Department of Veterans Affair	1A. INSURANCE FILE NUMBER
APPLICATION FOR ORDINARY LIFE INSURANCE	
REPLACEMENT INSURANCE FOR MODIFIED LIFE REDUCED AT AGE 65 NATIONAL SERVICE LIFE INSURANCE	1B. NEW POLICY NO.(Assigned by VA)
PRIVACY ACT - VA will not disclose information collected on this form to any source of the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses id 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records Register. Your obligation to respond is required to obtain this benefit.	entified in the VA system of records,
RESPONDENT BURDEN - We need this information to determine your eligibility for an Code, allows us to ask for this information. We estimate that you will need an average of the information, and complete the form. VA cannot conduct or sponsor a collection of info Number is displayed. Valid OMB Control Numbers can be located on the OMB Internet <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a> . If desired, you can call where to send your comments.	5 minutes to review the instructions, find ormation unless a valid OMB Control Page at:
<b>IMPORTANT</b> - This application and the first premium must be submitted to the BEFORE your 65th birthday.	e Department of Veterans Affairs
	3. DAYTIME TELEPHONE NUMBER
	( )
MAILING ADDRESS FOR INSURANCE PURPOSES (Number and street or rural Code)	
I wish to apply for the amount of insurance shown in the block to the right as replacement for the insurance coverage that will end on the day before my 65th birthday.	5. AMOUNT OF INSURANCE
before my 63m birmay.	\$
I UNDERSTAND that the beneficiary designation and optional settlement under this new Life policy and will remain the same until I submit a change in writing to the Department	
When completed, mail this application and the first premium to the Department of Veterar reverse.	ns Affairs at the address shown on the