

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS (Use a Separate Form for Each Class)						(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)	
1. CLASS OF ALLOTMENT (Check one)							
<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> D							
2. ALLOTTER (Last name - First name - Middle initial)			3. GRADE	4. SERVICE NO.	5. DATE OF ENLISTMENT	6. D.O. TRANSMITTAL NO.	
Cash, John R			Pvt	AF 18 351 91	7 Jul 50		
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT	8. AMOUNT	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER	11. FIRST DEDUCTION FOR PREMIUM (D or N only)		
	Jul 50	6.40			FOR PREMIUM MONTH OF	AMOUNT	
12. ALLOTTEE'S NAME (First name - Middle initial - Last name) AND ADDRESS (If payable to bank, state to whose credit)					FOR PREMIUM MONTH OF		
THE VETERANS ADMINISTRATION					Jul 50 6.40		
WASHINGTON 25, D. C.					Aug 50 6.40		
DISCONTINUANCE	13. CLASS	14. AMOUNT	15. FINAL DEDUCTION TO BE MADE (Month and Year)	16. REASON	17. NAME OF ALLOTTEE		
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING				19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any)				I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS:		BRIEF STAMP	
None				N 6.40		I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN ENTERED ON THE ALLOTTER'S MILITARY PAY RECORD AND THAT STATEMENT OF EXISTING FAMILY ALLOWANCES AND/OR ALLOTMENTS HAS BEEN VERIFIED.	
FORMER SERVICE NO.(S) (If any)				TYPED NAME, GRADE AND ORGANIZATION		DATE	
None				1st Lt, USAF 3727s		11 50	
DATE				SIGNATURE OF CERTIFYING OFFICER		SIGNATURE OF DISBURSING OFFICER	
10 Jul 50				John R. Cash		Allen G. Jones	
SIGNATURE OF ALLOTTER				SIGNATURE OF CERTIFYING OFFICER		SIGNATURE OF DISBURSING OFFICER	

DD FORM 234
1 MAR 50

Replaces NME Form 234, 1 Jun 49, which may be used.

16-59240-2

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS (Use a Separate Form for Each Class)						(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)	
1. CLASS OF ALLOTMENT (Check one)							
<input checked="" type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> D							
2. ALLOTTER (Last name - First name - Middle initial)			3. GRADE	4. SERVICE NUMBER	5. DATE OF ENLISTMENT	6. D.O. TRANSMITTAL NO.	
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT	8. AMOUNT	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER	11. FIRST DEDUCTION FOR PREMIUM (D or N only)		
	[REDACTED]	[REDACTED]	[REDACTED]	Commercial Life Insurance	FOR PREMIUM MONTH OF	AMOUNT	
12. ALLOTTEE'S NAME (First name - Middle Initial - Last name) AND ADDRESS (If payable to bank, state to whose credit)					FOR PREMIUM MONTH OF		
Government Personnel Mutual Life Insurance Co.					[REDACTED]		
Box 7, Grayson Street Station					[REDACTED]		
San Antonio 8, Texas					[REDACTED]		
DISCONTINUANCE	13. CLASS	14. AMOUNT	15. FINAL DEDUCTION TO BE MADE (Month and Year)	16. REASON	17. NAME OF ALLOTTEE		
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING				19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any)				I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS:		BRIEF STAMP	
None				[REDACTED]		I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN ENTERED ON THE ALLOTTER'S MILITARY PAY RECORD AND THAT STATEMENT OF EXISTING FAMILY ALLOWANCES AND/OR ALLOTMENTS HAS BEEN VERIFIED.	
FORMER SERVICE NUMBER(S) (If any)				TYPED NAME, GRADE AND ORGANIZATION		DATE	
None				[REDACTED]		[REDACTED]	
DATE				SIGNATURE OF CERTIFYING OFFICER		SIGNATURE OF DISBURSING OFFICER	
28 May 51				John R. Cash		Timothy F. Hayes	
SIGNATURE OF ALLOTTER				SIGNATURE OF CERTIFYING OFFICER		SIGNATURE OF DISBURSING OFFICER	

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE CO.

