Verbundkatalog Kalliope

Application For National Service Life Insurance

Mann, Klaus

1943-02-23

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Klaus — Middle: Henry — Last name: Mann

2. HOME ADDRESS: Number: 1550 — Street or rural route: San Remo Drive — County, city, town, or post office: Pacific Palisades — State: California

3. I WAS BORN AT — City, town, or post office: Munich — State: Germany — Day of month: 18th — Month: November — Year: 1906 — Age nearest birthday: 36

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: December 28, 1942

5. PRESENT ORGANIZATION — Rank, grade, or rating: Pvt. — Organization, regiment, station, ship, etc.: Co. C 72nd Tng. Bn.

6. SERIAL NUMBER: 32697270

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") (None)

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS (None)

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $5,000.00

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$3.85	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ ______ POLICY NO. ______
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Erika M. Auden	Sister	$5,000.	118 E. 40th St. New York, N. Y
CONTINGENT	Katherine P. Mann	Mother	$5,000.	Same as line 2

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of March 19 43 ~~(2 deductions to be made on Mar/43 Payroll per Cir.~~ If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)

THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO Mr. Fritz F. [illegible] (Name) (Please print or type) — % L. B. Fischer, 381 4th Ave. New York, N. Y. (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of ~~March, 1943 (advance—see above)~~, to cover the monthly premium of $ 3.85 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ ______ to cover the first ______ premium of $ ______ on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Camp Joseph T. Robinson, Ark. ON THE 23rd DAY OF February, 1943

WITNESSED BY: ______

INFORMATION AS TO SERVICE CERTIFIED BY:
G. A. HINKLE Jr. Capt. Inf. Hq. BIRTC
Ass't Personnel Adjutant
(Rank and organization. See reverse side, Paragraph 6)

Klaus Henry Mann
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 616, National Service Life Insurance Act of 1940.)

FEB 27 1943

The [illegible] an allotment of pay has [illegible] been registered [illegible] Administration on payment of the required monthly premiums. YOU ARE ADVISED TO FORWARD THIS COPY TO YOUR BENEFICIARY OR OTHER CLOSE RELATIVE as evidence of application for National Service Life Insurance.

DO NOT USE THIS SPACE

Effective Date ______ Age ______ Amt., $ ______ Premium: Mo. $ ______ Q. $ ______ S. A. $ ______ A. $ ______

Beneficiary ______

Action taken ______

Examiner ______ Reviewer G. A. HINKLE, JR. Capt Inf, Asst Psl Adj

Certificate issued ______ Policy issued ______

10—18411-1

APPLICANT'S COPY

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE
FIVE YEAR LEVEL PREMIUM TERM PLAN

Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium	Age	Monthly Premium
15	$0. 63	25	$0. 67	35	$0. 76	45	$0. 99	55	$1. 77
16	. 64	26	. 68	36	. 77	46	1. 03	56	1. 90
17	. 64	27	. 69	37	. 79	47	1. 08	57	2. 05
18	. 64	28	. 69	38	. 81	48	1. 14	58	2. 21
19	. 65	29	. 70	39	. 83	49	1. 20	59	2. 40
20	. 65	30	. 71	40	. 85	50	1. 27	60	2. 60
21	. 65	31	. 72	41	. 87	51	1. 35	61	2. 82
22	. 66	32	. 73	42	. 89	52	1. 44	62	3. 07
23	. 66	33	. 74	43	. 92	53	1. 54	63	3. 34
24	. 67	34	. 75	44	. 95	54	1. 65	64	3. 64

1. Upon written request of the applicant, the policy of insurance may be issued effective as of the first day of the month in which the application and tender of premiums are made to the Veterans Administration, provided such date is not prior to date of entrance into the active service, or as of the first day of any month prior to the month in which the application and tender of premiums are made, provided such date is not prior to date of entrance into the active service, upon payment of the amount of the first premium and the reserve, if any, as required by the regulations of the Veterans Administration; or effective as of the first day of the month following the date of application and tender of premiums if premiums are paid by direct remittances.

2. At any time after the insurance has been in effect for 1 year and within the 5-year period, National Service Life Insurance on the 5-year level premium term plan may be exchanged for or converted to policies of insurance on the ordinary life, twenty-payment life, or thirty-payment life plans. All 5-year level premium term policies shall cease and terminate at the expiration of the 5-year term period.

3. Subject to regulations, upon application and submission of evidence satisfactory to the Administrator of Veterans' Affairs that the insured prior to becoming 60 years of age, is and has been continuously totally disabled for 6 or more consecutive months, premiums may be waived, effective as of the due date of the monthly premium becoming payable for the 7th consecutive month of such disability, and such waiver shall continue until such disability ceases.

4. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, or illegitimate child), parent (including person in loco parentis), brother or sister (whole or half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

5. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments.

(2) If the beneficiary to whom payment is first made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured, if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above and the insurance shall be payable in equal monthly installments in accordance with subparagraphs (1) and (2) as the case may be.

6. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a non-commissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE 16—18411

WD 33