

Instructions On Completing This Form

Note: This form *cannot* be used to reinstate your coverage if your insurance is not in force because of failure to pay timely premiums. For instructions on how to reinstate your coverage contact the Office of Servicemembers' Group Life Insurance (OSGLI) at 1-800-419-1473.

1. Type or print all entries on this form, except for your handwritten signature. Do not make erasures, corrections, or changes to this form. Instead, complete a new form. If you require additional space, attach a supplemental sheet. The separate sheet must contain your name, social security number, and the date, and must be attached to this form.
2. **Naming beneficiaries**
 - A. Completing this form will cancel any prior beneficiary or payment instructions.
 - B. If you do not name a specific beneficiary, your insurance will be paid to your survivors as follows:
 1. Widow or widower; if none to
 2. Child(ren) in equal shares, with the share of any deceased child distributed among the descendants of that child; if none to
 3. Parent(s) in equal shares; if none to
 4. A duly appointed executor or administrator of the insured's estate, and if none, to
 5. Other next of kin.
 - C. You may name any beneficiary you choose without anyone knowing or consenting to it. ***This right cannot be waived or restricted.***
 - D. You may not change a designation of beneficiary by correcting entries on an existing form. Instead, complete a new form to show the name of the new beneficiary(ies).
 - E. If you need more space than is given for either the principal or contingent beneficiaries, list each beneficiary on a separate sheet and write "see attached" under the appropriate block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.
 - F. No designation or change of beneficiary will be valid unless it is signed, dated, and received by OSGLI prior to your death.

3. **Share to be paid to each beneficiary**

If you name more than one primary or contingent beneficiary, the sum of the shares must equal the full dollar amount of your insurance, or 100%.

Example:	John Smith,	son	\$125,000		50%		1/2
	Mary Smith,	daughter	<u>\$125,000</u>	or	<u>50%</u>	or	<u>1/2</u>
			\$250,000		100%		1

4. **Payment to beneficiaries**

If you want the beneficiary(ies) to receive 36 equal monthly payments rather than a lump sum, you should write "36" in the corresponding block under *Payment Option*. If you choose 36 payments, the beneficiary *cannot* choose to receive a lump sum payment at the time of your death. **If you want the beneficiary to have a choice** at the time of payment, leave the block blank.

If you choose installment payments for a principal beneficiary and that beneficiary dies before receiving all the installments, the remaining payments will be made to the contingent beneficiary(ies).

5. **Where to send your completed form**

Send your completed, signed, and dated form to the Office of Servicemembers' Group Life Insurance at the address that appears on the front of this form.

The duplicate copy will be returned to you as evidence that OSGLI received your designation. Please keep this important document with your Group Certificate.

Note: Do not return your completed Form SGLV-8721 to the Department of Veterans Affairs.

Instructions For Claiming The Insurance

To receive payment of this life insurance, your beneficiary must make claim to the Office of Servicemembers' Group Life Insurance at the address on the front of this form within one year from the date of your death. A *Claim for Death Benefits*, Form SGLV-8283, can be obtained at www.insurance.va.gov or from OSGLI or any VA Regional Office upon request. The beneficiary must also submit a copy of your death certificate.

If You Have Questions

If you have questions, call OSGLI toll-free at **1-800-419-1473**.