

**DELETION FORM
DEATH BENEFIT PLAN**

PLEASE TYPE OR PRINT:

DATE: _____

SQUAD/ORGANIZATION: _____

CONTACT PERSON: _____ PH: _____

Please delete the following members from the death benefit plan (use additional page if more space needed):

NAME	SOC SEC #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

**PLEASE RETURN TO: VAVRS DEATH BENEFIT PLAN
P O BOX 279
OILVILLE, VA 23129-0279**

