

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
			Marshall	Alvernus	Webb
2. HOME ADDRESS: Number		Street or rural route	County, city, town, or post office		State
		RR#5	Campbellsville		Ky.
3. I WAS BORN AT		City, town, or post office	State	Day of month	Month
		Campbellsville	Ky.	24th	Feb.
Year		Age nearest birthday			
		1922		21	
4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY		5. PRESENT ORGANIZATION Rank, grade, or rating.		6. SERIAL NUMBER	
ERC Dec. 11, 1942		Pvt.		Unassigned	
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			
None					

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	Mary Elizie Webb	Mother	10,000.	RR#5, Campbellsville, Ky.
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)
Mary E. Webb (Full name) Same as above (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of January, 1943, 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) (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 6.50

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>6.50</u>				
RC Ft. Benj. Harrison, Ind.		\$ <u>12th</u>	\$ <u>Dec.</u>	\$ <u>42</u>

SIGNED AT _____ ON THE _____ DAY OF _____ 1943

WITNESSED BY: _____
INFORMATION AS TO SERVICE CERTIFIED BY: _____
D.E. BAYLESS, 1st Lt. Inf. (Applicant sign here. Do not print signature)
(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, 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 _____ Reviewer _____

Certificate issued _____ Policy issued _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED