

Application for Accrued Amounts Due a Deceased Beneficiary

OMB Approved No. 2900-0216 Respondent Burden: 30 minutes

VA DATE STAMP
(Do not write in this space)

Please read the attache	d "Instructio	ons" before you fill out	this form.									
SECTION I	1. What is	the veteran's name?		•								
Tell us about you and the deceased beneficiary	First Middle Last 2. What is the veteran's Social Security Number? 3. What is the VA file number?											
	4. What is the name of the deceased beneficiary? (If other than veteran) First Middle Last 5. What is the date of death of the beneficiary? mo day yr 6. What is your name? First Middle Last											
							7. What is your address?					
							Street address, Rural Route, or P.O. Box Apt. number					
							City	e your telephone numbe	State		Country	
	Daytim Evenin	ee		,								
	SECTION II	10. Who a	re the deceased beneficie	ary's surviving relativ	ves? (Check all that	apply)						
	Tell us about the deceased beneficiary's surviving relatives	☐ Spous		n Mother	Father No	ne (If "NONE," Skip to Section II)						
	11. Relatives Surviving Ber	neficiary at ti										
11a. Name (First, Middle Initial, Last)		11b. Relationship to Beneficiary	11c. Date of Birth (mm/dd/yyyy)	11d. Complete M	ailing Address							
		·										
·												

if you are claiming accrued benefits based on your relationship to the deceased beneficiary. Tell us about the debts and expenses of the last sickness and burial of the deceased beneficiary 12. List the expenses of last sickness and burial in Items 12a through 12e. 12a. Name of Person or Firm 12b. Nature of Expense 12c. Amount 12d. Check One 12e. If Paid, Name of Person (For example, physician, or Estate Whose Funds Were hospital, burial expenses, Used Paid Unpaid etc.) П П Г 13. Have you been reimbursed from any source 14. Did the beneficiary leave any other debts? for any of the expenses paid from your personal funds? Yes Yes No (If "YES," specify the amount ☐ No (If "YES," go to Item 15. and source) If "NO," skip to Item 16.) 15. List the other debts in Items 15a and 15b. 15a. Nature of Debt 15b. Amount \$ 5 \$ \$ 16. Has or will the beneficiary's estate be legally administered? ☐ No (If "YES," attach a copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing

Note: Read Paragraphs C and D of the "Instructions" before completing Section III. Skip to Section V

SECTION III

SECTION IV

Give us a waiver of reimbursement from all unpaid creditors

Note: If any of the expenses listed in Item 12a are unpaid, Section IV must be completed and signed by all unpaid creditors. If you are a creditor who is claiming accrued benefits as reimbursement, Section IV must be completed by all other creditors and persons who provided services to the deceased beneficiary related to last illness or burial and hold the creditor responsible for payment of their claims. If you need additional space, please attach a separate sheet of paper providing the certification and information requested below.

I CERTIFY THAT the expense listed in Section III, Item 12a which was incurred by the claimant named in Item 6 in connection with the last sickness and burial of the beneficiary, is due and unpaid. I further certify that I hold the claimant responsible for the payment of any portion of the accrued benefit to which I may be entitled in the case of the beneficiary named in Item 10r 4 and waive my right to any such benefit. This statement is true and correct to the best of my belief.

17a. Name of Unpaid Creditor or Firm N	lo. 1	
17b. Address of Creditor or Firm		
17c. Signature of Creditor or Person Signing for Firm	17d. Title	17e. Date Signed
	1	mo day yr
18a. Name of Unpaid Creditor or Firm N	lo. 2	· · · · · · · · · · · · · · · · · · ·
18b. Address of Creditor or Firm	100 V 10 V 100 V 1	
18c. Signature of Creditor or Person Signing for Firm	18d. Title	18e. Date Signed
		mo day yr
9a. Name of Unpaid Creditor or Firm N	io. 3	1
19b. Address of Creditor or Firm		
19c. Signature of Creditor or Person	19d. Title	19e. Date Signed
Signing for Firm	1	

SECTION V

Give us your Signature

If you sign with an "X," then you must have two people you know witness you as you sign. They must then sign the form and print their names and addresses also.

20a. Signature of claimant	20b. Today's date		
	mo day yr		
21a. Signature of witness (If claimant signed above using an "X")	21b. Printed name and address of witness		
22a. Signature of witness (If claimant signed above using an "X")	22b. Printed name and address of witness		

SECTION VI

Remarks - Use this space for any additional statements that you would like to make concerning your application.

23. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the Section and item number)

IMPORTANT

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.