VOLUNTARY SEPARATION INCENTIVE (VSI) BENEFICIARY DESIGNATION						
	PRIVACY AC	CT STATEMENT				
AUTHORITY: E.O. 9397; and 10 U.S.C. Section 1175.						
<b>PRINCIPAL PURPOSE(S):</b> To in (VSI), upon your death.	dentify your selected beneficiary(ie	es) for payment of y	our Voluntary	Separatio	on Incentive	
Act. It may also be disclosed out Department of Veterans Affairs (I	ion on this form may be disclosed a tside of the Department of Defense DOVA) regarding DOVA compensa now, may obtain this information fo r.	e to the Internal Rev ation. In addition, c	venue Service other Federal, s	for tax pu state, or l	irposes, or to the ocal government a	gencies,
	ever, failure to provide the informati S.C. 2771, so that remaining annua ted.					
1. I,, in the event of my death, prior to receiving all (Name and Grade)						
of my VSI payments, designate th	e following individual(s) as benefic	iary(ies) to receive	those paymen	ts:		
a. NAME OF BENEFICIARY (First, Middle Initial, Last)	b. ADDRESS (Include ZIP Code)	C. SOCIAL SECURITY NUMBER	d. RELATIONSHIP (Spouse, Son, Daughter, Brother, Sister, Father, Mother, Other)		e. DATE OF BIRTH (YYYYMMDD)	f. PERCENT
(1)						
(2)						
(3)						
(4)						
2. TYPED OR PRINTED NAME				3. SOCIAL SECURITY NUMBER		
4. SIGNATURE				5. DATE (YYYYMMDD)		
	INSTR	UCTIONS				
1. Designation of beneficiary(ies)	may be changed by writing to: Defense Finance and Accor VSI Operations P.O. Box 998011 Cleveland, OH 44199-801 <sup>2</sup>	-				
<ol> <li>2. Enter "NOT USED" in unused</li> <li>3. You may designate more than the information shown above.</li> </ol>	beneficiary designation blocks. four (4) beneficiaries by attaching	an additional shee	t, signed and d	ated, and	d including	