

(PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

## SERVICEMEN'S GROUP LIFE INSURANCE ELECTION

**IMPORTANT** - This form does not apply to and cannot be used for any other Government Life Insurance. It is to be used only for Servicemen's Group Life Insurance.

**NOTE**  
THIS FORM MUST  
BE USED FOR

1. DESIGNATION OF BENEFICIARY
2. PAYMENT OF INSURANCE PROCEEDS
3. REDUCTION OF INSURANCE
4. CANCELLATION OF INSURANCE

|   |  |  |
|---|--|--|
| LAST NAME - FIRST NAME - MIDDLE NAME<br><i>Marshall William Thomas Jr</i> | RANK, TITLE OR GRADE<br><i>WO1</i>           | SERVICE NUMBER<br><div style="background-color: gray; width: 50px; height: 20px;"></div> |
| BRANCH OF SERVICE (Do not abbreviate)<br><i>US Army</i>                   | CURRENT DUTY LOCATION<br><i>4th Division</i> |  |

### 1. DESIGNATION OF BENEFICIARY (See instructions on reverse of this form)

I HEREBY make the following beneficiary designation for my Servicemen's Group Life Insurance, cancelling any prior designation I may have made for this insurance.

| NAME OF EACH BENEFICIARY<br><small>(If married woman, give her own first and middle names and husband's last name.)</small> | ADDRESS OF EACH BENEFICIARY<br><small>(Number and Street, City and State)</small> | RELATIONSHIP TO ME | SHARE TO BE PAID TO EACH BENEFICIARY<br><small>(Use fractions)</small> |
|---|---|--------------------|--|
| <i>I desire the automatic provisions of law</i>   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |
|   |   |                    |  |

Unless otherwise indicated above, if more than one beneficiary is named, the share of any beneficiary who dies before me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. This designation of beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form the insurance is increased from \$5,000 to \$10,000, this beneficiary designation shall apply to the full \$10,000 unless the insurance is cancelled or a new designation is made.

### 2. PAYMENT OF INSURANCE PROCEEDS

I HEREBY elect that my Servicemen's Group Life Insurance be payable to my beneficiary or beneficiaries in the following manner: (Check one)

- LUMP SUM       36 EQUAL MONTHLY INSTALLMENTS

**THIS CANCELS ANY PRIOR METHOD OF PAYMENT I MAY HAVE ELECTED FOR THIS INSURANCE**

### 3. AND 4. REDUCTION OR CANCELLATION OF SERVICEMEN'S GROUP LIFE INSURANCE

Under the law you are automatically insured for \$10,000. If you want only \$5,000 insurance write, "I only want \$5,000 insurance," or if you want no insurance write, "I do not want to be insured," in your own handwriting.

I understand that I will not be eligible to increase or restore my insurance unless I make a written request and furnish satisfactory evidence of good health and meet any other requirements.

I also understand that any reduction or cancellation of coverage is effective as of the first day of the month following the date this form is signed and received by my Uniformed Service.

|   |                                    |                                    |                                 |
|---|------------------------------------|------------------------------------|---------------------------------|
| SIGNATURE OF MEMBER<br><i>SIGN HERE IN INK</i>        | DATE COMPLETED<br><i>27A-570</i>   |                                    |                                 |
| WITNESSED AND RECEIVED BY:<br><i>SIGN HERE IN INK</i> | RANK, TITLE OR GRADE<br><i>SP4</i> | ORGANIZATION<br><i>5th Cavalry</i> | DATE RECEIVED<br><i>11/1/55</i> |

## IMPORTANT - READ CAREFULLY

Do not complete this form unless you wish to change the automatic features of the Servicemen's Group Life Insurance.

The automatic features provide \$10,000 life insurance with payment in a lump sum to your survivor(s) in the following order:

1. Widow or widower; if none, it is payable to
2. Child or children in equal shares with the share of any deceased child distributed among the descendants of that child; if none, it is payable to
3. Parent(s) in equal shares; if none, it is payable to
4. A duly appointed executor or administrator of the insured's estate, and if none to
5. Other next of kin.

If you do not want your insurance paid as provided above and want to change any of the automatic provisions, complete the appropriate block on the face of this form.

### INSTRUCTIONS

#### GENERAL

1. Make certain you complete only the appropriate item(s).
2. All entries, except the signature, should be typed or printed in ink.
3. Make certain all three copies of this form are completed and signed.

#### DESIGNATION OF BENEFICIARY

1. No designation or change of beneficiary will be valid unless it is received in writing over your signature, by your Uniformed Service, before your death.
2. Cancellation of a prior Designation of Beneficiary may be effected without naming a new beneficiary by executing a new VA Form 29-8286 and inserting in the space provided for the name of the beneficiary, the words, "Cancel Prior Designation". The effect of this will be to have the payment made in accordance with the automatic features above.
3. A change of beneficiary may be made by the insured at any time without the knowledge or consent of the beneficiary, and this right cannot be waived or restricted.
4. A designation of beneficiary is automatically cancelled on the day (1) you cease to be insured, (2) you enter on active duty in another Uniformed Service, or (3) you re-enter on active duty in the same Uniformed Service within 120 days after separation or release from active duty with a break in service of one or more days.
5. If you reacquire the group insurance and want your insurance paid to a designated beneficiary, you must file a new designation with your Uniformed Service.

#### PAYMENT OF INSURANCE PROCEEDS

Your beneficiary or other survivor may receive payment of your insurance in a lump sum or 36 equal monthly installments. When such person becomes entitled to payment, he or she should notify the Office of Servicemen's Group Life Insurance which mode of payment is desired. However, if you wish, you may limit such person to receiving payment in 36 equal monthly installments. Your written instruction to that effect over your signature must be filed with your Uniformed Service.

### DIRECTIONS TO THE UNIFORMED SERVICES

1. This form, properly executed, is authority to a payroll office to reduce the deductions for insurance purposes or not to make such deductions, if the amount of insurance is changed or canceled.
2. This form must be signed and dated, below the signature of the member, by an authorized representative of the Uniformed Service.
3. Disposition of copies:
  - a. Original - Must be promptly filed in the official personnel file of member.
  - b. 1st copy - To member.
  - c. 2nd copy - For the Uniformed Service use.