🚺 Depart	ment of Veterans Affairs	APPLICATION FOR REFUND OF EDUCATIONAL CONTRIBUTIONS (VEAP, Chapter 32, Title 38, U.S.C.)									
January 1,1977 thu under VEAP. To g reverse side of this information click of	STRUCTIONS - Before completing this form rough June 30, 1985 and contributed to the f get information about eligibility for VEAP, or s form for the address of your RPO. If you on <u>Ask VA (AVA)</u> or call toll-free to 1-888- made from your fund balance.	und. If r for ass want a	you accept a resistance in com refund, complete	efund of your cor pleting this form, ete and send this	tributions, you will forfei contact your local VA reg form to your RPO at the	t any entitlement y gional processing c address shown. If	you may have earned office (RPO). See the you need additional				
		PART	I - IDENTIF	ICATION DAT	A						
1. NAME OF APPL				ECURITY NO.	3. BRANCH OF SERVIC	E 4. VA FILE N	0. (If applicable)				
5A. MAILING ADD	RESS OF APPLICANT		I		5B. PHONE NUMBER (Include Area Code,	5C. E-MAIL A applicabl	DDRESS (If le)				
	PART II - NOTICE OF	DISE	NROLLMEN	T AND APPLI	CATION FOR REFU	ND					
of my remaining under this progra	is-enrolled from the POST-VIETNAM g contributions. I realize that a refund o am. However while on active duty, I ma ot to exceed a total of \$2700, thereby re	f my c y enro	contributions view of the second s	will result in fo s program by e	rfeiture of my entitlem stablishing a payroll de	ent to receive ed	lucational benefits				
6. REASON FOR D	DISENROLLMENT										
A. PERSONA	L HARDSHIP B. EDUCATION COM			DCATION OBTAIN							
	NOTE: The following signature block is required only upon dis-enrollment p			of at least 12 me	onthly contributions to i	his program.	Approving Official				
FOR APPLICANTS ON ACTIVE	7. SIGNATURE OF APPLICANT	8. DATE SIGNED 9. SIGNATURI OFFICIAL		AND TITLE OF SERVICE	APPROVING	10. DATE SIGNED					
DUTY	11. LAST ALLOTMENT (Month, year)	12. SIGNATURE OF INSTALLATION FINANCE OFFICER 13. DATE S									
FOR	NOTE: The following signature block			nly by applican	nts not on active duty, a	nd must be certij	fied by a VA				
APPLICANTS	official upon the applicant's personal appearance.14. SIGNATURE OF APPLICANT15. DATE SIGNED16. SIGNATURE AND TITLE OF VA CERTIFYING OFFICIAL17. DATE SIGNED										
NOT ON	14. SIGNATURE OF APPLICANT	15. D	ATE SIGNED	16. SIGNATUR	E AND TITLE OF VA CER	FIFYING OFFICIAL	17. DATE SIGNED				
ACTIVE DUTY	18. DATE OF DISCHARGE (AS SHOWN ON	YOUR D	D FORM 214)								
DOTT	PART III	- CEF	RTIFICATIO	N (FOR VA U	SE ONLY)						
I CERTIFY that	I have reviewed this document and that	t paym	ent of refund	is proper.							
19. SIGNATURE O	F VA REGIONAL OFFICE FINANCE OFFICE					20. DATE SIGNED					
		•					-				
1974 or Title 38, Ce the VA system of re Your response is vo deny an individual	FORMATION: VA will not disclose inform ode of Federal Regulations 1.576 for routine ecords, 58VA21/22/28, Compensation, Pensi oluntary. Giving us your SSN account inform benefits for refusing to provide his or her S fect. Information submitted is subject to veri	uses su ion, Edu nation is SN unle	ch as, contactir ucation and Vet s mandatory. A ess the disclosu	ng an employer on eran Readiness a pplicants are require of the SSN is	nly to help facilitate the pr nd Employment Records uired to provide their SSN required by a Federal Sta	ocessing of your re- VA, published in under Title 38 US tute of law in effe	efund, as identified in the Federal Register. SC 5101. VA will not				
Account. Title 38, 1 information and correspond to a collect	URDEN: We need this information to prop United States Code, allows us to ask for this mplete this form. VA cannot conduct or spon tion of information if this number is not displ sired, you can call 1-800-827-1000 to get info	informa isor a c layed. V	ation. We estim ollection of inf /alid OMB con	ate that you will ormation unless a trol numbers can	need an average of 10 min a valid OMB control numb be located on the OMB Ir	nutes to review the per is displayed. Yo iternet Page at <u>ww</u>	instructions, find the ou are not required to				

To determine the mailing address on where to send this completed form, you should first find your state in the following Regional jurisdiction tables. Then, mail your completed form to the post office box address for the VA regional office having jurisdiction for that region.

				Eastern VA Regio P.O. Bo Buffalo, NY	nal Office ox 4616				
			SE	RVES THE FOL	LOWING STAT	ES			
СО	СТ	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	ОН	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO / F	PO AA	FOREIGN SCHOOLS			US VIRGIN ISLANDS		
			N	VA Regio	Region: onal Office ox 8888 oK 74402-88	88			
			SE	RVES THE FO	LLOWING STA	TES			
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA

AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	ОК	OR	PR	SC	ТΧ	UT	WA
APO / FPO AP		GUAM	AMERICA	N SAMOA	PHILIP	PINES	MARIANA ISLANDS		