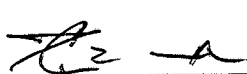




CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CLARK, TRAVIS JOHN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER 494 90 7824			
4a. GRADE, RATE OR RANK SSG	b. PAY GRADE E06	5. DATE OF BIRTH (YYYYMMDD) 19800830		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000			
7a. PLACE OF ENTRY INTO ACTIVE DUTY KANSAS CITY, MISSOURI		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8469 W SUNSET DR SPRINGFIELD MISSOURI 65802					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010082AVBN CO D FC				b. STATION WHERE SEPARATED FORT BRAGG, NC 28310-5000			
9. COMMAND TO WHICH TRANSFERRED USAR CON GP (ROTC) 1 RESERVE WAY, ST LOUIS, MO 63132				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000.00			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 15R34 AH-64 ATTACK HEL REP - 3 YRS 4 MOS// 11C34 INDIRECT FIRE INFANTR - 6 YRS 3 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD		2002	01	03	
		b. SEPARATION DATE THIS PERIOD		2008	08	13	
		c. NET ACTIVE SERVICE THIS PERIOD		0006	07	11	
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00	
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00	
		f. FOREIGN SERVICE		0002	02	26	
		g. SEA SERVICE		0000	00	00	
		h. EFFECTIVE DATE OF PAY GRADE		2008	07	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL (2ND AWARD)//ARMY ACHIEVEMENT MEDAL (3RD AWARD)//ARMY GOOD CONDUCT MEDAL (2ND AWARD)//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL CAMPAIGN STAR//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT//CONT IN BLOCK 18				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) AH-64 ATTACK HELICOPTER REPAIRER, 10 WEEKS, 2005//ARMY RECRUITER, 7 WEEKS, 2008//PR LDRSHP DEV CRS, 2 WEEKS, 2008//NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				<input type="checkbox"/>	YES	X	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				X	YES	NO	
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES	NO
						<input type="checkbox"/>	X
18. REMARKS //////////////////////////////////// IMMEDIATE REENLISTMENTS THIS PERIOD -- 20020103-20040629, 20040630-20060804//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20011011-20020102//SERVICE IN IRAQ 20030411-20040415//SERVICE IN IRAQ 20060721-20071011//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13: RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//COMBAT INFANTRYMAN BADGE//US ARMY BASIC RCTR BADGE-SILVER//BASIC AVIATION BADGE//NOTHING FOLLOWS							
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 8469 W SUNSET DR SPRINGFIELD MISSOURI 65802				b. NEAREST RELATIVE (Name and address - include ZIP Code) PEGGY CLARK 8469 W. SUNSET DRIVE SPRINGFIELD MISSOURI 65802			
20. MEMBER REQUESTS COPY 6 BE SENT TO MO DIRECTOR OF VETERANS AFFAIRS				<input checked="checked" type="checkbox"/>	YES	NO	
21. SIGNATURE OF MEMBER BEING SEPARATED 				22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  JACQUELINE BEARD, HUMAN RESOURCE ASST SUPERVISOR			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, PARA 16-2		26. SEPARATION CODE KGX	27. REENTRY CODE 1
28. NARRATIVE REASON FOR SEPARATION ENTER OFFICER TRAINING PROGRAM			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) TJC 

DEPARTMENT OF THE ARMY
HEADQUARTERS, 82D AIRBORNE DIVISION
FORT BRAGG, NORTH CAROLINA 28310-5100

ORDERS 192-0294

10 July 2008

CLARK, TRAVIS JOHN 494-90-7824 SSG 010082AVBN CO D, (WGDQD0), FORT BRAGG, NC
28310

You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: US ARMY TC (WOU3NT) FORT BRAGG NC 28310-5000

