

The VA MATIC payment method is used to deduct monthly premium payments from your checking account. VA MATIC guarantees that your premiums will be paid each month, your policy will not lapse and you will save money on both your banking charges as well as postage.

VA MATIC uses the latest technology in the banking industry (Preauthorized Electronic Funds Transfer) to automatically deduct your monthly premium payment from your account and forward it to our office. Once you sign up for VA MATIC, our office will take all action necessary to take the premium payment out of your checking account each month and your banking statement will reflect your payment.

In order to be eligible for VA MATIC, you will need to check with your bank and find out if they offer this service. If so, you should fill out Section I on the attached application. Section II should be completed by your financial institution. Once both sections have been completed, the application should be mailed to the Department of Veterans Affairs, Regional Office and Insurance Center, P.O. Box 42954, Philadelphia, PA 19101. While your application is being processed, please continue to make premium payments until you are notified by our office.

Remember, you have the option to cancel this agreement any time you wish. There is no obligation to continue with this premium payment method if you are not satisfied with the service.

If you have any questions about this letter, need help with completing the authorization or have any questions about your insurance, call our toll-free number 1-800-669-8477.



VA MATIC AUTHORIZATION

PRIVACY ACT INFORMATION: No insurance deduction may be made unless a completed authorization is received (38 U.S.C. 708). The information provided on a voluntary basis, will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

SECTION I - TO BE COMPLETED BY INSURED

1. FIRST, MIDDLE, LAST NAME OF INSURED	2. INSURANCE FILE NUMBER
3. ADDRESS OF INSURED <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>	4. DAYTIME TELEPHONE NUMBER
	5. SOCIAL SECURITY NUMBER

I HEREBY authorize the Department of Veterans Affairs to start a deduction from my account at the financial institution stated below for the purpose of paying Government Life Insurance premiums. I further authorize VA to adjust the amount of this deduction if my premiums increase or decrease. I understand that each deduction will be in the amount of my monthly premium payment and the deduction shall be made on the premium due date. Unless otherwise specified by me, this authorization will cover all of the Government Life Insurance policies under the Insurance File Number shown in Item 2.

6. SIGNATURE OF INSURED	7. DATE
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SECTION II - TO BE COMPLETED BY FINANCIAL INSTITUTION

8. NAME OF BANK OR FINANCIAL INSTITUTION	9. TYPE OF DEPOSITOR ACCOUNT
10. ADDRESS OF BANK OR FINANCIAL INSTITUTION	11. TELEPHONE NUMBER OF BANK OR INSTITUTION
	12. ACCOUNT NUMBER
	13. TRANSIT ROUTING NUMBER FOR E.F.T.

14. SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE	15. DATE
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**IF YOU HAVE QUESTIONS ABOUT YOUR INSURANCE, PLEASE CALL OUR
 TOLL-FREE NUMBER - 1-800-669-8477.**