

APPLICATION FOR CASH SURRENDER GOVERNMENT LIFE INSURANCE

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses 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.

RESPONDENT BURDEN: 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 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a 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.reginfo.gov/public/do/PRASearch. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST-MIDDLE-LAST NAME <i>(Type or print)</i>	2. INSURANCE POLICY NUMBER <i>(If more than one policy, please complete a separate form for each policy number)</i>
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3. MAILING ADDRESS <i>(Must be completed)</i>	4. DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>
	5. SOCIAL SECURITY NUMBER

6. I HEREBY SURRENDER MY: *(Check appropriate box)*

<input type="checkbox"/> BASIC INSURANCE POLICY	<input type="checkbox"/> BASIC INSURANCE AND PAID-UP ADDITIONS
<input type="checkbox"/> PAID-UP ADDITIONS ONLY	<input type="checkbox"/> USE SURRENDER VALUE TO BUY REDUCED PAID-UP INSURANCE

7. FUTURE DIVIDEND OPTION

<input type="checkbox"/> PAY TO ME IN CASH	<input type="checkbox"/> APPLY TO PAY PREMIUMS IN ADVANCE	<input type="checkbox"/> HOLD IN DIVIDEND ACCOUNT
<input type="checkbox"/> APPLY TO PAY INDEBTEDNESS	<input type="checkbox"/> APPLY TO BUY PAID-UP ADDITIONS	<input type="checkbox"/> NET PUA
<input type="checkbox"/> NET CASH	<input type="checkbox"/> NET LOAN	

NET OPTIONS: Dividend pays annual premium and remainder is used to reduce loan (NET LOAN), buy additional insurance (NET PUA), or refunded to veteran (NET CASH).

I hereby surrender all my right, title and interest in the basic insurance policy and/or paid-up additions represented by the policy number shown in Item 2 for the purpose of obtaining the cash surrender value.

8. FULL SIGNATURE OF INSURED <i>(Do not print - Sign in ink)</i>	9. DATE <i>(MM/DD/YYYY)</i>
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10. PAYMENT INFORMATION

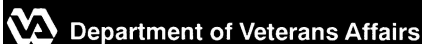
BY DIRECT DEPOSIT *(Attaching a voided check helps ensure your information is clear.)*
(NOTE: The account must be in the name of the veteran. Direct Deposit will continue with all future payments to this account. You must notify us of any changes.) This will not change the deposit on VA Compensation or Pension payments.

[31 U.S.C. § 3332\(e\)-\(j\)](#) mandates all federal payments, except IRS tax refunds, that are made by an agency be made by electronic funds transfer. The term federal payments include government life insurance benefits payments.

A. NAME OF FINANCIAL INSTITUTION	B. TRANSIT/ROUTING NUMBER	C. DEPOSITOR ACCOUNT NUMBER
D. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	The fastest and most secure way to send your application to VA Insurance is to use our document upload service at https://insurance.va.gov/home/IDU .	OR MAIL THE COMPLETED FORM TO: Veterans Affairs P.O. Box 7327 Philadelphia, PA 19101

PLEASE DO NOT RETURN YOUR POLICY WITH THIS APPLICATION

QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL-FREE AT 1-800-669-8477.



APPLICATION FOR POLICY LOAN GOVERNMENT LIFE INSURANCE

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization has been received (38 CFR 8.8). The information requested is required to obtain or retain benefits and will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses 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.

RESPONDENT BURDEN: 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 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a 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.reginfo.gov/public/do/PRASearch. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. FIRST-MIDDLE-LAST NAME (Type or print)		2. INSURANCE POLICY NUMBER (If more than one policy, please complete a separate form for each policy number)	
3. MAILING ADDRESS (Must be completed)		4. SOCIAL SECURITY NUMBER	
		5. DAYTIME TELEPHONE NUMBER (Include Area Code)	
6. POLICY NUMBER(S) ON WHICH LOAN IS REQUESTED		7. AMOUNT OF LOAN DESIRED (Check one)	
		<input type="checkbox"/> MAXIMUM LOAN <input type="checkbox"/> \$ _____ (AMOUNT)	

8. DO YOU WISH TO USE DIVIDENDS TO REDUCE THE LOAN?

<input type="checkbox"/> APPLY FUTURE DIVIDENDS TO PAY AN ANNUAL PREMIUM WITH THE REMAINING BALANCE APPLIED TO REDUCE THE LOAN	<input type="checkbox"/> APPLY ALL EXISTING DIVIDENDS ON ACCOUNT TO REDUCE THE LOAN PRINCIPAL
<input type="checkbox"/> APPLY FUTURE DIVIDENDS TO REDUCE LOAN PRINCIPAL	<input type="checkbox"/> APPLY PART OF EXISTING DIVIDENDS ON ACCOUNT TO REDUCE THE LOAN AMOUNT: \$ _____

MILITARY RETIREMENT: \$ _____ VA COMPENSATION/PENSION: \$ _____

NOTE: Your VA compensation or pension or military retirement pay may be used to repay your loan. For more information, call the toll-free number below.

IMPORTANT NOTICE

All new policy loans have a variable interest rate with a minimum rate of 5% and a maximum rate of 12%. The interest rate may change October of each year. The rate is based on the interest for long term Treasury bonds. Interest is payable yearly on the anniversary date of the policy.

9. FULL SIGNATURE OF INSURED (Do not print - Sign in ink)	10. DATE (MM/DD/YYYY)
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11. PAYMENT INFORMATION

BY DIRECT DEPOSIT (Attaching a voided check helps ensure your information is clear.)
(NOTE: The account must be in the name of the veteran. Direct Deposit will continue with all future payments to this account. You must notify us of any changes.) This will not change the deposit on VA Compensation or Pension payments.
[31 U.S.C. § 3332](#) mandates all federal payments, except IRS tax refunds, that are made by an agency be made by electronic funds transfer. The term federal payments include government life insurance benefits payments.

A. NAME OF FINANCIAL INSTITUTION	B. TRANSIT/ROUTING NUMBER	C. DEPOSITOR ACCOUNT NUMBER
D. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	The fastest and most secure way to send your application to VA Insurance is to use our document upload service at https://insurance.va.gov/home/IDU .	OR MAIL THE COMPLETED FORM TO: Veterans Affairs P.O. Box 7327 Philadelphia, PA 19101

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