

(PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

C-1

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION

IMPORTANT - This form does not apply to and cannot be used for any other Government Life Insurance. It is to be used only for Servicemen's Group Life Insurance.

NOTE
THIS FORM MUST
BE USED FOR

- 1. DESIGNATION OF BENEFICIARY
- 2. PAYMENT OF INSURANCE PROCEEDS
- 3. REDUCTION OF INSURANCE
- 4. CANCELLATION OF INSURANCE

LAST NAME - FIRST NAME - MIDDLE NAME

KERRY JOHN FOREES

RANK, TITLE OR GRADE

LTJG

SERVICE NUMBER

[REDACTED]

BRANCH OF SERVICE (Do not abbreviate)

PERFIRM
UNITED STATES NAVY

CURRENT DUTY LOCATION

CURTIS DIVISION 11 TPO 76629

1. DESIGNATION OF BENEFICIARY (See instructions on reverse of this form)

I HEREBY make the following beneficiary designation for my Servicemen's Group Life Insurance, cancelling any prior designations I may have made for this insurance.

NAME OF EACH BENEFICIARY (If married woman, give her own first and middle names and husband's last name.)	ADDRESS OF EACH BENEFICIARY (Number and Street, City and State)	RELATIONSHIP TO ME	SHARE TO BE PAID TO EACH BENEFICIARY (Use fractions)
MISS JULIA SIMON TIRPNE	14 WALL ST NEW YORK	NEE WIFE	3/10
MR. RICHARD J. KERRY	INDIAN HILL RD GROTON MASS	FATHER	1/10
MISS DIANA F. KERRY	" " "	SISTER	2/10
MISS MEGGY KERRY	" " "	SISTER	2/10
MR. CAMERON F. KERRY	" " "	BROTHER	2/10

Unless otherwise indicated above, if more than one beneficiary is named, the share of any beneficiary who dies before me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. This designation of beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form the insurance is increased from \$5,000 to \$10,000, this beneficiary designation shall apply to the full \$10,000 unless the insurance is cancelled or a new designation is made.

2. PAYMENT OF INSURANCE PROCEEDS

I HEREBY elect that my Servicemen's Group Life Insurance be payable to my beneficiary or beneficiaries in the following manner: (Check one)

- LUMP SUM
- 36 EQUAL MONTHLY INSTALLMENTS

THIS CANCELS ANY PRIOR METHOD OF PAYMENT I MAY HAVE ELECTED FOR THIS INSURANCE

3. AND 4. REDUCTION OR CANCELLATION OF SERVICEMEN'S GROUP LIFE INSURANCE

Under the law you are automatically insured for \$10,000. If you want only \$5,000 insurance write, "I only want \$5,000 insurance," or if you want no insurance write, "I do not want to be insured," in your own handwriting.

I understand that I will not be eligible to increase or restore my insurance unless I make a written request and furnish satisfactory evidence of good health and meet any other requirements.

I also understand that any reduction or cancellation of coverage is effective as of the first day of the month following the date this form is signed and received by my Uniformed Service.

SIGNATURE OF MEMBER

SIGN HERE
IN INK

[Handwritten Signature]

DATE COMPLETED

8 DEC 1968

WITNESSED AND RECEIVED BY:

SIGN HERE
IN INK

E. A. ELLINGSON

RANK, TITLE OR GRADE

LTJG, USNR

ORGANIZATION

NSA DET AN THOI, RVN

DATE RECEIVED

9 DEC 1968