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS (Use a Separate Form for Each Class)					Entered on NME # <i>113</i>	
1. CLASS OF ALLOTMENT (Check one) <input checked="" type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> D					(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)	
2. ALLOTTER (Last name—First name—Middle initial) <i>Cash, John R.</i>		3. GRADE <i>Pfc</i>	4. SERVICE NO. <i>AF 18 351 914</i>	5. DATE OF ENLISTMENT <i>6 July 50</i>	6. D. O. TRANSMITTAL NO. <i>225068-308</i>	
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT <i>1 February 52</i>	8. AMOUNT <i>\$15.00</i>	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER <i>Father</i>	11. FIRST DEDUCTION FOR PREMIUM (D or N only)	
	12. ALLOTTEE'S NAME (First name—Middle initial—Last name) AND ADDRESS (If payable to bank, state to whose credit) <i>John (None) Cash</i> <i>[Redacted]</i>					FOR PREMIUM MONTH OF
DISCONTINUANCE	13. CLASS	14. AMOUNT	15. FINAL DEDUCTION TO BE MADE (Month and Year)	16. REASON	17. NAME OF ALLOTTEE	
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING			19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any) <i>None</i>			I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS: <i>E 15.00</i> <i>E 4.18</i>		BRIEF STAMP <i>R. P. LYNCH</i> <i>CAPT USAF</i> <i>S/N 225-065</i> <i>APG 41</i> <i>S 61-509</i>	
FORMER SERVICE NO.(S) (If any) <i>None</i>			TYPED NAME, GRADE AND ORGANIZATION <i>EMERSON L. TAYLOR 1st Lt., USAF 12th Rad Sq Mob., 2 Jan 52</i>		I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN ENTERED ON THE ALLOTTER'S MILITARY PAY RECORD AND THAT STATEMENT OF EXISTING FAMILY ALLOWANCES AND/OR ALLOTMENTS HAS BEEN VERIFIED.	
DATE <i>2 Jan 52</i>			DATE <i>2 Jan 52</i>		SIGNATURE OF DISBURSING OFFICER <i>[Signature]</i>	
SIGNATURE OF ALLOTTER <i>John R. Cash</i>			SIGNATURE OF CERTIFYING OFFICER <i>Emerson L. Taylor</i>		SIGNATURE OF DISBURSING OFFICER	

DD FORM 234
1 MAR 50

Replaces NME Form 234, 1 Jun 49, which may be used.

16-59240-2

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS (Use a Separate Form for Each Class)					Entered on NME # <i>113</i>	
1. CLASS OF ALLOTMENT (Check one) <input type="checkbox"/> E <input checked="" type="checkbox"/> N <input type="checkbox"/> D					(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)	
2. ALLOTTER (Last name—First name—Middle initial) <i>Cash, John R.</i>		3. GRADE <i>Pfc</i>	4. SERVICE NO. <i>AF 18 351 914</i>	5. DATE OF ENLISTMENT <i>6 July 50</i>	6. D. O. TRANSMITTAL NO. <i>225-116</i>	
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT	8. AMOUNT	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER	11. FIRST DEDUCTION FOR PREMIUM (D or N only)	
	12. ALLOTTEE'S NAME (First name—Middle initial—Last name) AND ADDRESS (If payable to bank, state to whose credit)					FOR PREMIUM MONTH OF
DISCONTINUANCE	13. CLASS	14. AMOUNT	15. FINAL DEDUCTION TO BE MADE (Month and Year)	16. REASON	17. NAME OF ALLOTTEE	
	<i>N</i>	<i>6.40</i>	<i>October 51</i>	<i>Waiver P.L. 23</i>	<i>Veterans Administration</i>	
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING			19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any) <i>None</i>			I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS: <i>E 4.18</i>		BRIEF STAMP <i>R. P. LYNCH</i> <i>CAPT USAF</i> <i>S/N 225-065</i> <i>APG 41</i> <i>S 61-509</i>	
FORMER SERVICE NO.(S) (If any) <i>None</i>			TYPED NAME, GRADE AND ORGANIZATION <i>GRAYSON L. COMBINS 2d Lt., USAF 12th Rad Sq Mob., 17 Oct 51</i>		I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN ENTERED ON THE ALLOTTER'S MILITARY PAY RECORD AND THAT STATEMENT OF EXISTING FAMILY ALLOWANCES AND/OR ALLOTMENTS HAS BEEN VERIFIED.	
DATE <i>17 Oct 51</i>			DATE <i>17 Oct 51</i>		SIGNATURE OF DISBURSING OFFICER <i>[Signature]</i>	
SIGNATURE OF ALLOTTER <i>John R. Cash</i>			SIGNATURE OF CERTIFYING OFFICER <i>Grayson L. Combins</i>		SIGNATURE OF DISBURSING OFFICER	

