BENEFICIARY'S SOCIAL SECURITY NUMBER

10C. DAYTIME TELEPHONE NUMBER

CERTIFICATION: I certify that the above entries are true and correct to the best of my knowledge and belief.

11. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN

12. DATE

**IF DIRECT DEPOSIT IS DESIRED, ATTACH A VOIDED CHECK OR COMPLETE BLOCKS A THRU E.
 IF THE BENEFICIARY IS A TRUST, ESTATE, OR REPRESENTED BY A FIDUCIARY, YOU MUST SEND A VOIDED CHECK FOR THAT SPECIFIC ACCOUNT AND COMPLETE ITEM F.**

A. NAME OF FINANCIAL INSTITUTION

B. ROUTING TRANSIT NUMBER (NINE DIGIT FIELD)

C. TELEPHONE NUMBER OF FINANCIAL INSTITUTION

D. TYPE

E. DEPOSITOR ACCOUNT NUMBER

CHECKING SAVINGS

F. EIN OR TIN NUMBER (FOR TRUST OR ESTATE ONLY)

Important Notice About Information Collection: We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 6 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless 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.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Privacy Act Notice: 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 identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. 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. The responses you submit are considered confidential (38 U.S.C. 5701).

IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477