

# Designation of Beneficiary

## *Persian Gulf Conflict Veterans' Benefit Program*

Under Section 6 of the Persian Gulf Conflict Veterans' Benefit Act (Act 29 of 2006), every person making application for compensation shall provide the names and address of all persons who, under the law, would be entitled to receive compensation in the event of the death of the applicant. If the applicant dies before payment, and the application is fully approved, the benefit would go to the person(s) next entitled to compensation.

### **A. Applicant Identification**

Name (Last, First, Middle)	Social Security Number
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As an applicant for benefits under the Persian Gulf Conflict Veterans' Benefit Act, I hereby designate the following persons who would be entitled to receive this compensation under the Act if I should die before payment of the compensation.

### **B. Information Concerning the Beneficiaries**

Name (Last, First Middle)	Address (including ZIP code)	Relationship to Veteran or Applicant
1.		
2.		
3.		
4.		

### **C. Authorization**

Date of Designation	Signature
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### *Instructions*

This Designation of Beneficiary Form is used to designate who is to receive any payment which may become payable under the Persian Gulf Conflict Veterans' Benefit Program. In the event you should die after applying for the bonus but before payment, the Commonwealth will pay the designated beneficiaries who are entitled to compensation under the Act upon proof of identity. In the absence of a designated beneficiary entitled to compensation, no payment shall be made and the right to compensation under the program will cease.

If you choose to designate one or more beneficiaries, you should complete this form and send it to:

Persian Gulf Conflict Veterans' Benefit Program  
PO Box 1109  
Harrisburg, PA 17108-1109.