DELETION FORM
DEATH BENEFIT PLAN

PLEASE TYPE OR PRINT:

DATE:_____

SQUAD/ORGANIZATION: _____

CONTACT PERSON: _____ PH: _____

Please delete the following members from the death benefit plan (use additional page if more space needed):

	NAME	**SOC SEC #**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

PLEASE RETURN TO: **VAVRS DEATH BENEFIT PLAN**
P O BOX 279
OILVILLE, VA 23129-0279