OMB Approved No. 2900-0166
Respondent Burden: 5 Minutes

Department of Veterans Affairs

APPLICATION FOR ORDINARY LIFE INSURANCE
REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED AT AGE 65
NATIONAL SERVICE LIFE INSURANCE

1. INSURANCE FILE NUMBER *(Include letter prefix)*

2. POLICY NUMBER ON NEW INSURANCE *(To be assigned by VA)*

PRIVACY ACT INFORMATION: No insurance may be granted unless a completed application has been received (38 U.S.C. 704). Information provided on a voluntary basis 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, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT - This application and the initial premium must be submitted to the Department of Veterans Affairs before your 65th birthday.

3. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED

4A. MAILING ADDRESS FOR INSURANCE PURPOSES *(Number and Street or Rural Route, City or P.O., State and ZIP Code)*

4B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE RECORDS? *(Check one)*

☐ YES ☐ NO

5. DAYTIME TELEPHONE NUMBER *(Include Area Code)*

I wish to apply for the amount of insurance shown in Item 6, the block to the right, as replacement for the insurance that will end on the day before my 65th birthday. ▶

6. AMOUNT OF INSURANCE APPLIED FOR

$

I understand that the beneficiary designation and optional settlement under this new policy will remain the same as that on my Modified Life policy and will remain so until I submit a change in writing to the Department of Veterans Affairs.

7. SIGNATURE OF INSURED *(Do not print)*

8. DATE OF APPLICATION

9. PLEASE MAIL THIS APPLICATION TO THE VA OFFICE BELOW

Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box 7787
Philadelphia, PA 19101

VA FORM APR 2001 **29-8485** EXISTING STOCKS OF VA FORM 29-8485, MAR 1991, WILL BE USED.