Reporting date: 31 July 2008

Comp: REGULAR ARMY

Date of discharge unless changed or rescinded: 13 August 2008

Additional instructions: a. Immediately upon receipt of orders you will report to the Installation Outprocessing Center (One-Stop), Bldg 4-2843, 2d Floor, Wing D, Room 261, between 1300 - 1700, Monday - Friday to schedule an appointment to outprocess. You need to have your DA Form 31 (Request and Authority for Leave) for transition leave and/or permissive TDY. b. You will attend all briefings and complete all processing in ACUs or BDUs. c. IAW Public Law 101-510, Section 1144 you must attend a mandatory Preseparation Briefing and complete the DD Form 2648 (Preseparation Counseling Checklist) 120 - 180 days prior to separation. For more information contact the ACAP Center at 396-2227 or 7188. d. Movement of dependents, accompanied and/or unaccompanied baggage and household goods or your entitlement to travel and transportation are from the debarkation point to home of record as determined by the JFTR. Call 396-6685 for further information. e. If you desire an ETS physical prior to separation, contact the medical treatment facility to schedule an appointment NLT 45 days before the start of transition leave or separation date. f. Storage of household goods, at government expense, is authorized up to 6 months after separation. g. If you have been issued a government travel card then you will carry a "zero balance" and turn the card in prior to departing this installation. h. DEPNS: YES i. You must report to Bldg C-3832, on Ardennes Street to be processed through ACAP. j. Immediately upon receipt of orders you will report to the Transition Center, Bldg 4-2843, 2d Floor, Wing B, between the hours of 0900 - 1100, Monday thru Friday to schedule an appointment for the completion of your DD Form 214. k. Upon receipt of orders you will contact the Central Issue Facility (CIF) at 396-7045 or 5383 and establish an appointment to turn in all CIF issued equipment. The CIF Help Desk can provide you a copy of your clothing record, Monday through Friday, from 0800 - 1530. l. If you plan to ship personal property at government expense report to the Transportation Office, Bldg 4-2843, Room I-Q 22, West Wing, with 7 copies of your orders. O. You are further assigned to: USAR CON GP (REINF) AR-PERSCOM, 9700 PAGE BLVD, ST LOUIS, MO 63132

FOR ARMY USE

Auth: AR 635-200

HOR: SPRINGFIELD MO US

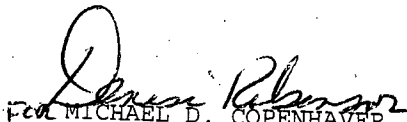
Place EAD or OAD: KANSAS CITY MO US

MDC: 7BE8

10 July 2008

Format: 501

FOR THE COMMANDER:


MICHAEL D. COPENHAVER
LTC, GS
ACOF, G1/AG

DISTRIBUTION:

SSG CLARK (15)
Cdr 010082AVBN CO D, (WGDQD0) (3)
AFVC-GAA-REUP (1)
AFVC-GAA (1)
AFVC-PAB (5)
AFVC-PSC-RO (6)
AFVC-SU (1)
AFVC-FO (1)
AFZA-DS-PS (82 PSO ANNEX) (1)
CDR, USA TRF PT (1)
CDR, 82 FINANCE (2)
SECURITY & INTEL DIV, PUBLIC SAFETY
BUSINESS CENTER (1)
PERSONNEL SERVICE CENTER (ONE-STOP)
(1)

**PREPARATION COUNSELING CHECKLIST
FOR ACTIVE COMPONENT SERVICE MEMBERS**
(Please read Privacy Act Statement below before completing this form.)

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1142, E.O. 9397.
PRINCIPAL PURPOSE(S): To record preparation services and benefits requested by and provided to Service members; to identify preparation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed preparation counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, preparation counseling for Service members be made available.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, it will not be possible to initiate preparation services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II - PERSONAL INFORMATION (To be filled out by all applicants)

1. NAME (Last, First, Middle Initial) TRAVIS, CLARK		2. SSN 494-90-7824	3. GRADE E6
4. SERVICE (X one) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NAVY		5. DUTY STATION Fort Bragg	6. ANTICIPATED DATE OF SEPARATION (YYYYMMDD) 08/15/2008 I am (X one) <input type="checkbox"/> Retiring <input checked="" type="checkbox"/> Separating Voluntarily <input type="checkbox"/> Separating Involuntarily
7. DATE CHECKLIST PREPARED (YYYYMMDD) 2008-07-10	<input checked="" type="checkbox"/> 7.a. Place an X in this box ONLY if you have less than 90 days remaining on active duty before separation or retirement. Please read the following instructions: If voluntarily separating or retiring and you have less than 90 days remaining on active duty before your separation or retirement, why was your preparation counseling not conducted earlier? Please go to Section V - REMARKS and check the response that best describes the reason why preparation counseling was not conducted earlier.		

SECTION III. ALL TRANSITIONING SERVICE MEMBERS MUST READ INSTRUCTIONS, SIGN AND DATE.

