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UNUSUAL DESIGNATION OF BENEFICIARY

(This form is subject to the Privacy Act of 1974 - See Statement Below)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8012, AFR 211-23.

PRINCIPAL PURPOSE: Member's designation of beneficiary on SGLI coverage. SSN for positive identification.

ROUTINE USES: Used as matter of record only when member designates unusual beneficiary.

DISCLOSURE: Voluntary. Failure to provide information will result in claim not payable to appropriate beneficiary.

NAME (Last, First, Midd	lle Initial)	GRADE	SSN
I am aware that my designation of a beneficiary is considered unusual and contrary			
to the intent of Servicemen's Group Life Insurance, which is to provide protection			
for the member's family. I have been thoroughly counselled regarding this matter			
and I fully understand the ramifications involved. I made this designation voluntarily			
DATE	SIGNATURE		

LACKLAND AFB FORM 544, 19940601 (IMT-V1) (OPR: 319 TRS/ REPLACES LACKLAND TC FORM544, 19920601, WHICH WILL BE USED (OPR: 319 TRS/TTPE)

	UNUSUAL DESIGN	ATION OF BENEF	ICIARY	
(This	form is subject to the Priv	acy Act of 1974 - See S	Statement Below)	
	PRIVACY	ACT STATEMENT		
AUTHORITY:	10 USC 8012, AFR 211-23	3.		
PRINCIPAL P	URPOSE: Member's desig	gnation of beneficiary o	n SGLI coverage. SSN	
for positive ide	ntification.			
ROUTINE USE	ES: Used as matter of reco	ord only when member of	designates unusual	
beneficiary.				
DISCLOSURE: Voluntary. Failure to provide information will result in claim not				
payable to appropriate beneficiary.				
NAME (Last, First, Middle Initial) GRADE SSN				
(, , , , ,				
I am aware tha	at my designation of a ben	eficiary is considered ur	nusual and contrary	
to the intent of	Servicemen's Group Life	Insurance, which is to p	rovide protection	
	r's family. I have been the	· · ·	1	
	•	• • •	•	
and I fully und	erstand the ramifications ir	ivolved. I made this de	signation voluntarily	
DATE	SIGNATURE			

LACKLAND AFB FORM 544, 19940601 (IMT-V1)	(OPR: 319 TRS/TTPE)
REPLACES LACKLAND TC FORM544, 19920601,	WHICH WILL BE USED

	UNUSUAL DESIGNA	TION OF BENEF	ICIARY	
(Thi	s form is subject to the Priva	ncy Act of 1974 - See S	Statement Below)	
	PRIVACY	ACT STATEMENT		
AUTHORITY:	10 USC 8012, AFR 211-23			
PRINCIPAL PURPOSE: Member's designation of beneficiary on SGLI coverage. SSN			n SGLI coverage. SSN	
for positive ide				
	ES: Used as matter of reco	rd only when member o	designates unusual	
beneficiary.		· · · · · · · · · · · · · · · · · · ·	<i></i>	
	E: Voluntary. Failure to prov	viae information will res	suit in claim not	
payable to app	propriate beneficiary.			
NAME (Last, Fi	rst, Middle Initial)	GRADE	SSN	
	at my designation of a bana	ficiany is considered un		
	at my designation of a bene	•	-	
	f Servicemen's Group Life II	•	·	
for the member's family. I have been thoroughly counselled regarding this matter				
and I fully und	lerstand the ramifications in	olved. I made this de	signation voluntarily	
DATE	SIGNATURE			
Ditte	olon in olde			

UNUSUAL DESIGNATION OF BENEFICIARY (This form is subject to the Privacy Act of 1974 - See Statement Below)			
	PRIVACY ACT ST	ATEMENT	
AUTHORITY: 10 US	C 8012. AFR 211-23.		
PRINCIPAL PURPOSE: Member's designation of beneficiary on SGLI coverage. SSN for positive identification.			
ROUTINE USES: Used as matter of record only when member designates unusual			
beneficiary. DISCLOSURE: Voluntary. Failure to provide information will result in claim not payable to appropriate beneficiary.			
NAME (Last, First, Middle Initial)		GRADE	SSN
I am aware that my designation of a beneficiary is considered unusual and contrary			
to the intent of Servicemen's Group Life Insurance, which is to provide protection			
for the member's family. I have been thoroughly counselled regarding this matter			
and I fully understand the ramifications involved. I made this designation voluntarily			
DATE	SIGNATURE		