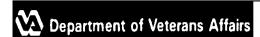
OMB Approved No. 2900-0525 Respondent Burden: 15 minutes



## VA MATIC ENROLLMENT/CHANGE

**IMPORTANT:** You can use this form to enroll in VA MATIC or to make a change to an existing account.

SECTION I - TO BE COMPLETED BY INSURED					
1. NAME AND ADDRESS OF INSURED				2. INSURANCE FILE NUMBER	
				2 COCIAL SECUDITY N	нимого
				3. SOCIAL SECURITY N	NUMBER
				4. DAYTIME TELEPHO	NF NI IMBER
				THE TELETION	THE THEMBER
				[( )	
the purpose of paying deduction if my premit deduction shall be made	Government Life Insurancums increase or decrease.	s Affairs to start/change a deduce premiums. I further authorize I understand that each deduction e. Unless otherwise specified by er shown in Item 2.	the Department will be in the	nt of Veterans Affairs to ad amount of my monthly pre	just the amount of this emium payment and the
5. SIGNATURE OF INSURED				6. DATE	
SECTION II - P	LEASE ATTACH A	VOIDED PERSONAL	CHECK. II	I F YOU DO, SKIP BL	OCKS 7 - 10.
				UMBER OF BANK/FINA	
9. BANK ROUTING NUMBER (9 DIGITS) 10. CHECKING ACCOUNT NUMBER					
The <b>bank routing number</b> is always 9 digits and appears between the symbols.	Customer Name Street Address City, State, ZIP PAY TO THE ORDER OF	SAMPLE CHE	СК	Check No. 1234	length and may contain dashes or spaces. The
				Dollars	number.
	ا 123456789 ا	1617284958569678	11.	1234	
	Bank Routing Number	Bank Account Number		Check Number (not needed)	
11. DO YOU PARTICIPATE IN DIRECT DEPOSIT? IF YES, WILL THIS NEW INFORMATION APPLY TO DIRECT DEPOSIT?  YES □ NO □					
_		THE COMPLETE VAROIC P.O. BOX 429 PHILADELPHIA, F	954		

Respondent Burden: No insurance deduction may be made unless a completed authorization is received (38 U.S.C. 708). We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send

on the OMB Internet page at www.whitenouse.gov/intrary/omb/OMBINVC.intini#vA. If desired, you can can 1-600-627-1000 to get information on where to send comments or suggestions about this form.

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for 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. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your social security number account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 USC 5701).

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477.