DD FORM 234
1 MAR 50

Replaces NME Form 234, 1 Jun 49, which may be used.

16-59240-2

OCT 1951

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS <i>(Use a Separate Form for Each Class)</i>				M ENTERED ON MPR			
1. CLASS OF ALLOTMENT (Check one) <input checked="" type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> D				(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)			
2. ALLOTTER (Last name—First name—Middle initial) Cash, John R.		3. GRADE A/10	4. SERVICE NO. AF 1835 1914	5. DATE OF ENLISTMENT 7 Jul 50	6. D. O. TRANSMITTAL NO. 22541-65		
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT Oct 53	8. AMOUNT \$65.00	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER Father	11. FIRST DEDUCTION FOR PREMIUM (D or N only)		
	12. ALLOTTEE'S NAME (First name—Middle initial—Last name) AND ADDRESS (If payable to bank, state to whose credit) Mr Ray Cash <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>				FOR PREMIUM MONTH OF	AMOUNT	
DISCONTINUANCE	13. CLASS E	14. AMOUNT \$45.00	15. FINAL DEDUCTION TO BE MADE (Month and Year) Sep 53	16. REASON Increase Amt		17. NAME OF ALLOTTEE Mr. Ray Cash	
	18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING			19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any)			I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS:		BRIEF STAMP E. V. SPELLMAN Capt S/N 22541-11 S 61-509 7003		
FORMER SERVICE NO. (S) (If any)			TYPED NAME, GRADE AND ORGANIZATION DATE				
DATE			GRAYSON L CUMMINS 1st Lt USAF 11 Sep 53		SIGNATURE OF DISBURSING OFFICER		
SIGNATURE OF ALLOTTER			SIGNATURE OF CERTIFYING OFFICER				

DD FORM 234
1 MAR 50

Replaces NME Form 234, 1 Jun 49, which may be used.

16-59240-2

ALLOTMENT AUTHORIZATION TO START OR STOP ALLOTMENTS <i>(Use a Separate Form for Each Class)</i>				M ENTERED ON MPR			
1. CLASS OF ALLOTMENT (Check one) <input checked="" type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> D				(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)			
2. ALLOTTER (Last name—First name—Middle initial) Cash, John R.		3. GRADE A/10	4. SERVICE NO. AF 1835 1914	5. DATE OF ENLISTMENT 7 Jul 50	6. D. O. TRANSMITTAL NO. 22541-11		
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT	8. AMOUNT \$	9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER	11. FIRST DEDUCTION FOR PREMIUM (D or N only)		
	12. ALLOTTEE'S NAME (First name—Middle initial—Last name) AND ADDRESS (If payable to bank, state to whose credit) M				FOR PREMIUM MONTH OF	AMOUNT	
DISCONTINUANCE	13. CLASS E	14. AMOUNT \$65.00	15. FINAL DEDUCTION TO BE MADE (Month and Year) Nov 53	16. REASON Amn's request-Change of allottee		17. NAME OF ALLOTTEE Ray Cash	
	18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING			19. CERTIFYING OFFICER		20. DISBURSING OFFICER	
FORMER NAME(S) (If any)			I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED, THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS:		BRIEF STAMP E. V. SPELLMAN Capt USAF S/N 22541 S 61-509 7003		
FORMER SERVICE NO. (S) (If any)			TYPED NAME, GRADE AND ORGANIZATION DATE				
DATE			Grayson L. Cummins 1st Lt. USAF 16 Nov 53		SIGNATURE OF DISBURSING OFFICER		
SIGNATURE OF ALLOTTER			SIGNATURE OF CERTIFYING OFFICER				

DD FORM 234
1 MAR 50

Replaces NME Form 234, 1 Jun 49, which may be used.

