

## 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	Middle	Last name	
2. HOME ADDRESS: Number <u>526</u> Street or rural route <u>27th St.</u>		County, city, town, or post office <u>Ogden</u>		State <u>Utah</u>	ZIP <u>84303</u>
3. I WAS BORN AT		City, town, or post office	State	Day of month	Month Year Age nearest birthday
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY		5. PRESENT ORGANIZATION Rank, grade, or rating.		6. SERIAL NUMBER	
<u>1944</u>		<u>USNTC, Great Lakes, Ill.</u>		<u>984 44 00</u>	
7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY (If no previous active duty, state "none.")		8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS			
<u>None</u>		<u>No</u>			
9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$				<u>10,000</u>	
10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") <u>No</u> 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)					

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

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 <u>Ida Rose Hall</u>	<u>wife</u>	<u>10,000</u>	<u>526 27th St. Ogden, Utah</u>
CONTINGENT			

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)

Beneficiary  
 (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 10 day of May, 1944, and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by check in the amount of \$                      on the amount of \$                      in payment of the first premium on the insurance, or                      (Check, draft, or money order)

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 \$                      on the insurance, or                      in payment of the first monthly premium of \$                      on the insurance.

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	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ <u>6.70</u>	\$ <u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>

SIGNED AT USNTC, Great Lakes, Ill. ON THE 10 DAY OF May, 1944

WITNESSED BY:                      and                     

INFORMATION AS TO SERVICE CERTIFIED BY: H. E. LEISER

X Howard Tracy Hall  
(Applicant sign here. Do not print signature)

1st P-V(S) USNR  
(Rank and organization. See reverse side, paragraph 4.)

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, 614 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			Reviewer			
Certificate issued			Policy issued			