- a. Items checked "YES" are mandatory for Service member to receive further information or counseling, or attend additional workshops, briefings, classes, etc. Service members that check "YES" in Item 11.a. will be released by Commanders to attend the appropriate workshop, briefing, etc. in its entirety.
- b. Shaded Areas: Areas that are shaded mean (1) the information is not applicable or (2) the information is referring to a Web site address and the URL requires no explanation. For example: 11.b. is shaded under SPOUSE because DD Form 2586 does not apply to spouses. Items 11.f.(1) and (2) are shaded because they refer to Web site addresses and they require no explanation.
- c. POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING (Item 19): Service members cannot decline this counseling. It is required prior to separation. Therefore, no blocks exist to allow Service members the option of checking "YES", "NO", or "NA". Transition/Command Career Counselors shall refer separating and retiring Service members to an installation legal office (Staff Judge Advocate or Counsel's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official.
- d. I was offered preparation counseling on the above date (Item 7) on my transition benefits and services as appropriate. I understand that this preparation counseling is provided to assist my transition process as required by Title 10, USC, Chapter 58, Section 1142.
- e. I have checked those items where I desire further information or counseling. I have also been advised where to obtain assistance in developing an Individual Transition Plan (ITP).
- f. I accept decline (X appropriate block) preparation counseling. (If you check the "decline" box, you are declining preparation counseling only on those items on this checklist where you have the option of declining.) Sign and date the checklist.

8a. SERVICE MEMBER SIGNATURE 	b. DATE (YYYYMMDD) 20080710	9a. TRANSITION COUNSELOR SIGNATURE 	b. DATE (YYYYMMDD) 2008/07/10
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SECTION IV. Please indicate (by checking YES or NO) whether you (or your spouse if applicable) desire counseling for the following services and benefits. All benefits and services checked YES should be used in developing your ITP. The following services and benefits are available to all Service members, unless otherwise specified:

	SERVICE MEMBER			SPOUSE			REFERRED TO
	YES	NO	N/A	YES	NO	N/A	
10. EFFECTS OF A CAREER CHANGE		X					 82nd Airborne Division Admin. Bldg. Building C-3832 Fort Bragg, NC 28307 (910) 432-0842/0279
11. EMPLOYMENT ASSISTANCE							
a. Dept. of Labor sponsored Transition Assistance Workshops and Service sponsored Transition Seminars/Workshops		X					
b. Use of DD Form 2586 (Verification of Military Experience and Training)		X					
(1) Do you want a copy of your Verification of Military Experience and Training (VMET) Document? If yes, go to http://www.dmdc.osd.mil/vmet to print your VMET document and cover letter.		X					
c. DoD Job Search Web site http://www.dod.jobsearch.org	X						
d. Transition Bulletin Board (TBB) and Public and Community Service Opportunities http://www.dmdc.osd.mil/ot/		X					
e. Teacher and Teacher's Aide Opportunities/Troops to Teachers http://www.proudtoserveagain.com		X					
f. Federal Employment Opportunities		X					
(1) http://www.usajobs.com							
(2) http://www.go-defense.com							
g. Hiring Preference in Non-Appropriated Fund (NAF) jobs (Eligible Involuntary Separates)		X					

PREPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS		NAME (Last, First, Middle Initial) TRAVIS, CLARK						SSN 494-90-7824		
SECTION IV (Continued)		SERVICE MEMBER			SPOUSE			REFERRED TO		
		YES	NO	N/A	YES	NO	N/A			
11. EMPLOYMENT ASSISTANCE (Continued)										
h. State Employment Agencies/America's Job Bank		X								
(1) http://www.ajb.org										
i. Career One Stop http://www.careeronestop.org			X							
12. RELOCATION ASSISTANCE *NOTE: Status of Forces Agreement limitations apply for overseas Service members.										
a. Permissive (TDY/TAD) and Excess leave		X								
*b. Travel and transportation allowances		X								
13. EDUCATION/TRAINING										
a. Education benefits (Montgomery GI Bill, Veterans Educational Assistance Program, Vietnam-era, etc.)		X								
(1) http://www.gibill.va.gov										
b. Workforce Investment Act (WIA)			X							
c. Additional education or training options			X							
(1) Small Business Administration http://www.sba.gov			X							
d. Licensing, Certification and Apprenticeship Information			X							
(1) Department of Labor http://www.acinet.org										
(2) U.S. Army https://www.cool.army.mil										
(3) U.S. Military Apprenticeship Program https://www.cnet.navy.mil/usmap/										
(4) DANTES http://www.dantes.doded.mil/dantes_web/danteshome.asp										
e. Defense Activity for Non-Traditional Educational Support http://www.dantes.doded.mil/dantes_web/danteshome.asp			X							
14. HEALTH AND LIFE INSURANCE										
a. Transitional Health Care Benefit - for Eligibility Criteria and additional information go to: http://www.tricare.osd.mil or http://www.tricare.osd.mil/Factsheets/viewfactsheet.cfm			X							
b. Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance. http://www.tricare.osd.mil/chcbp			X							
c. Veterans' Group Life Insurance (VGLI) http://www.insurance.va.gov		X								
d. Veterans Centers http://www.va.gov/rcs			X							
15. FINANCES										
a. Financial Management (TSP, Retirement, SBP)			X							
b. Separation pay (Eligible Involuntary Separatees)		X								
c. Unemployment compensation		X								
d. Other financial assistance (VA Loans, SBA Loans, and other government grants and loans)		X								
16. RESERVE AFFILIATION										
17. VETERANS BENEFITS BRIEFING										
18. DISABLED VETERANS BENEFITS										
a. Disabled Transition Assistance Program (DTAP)			X							
b. VA Disability Benefits http://www.va.gov			X							
19. POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING Information on post government (military) employment counseling (restrictions on employment, imposed by statute and regulation) shall be conducted by Services as appropriate. Transition/Command Career Counselors shall refer separating and retiring Service members to an installation legal office (Staff Judge Advocate or Counselor's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official.										
20. INDIVIDUAL TRANSITION PLAN (ITP)										
a. As a separating Service member, after receiving basic prepreparation counseling information and completing this checklist, you and your spouse (if applicable) are entitled to receive assistance in developing an Individual Transition Plan (ITP) based on the areas of interest you have identified on this checklist. The prepreparation counseling checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of the ITP is to identify educational, training, and employment objectives and to develop a plan to help you achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.										
b. Based upon information received during Prepreparation Counseling, do you desire assistance in developing your ITP? If yes, the Transition staff/Command Career Counselor is available to assist you.		SERVICE MEMBER			SPOUSE					
		YES	NO	N/A	YES	NO	N/A			
			X							