16-59240-2

**ALLOTMENT AUTHORIZATION
TO START OR STOP ALLOTMENTS**
(Use a Separate Form for Each Class)

W.H.H.
ENTERED ON MPR
(THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP)

1. CLASS OF ALLOTMENT (Check one) <input checked="" type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> B											
2. ALLOTTER (Last name—First name—Middle initial) Cash, John R.				3. GRADE A/10	4. SERVICE NO. AF 1835 1914	5. DATE OF ENLISTMENT 7 Jul 50	6. D. O. TRANSMITTAL 225341-127				
NEW ALLOTMENT	7. EFFECTIVE DATE OF ALLOTMENT Jan 54		8. AMOUNT \$65.00		9. AGE OF ALLOTTEE (If minor)	10. RELATIONSHIP TO ALLOTTER Bank		11. FIRST DEDUCTION FOR PREMIUM (D or N only) FOR PREMIUM MONTH OF AMOUNT			
	12. ALLOTTEE'S NAME (First name—Middle initial—Last name) AND ADDRESS (If payable to bank, state to whose credit) Texas Savings & Loan Assn., 501 N. St Marys St., San Antonio 5, Texas (Credit account of John R. Cash and/or Vivian Liberto)										
DISCONTINUANCE	13. CLASS	14. AMOUNT	15. FINAL DEDUCTION TO BE MADE (Month and Year)		16. REASON			17. NAME OF ALLOTTEE			
18. THIS BLOCK TO BE COMPLETED IN ALLOTTER'S OWN HANDWRITING FORMER NAME(S) (If any)					19. CERTIFYING OFFICER I CERTIFY THAT AFTER THE ABOVE CHANGES WERE EFFECTED THE EXISTING FAMILY ALLOWANCES AND ALLOTMENTS BY CLASS AND AMOUNT ARE AS FOLLOWS: \$65.00			20. DISBURSING OFFICER I CERTIFY THAT THE ABOVE CHANGES HAVE BEEN ENTERED ON THE ALLOTTER'S MILITARY PAY RECORD AND THAT STATEMENT OF EXISTING FAMILY ALLOWANCES AND/OR ALLOTMENTS HAS BEEN VERIFIED.			
FORMER SERVICE NO.(S) (If any)					TYPED NAME, GRADE AND ORGANIZATION GRAYSON L. CUMMINS 1ST LT. USAF			DATE 1 Dec 53			
DATE					SIGNATURE OF ALLOTTER			SIGNATURE OF CERTIFYING OFFICER			
SIGNATURE OF ALLOTTER					SIGNATURE OF CERTIFYING OFFICER			SIGNATURE OF DISBURSING OFFICER			
BRIEF STAMP E.V. SPELLMAN Capt USAF S/N 225341 S 61-509 7003											

CERTIFICATE

This certificate will be accomplished by all enlisted men and airmen (including enlisted members of the WAC & WAF) authorizing Class E allotments for commercial life insurance who have less than \$10,000 of Government Life Insurance in force (see SR 600-100-3 and AFR 34-21).

I UNDERSTAND FULLY THE ADVANTAGES AND SAVINGS OF NATIONAL SERVICE LIFE INSURANCE AND DO NOT DESIRE TO CARRY THE MAXIMUM AMOUNT FOR WHICH I AM ELIGIBLE

SIGNATURE OF SERVICEMAN	SIGNATURE OF CERTIFYING OFFICER
TYPED NAME AND GRADE OF SERVICEMAN	TYPED NAME AND GRADE OF CERTIFYING OFFICER

I hereby certify that I have made arrangements with the bank named on the reverse of this form for the receipt and deposit of this allotment.

Rec'd
2 DEC 1953
Fin Off
APO 61

JOHN R. CASH
A/10 USAF