

# OSGLI — VGLI Beneficiary Designation/Change

1

## VETERAN INFORMATION (please print clearly using capital letters)

All the information in this section is required.

First Name:                      MI:

Last Name:

Control #:       (See Billing Statement) Social Security #:    -   -

Address:

City:

State:   ZIP Code:     -     Check here if your address has changed

Email:

Daytime Phone:    -    -     Evening Phone:    -    -

**By Law** - 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

Check here if you want By Law designations, return only pages 1 & 4.

### INSTRUCTIONS FOR COMPLETING THIS FORM

Use this form to designate or make changes to the beneficiary(ies) of your VGLI death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary without anyone knowing or consenting to it. You may change your beneficiary at any time by completing a new VGLI Beneficiary Designation/Change form. This form cannot be used to reinstate your coverage if your insurance is not in force due to failure to pay timely premiums.

### INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY (SECTION 2)

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to three primary and three contingent beneficiaries.
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

**Individual:** "Mary A Doe"

- Each name should be listed as first name, middle name, last name ("Mary A Doe," not "Mrs M Doe").
- Include the address, relationship and Social Security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

**Estate:** "Estate of the Insured"

- Select "Estate" in the box provided.
- Indicate the percentage to be assigned to the estate.

**Charitable Institution:** "ABC Charitable Organization"

- Select "Charitable Institution" as the Beneficiary Description.
- Write the legal name of the Charitable Institution in the space for the First name.
- You must provide the address, city and state of operation for each Charitable Institution listed.
- Indicate the percentage to be assigned to the Charitable Institution.

**Trust:** See page 4







