OMB Control No. 2900-0679
Respondent Burden: 10 minutes
Expiration Date: 05/31/2028

VA | U.S. Department of Veterans Affairs

CERTIFICATION OF CHANGE OR CORRECTION OF NAME GOVERNMENT LIFE INSURANCE

NOTICE: We have received a communication that indicates your name as it appears on our insurance records should be changed. If it is different than that shown below, please complete and return this form.

1. NAME AND ADDRESS OF INSURED	2. INSURANCE FILE NUMBER
	3. SOCIAL SECURITY NUMBER

PART I - TO BE COMPLETED BY INSURED

4. CHANGE OR CORRECT MY NAME *(Type or print)*	5. ADDRESS *(Complete only if your address is different than that shown in Item 1)*

6. REASON FOR CHANGE OR CORRECTION OF NAME

☐ MARRIAGE ☐ CORRECTION

☐ DIVORCE OR ANNULMENT ☐ OTHER *(Specify)*

I CERTIFY that I am the insured named in the policy/policies, under the above file number.

7. SIGNATURE OF INSURED *(Sign in ink)*	8. DATE

PART II - TO BE COMPLETED BY WITNESSES

(To be completed only if change of name is other than marriage, divorce, annulment, or for correction of name. Two witnesses are required.)

I CERTIFY that I have personally known this insured and know him/her to be one and the same person; that to the best of my knowledge and belief the change or correction of name is requested for the reason specified.

SIGNATURE OF WITNESS *(Sign in ink)* (A)	ADDRESS OF WITNESS (B)	DATE (C)

PENALTY: The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment, or both.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE, CALL US TOLL FREE AT 1-800-669-8477.

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 2900-0679, and it expires 5/31/2028. Public reporting burden for this collection of information is estimated to average 10 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 collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0679 in any correspondence. Do not send your completed VA Form 29-586 to this email address.