

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)
 Name or update your beneficiary
 Reduce the amount of your insurance coverage
 Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

| | | | | |
|-----------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|
| Last name PRINGLES | First name CHRISTY | Middle name JOY | Rank, title or grade SFC / E-7 | Social Security Number 999-88-7777 |
|-----------------------|-----------------------|--------------------|-----------------------------------|---------------------------------------|

| | |
|---|--|
| Branch of Service (Do not abbreviate) UNITED STATES ARMY | Current Duty Location 2 ND REGIONAL RECRUITING AND RETENTION TASK FORCE, ELLENWOOD, GA 30294 |
|---|--|

Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

I want coverage in the amount of \$ _____ Your initials _____

(Write "I do not want Insurance at this time.")

*Note: Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

| Complete Name (first, middle, last) and Address of each beneficiary | Social Security Number (if known) | Relationship to you | Share to each beneficiary (Use %, \$ amounts or fractions) | Payment Option (Lump sum or 36 equal monthly payments) |
|---|-----------------------------------|---------------------|--|--|
| Principal | | | | |
| 1. Deven C. Pringles 5960 Ansbach Ave., Savannah, GA 33111 | 999-88-7766 | Spouse | 100% | Lump Sum |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| <input type="checkbox"/> Additional Principals on page 5 (check if applicable) | | | | |
| Contingent | | | | |
| 1. Alicia J. Pringles 5960 Ansbach Ave., Savannah, GA 33111 | 999-88-7755 | Daughter | 100% | Lump Sum |
| 2. Bobby K. Pringles 5960 Ansbach Ave., Savannah, GA 33111 | 999-88-7744 | Son | 100% | Lump Sum |
| 3. | | | | |
| 4. | | | | |
| <input type="checkbox"/> Additional Contingents on page 5 (check if applicable) | | | | |

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I **ALSO UNDERSTAND** that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- If I am married or if I get married after completing this form, **my spouse is automatically covered under Family SGLI for which premiums will be deducted from my pay**, unless I decline Family SGLI coverage by completing SGLV 8286A. For Family SGLI premium deductions, my spouse **MUST** be registered in DEERS. **Failure to do so will result in debts owed for unpaid premiums.**

SIGN HERE IN INK ➔ Christy Joy Pringles
(Your signature. Do not print.)

Date: 20090808

Do not write in space below. For official use only.

| | | | |
|--|-----------------------------------|--|---------------------------|
| RECEIVED BY: TIM E. HAMS <u>Tim E. Hams</u> | RANK, TITLE OR GRADE SFC / E-7 | ORGANIZATION 2 ND REG RECRUITING BDE | DATE RECEIVED 20090808 |
|--|-----------------------------------|--|---------------------------|

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).
PRINCIPAL PURPOSES: This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancée), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

SECTION 1 - EMERGENCY CONTACT INFORMATION

| | | | |
|--|--|--|------------------------------------|
| 1. NAME (Last, First, Middle Initial) PRINGLES, CHRISTY J. | | 2. SSN 999-88-7777 | |
| 3a. SERVICE/CIVILIAN CATEGORY <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR | | b. REPORTING UNIT CODE/DUTY STATION | |
| 4a. SPOUSE NAME (If applicable) (Last, First, Middle Initial) PRINGLES, DEVEN C. <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 5960 ANSBACH AVENUE SAVANNAH, GA 33111 (706) 222-3344 | |
| 5. CHILDREN a. NAME (Last, First, Middle Initial) | | b. RELATIONSHIP | c. DATE OF BIRTH (YYYYMMDD) |
| PRINGLES, ALICIA J. | | DAU | 20010214 |
| PRINGLES, BOBBY K. | | SON | 20040310 |
| (Empty) | | (Empty) | (Empty) |
| (Empty) | | (Empty) | (Empty) |
| 6a. FATHER NAME (Last, First, Middle Initial) PRINGLES, HARVEY O. | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 1160 PROFESSIONAL DRIVE, DALTON, GA 33333 (706) 222-4433 | |
| 7a. MOTHER NAME (Last, First, Middle Initial) DECEASED | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER | |
| 8a. DO NOT NOTIFY DUE TO ILL HEALTH N/A | | b. NOTIFY INSTEAD | |
| 9a. DESIGNATED PERSON(S) (Military only) PRINGLES, DEVEN C. | | b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER 5960 ANSBACH AVENUE SAVANNAH, GA 33111 (706) 222-3344 | |
| 10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only) | | | |

