

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)	First Donald	Middle Vester	Last name Tappan	
2. HOME ADDRESS: Number	Street or rural route R. R. #1		County, city, town, or post office Alexandria	State Ind.
3. I WAS BORN AT	City, town, or post office Orestes	State Ind.	Day of month 5	Month May
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY ERC Sept. 13, 1943		5. PRESENT ORGANIZATION Rank, grade, or rating. PRIVATE UNASSIGNED		6. SERIAL NUMBER 35893186
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None			8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS	

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ **10,000**

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") **No** IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ _____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL Dora Lillian Tappan	Mother	10,000	R. R. #1 Alexandria, Ind.
CONTINGENT Willis Vester Tappan	Father	10,000	Same as above

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Dora L. Tappan **Same as above**
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **14** day of **Sept.**, 19**43**, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ in the amount of \$ _____
in payment of the first _____ premium on the insurance, or
(Write above whether monthly, quarterly, semiannual, or annual)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ **6.40** on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ _____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY 6.40	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION
Monthly	Quarterly The original application was forwarded to The Veterans' Administration
	Semiannually
	Annually

SIGNED AT **R.C.FT. BENJ. HARR. IND.** ON THE **14** DAY OF **Sept.**, 19**43**

WITNESSED BY: _____ and _____
INFORMATION AS TO SERVICE CERTIFIED BY: _____
E.E. TRIVIZ, 2ND LT. AUS
(Rank and organization. See reverse side, paragraph 4.)
INSURANCE OFFICER

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date	Age	Amt., \$	Premium: Mo. \$	Qr. \$	S. A. \$	A. \$
Beneficiary						
Action taken						
Examiner						
Certificate issued						
Reviewer						
Policy issued						

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE

FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	\$0. 63	25	\$0. 67	35	\$0. 76	45	\$0. 99	55	\$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

SPECIFIC INSTRUCTIONS.

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than 6 months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than 1 year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of \$5.51 for each \$1,000 of insurance.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each \$1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;

(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;

(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;

(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above, and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

TRIPPLICATE

AUTHORIZATION OF CLASS B ALLOTMENT
FOR PURCHASE OF WAR SAVINGS BONDS

PRINT OR TYPE ITEMS 1 TO 7

1. Donald V. Tappan 35893186
(First name) (Initial) (Last name) (Serial number)

Pvt. Hnass. RC. Ft. Benj. Marxisen, Ind.
(Grade) (Company, regiment, or arm of service) (Place or APO)

2. I hereby authorize a Class B Allotment from my pay for the purchase of WAR SAVINGS BONDS, Series E, as indicated below, beginning with pay due to me for the month of Sept. 1943.

3. PLAN 1 ☐ \$3.75 Allotment ☐ \$25 Bond
PLAN 5 ☐ \$37.50 Allotment ☐ \$50 Bond
PLAN 2 ☐ \$6.25 Allotment ☐ \$25 Bond
PLAN 6 ☐ \$25 Allotment ☐ \$100 Bond
PLAN 3 ☒ \$18.75 Allotment ☐ \$25 Bond
PLAN 7 ☐ \$75 Allotment ☐ \$100 Bond
PLAN 4 ☐ \$12.50 Allotment ☐ \$50 Bond
PLAN 8 ☐ \$150 Allotment two \$100 Bonds
PLAN 9 ☐ \$225 Allotment three \$100 Bonds
PLAN 10 ☐ \$300 Allotment four \$100 Bonds
PLAN 11 ☐ \$375 Allotment ☐ \$500 Bond

4. List as ☒ Co-owner my ☐ or ☐ Beneficiary
☒ Mr. Richard E. Tappan
(First name) (Initial) (Last name) (Mrs. Mary A. Doe, not Mrs. George A. Doe)

5. * Mail Bonds to ☒ Mr. Richard E. Tappan
☐ Mrs. (First name) (Initial) (Last name)
☐ Miss
At R. R. #1 Alexandria Ind.
(Number and street or rural route) (City or post office) (State)

6. * Hold Bonds in safekeeping in Treasury Department at no expense to me and mail receipt to
At _____
(Number and street or rural route) (City or post office) (State)

7. Entered on service record or pay card Sept. 14, 1943
(Initials of person recording)

*Select delivery desired—use one, not both.

Whenever a box ☐ appears, it is essential that allotter indicate by check mark (✓) the appropriate plan, title, status, or designation. Mark not more than one box under each heading. Whenever the co-owner or beneficiary is a female, the given name must be used.

W. D., A. G. O. Form No. 29-6
Form approved by Comptroller General, U. S.
February 13, 1943

(Signature of allotter)

D. E. Bayles 1st LT. Inf
(Signature of personnel or other responsible officer with grade or rank and organization)