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UNUSUAL DESIGNATION OF BENEFICIARY <i>(This form is subject to the Privacy Act of 1974 - See Statement Below)</i>		
PRIVACY ACT STATEMENT		
<p>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.</p>		
NAME (Last, First, Middle Initial)	GRADE	SSN
<p><i>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.</i></p>		
DATE	SIGNATURE	

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

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