PRESEPARATION COUNSELING CHECKLIST FOR ACTIVE COMPONENT SERVICE MEMBERS	NAME (Last, First, Middle Initial) TRAVIS, CLARK	SSN 494-90-7824
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SECTION V - REMARKS *(Attach additional pages if necessary)*

Complete the following ONLY if you placed an X in Item 7a. See page 1, Section II, Item 7a.

21. My counseling was conducted 89 days or less before my separation or retirement because: *(X one)*

- MISSION REQUIREMENTS
- PERSONAL REASONS
- MEDICAL SEPARATION
- LEGAL SEPARATION
- CHANGE IN CAREER DECISION
- OTHER *(Please provide a brief explanation)*

Green to Gold Scholarship.

RECORD OF EMERGENCY DATA

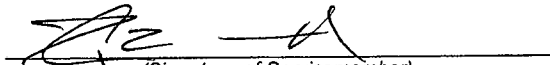
PRIVACY ACT STATEMENT


AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).
PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing, or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.
ROUTINE USES: None.
DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is 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, 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 dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the

following statement carefully, and sign on the line provided: I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.


 (Signature of Servicemember)

1. NAME (Last, First, Middle, Suffix)	2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
CLARK, TRAVIS JOHN	494907824		A	WGDQD0

4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)
MICHELLE RENEE CLARK	2313 GARRETT DR. KILLEEN TX US 76543-4268

5a. CHILDREN NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (include ZIP Code)
None.			

6a. FATHER NAME	b. ADDRESS (Include ZIP Code)
WALLY E CLARK (Deceased)	

7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)
PEGGY L CLARK	8469 W SUNSET DR SPRINGFIELD MO US 65802

8a. DO NOT NOTIFY DUE TO ILL HEALTH **b. NOTIFY INSTEAD**

9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)	c. PERCENTAGE
PEGGY L CLARK (MOTHER)	8469 W SUNSET DR SPRINGFIELD MO US 65802 1 417 864 5028	100

10a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES	b. ADDRESS (Include ZIP Code)	c. PERCENTAGE
PEGGY L CLARK (MOTHER)	8469 W SUNSET DR SPRINGFIELD MO US 65802 1 417 864 5028	100

11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial Determination)

PEGGY L CLARK 100% (MOTHER, 8469 W SUNSET DR SPRINGFIELD MO US 65802)

12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)	a. SGLI (Optional Service Use)	b. INSURANCE COMPANIES/POLICY NUMBERS
	<input checked="" type="checkbox"/> MAXIMUM <input type="checkbox"/> NO	
	<input type="checkbox"/> OTHER (Amount)	

13. CONTINUATION/REMARKS Individual to Direct Disposition of Soldier's Remains: PEGGY L CLARK - FMLY MEMBER

14. SIGNATURE OF SERVICEMEMBER
(Include Rank, Rate, or Grade)



15. SIGNATURE OF WITNESS
(Include Rank, Rate, or Grade)



16. DATE SIGNED
(YYYYMMDD)

2080236

Please read the instructions before completing this form

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> 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 CLARK	First name TRAVIS	Middle name JOHN	Suf.	Rank, title or grade SGT	Social Security Number 494907824
Branch of Service(Do not abbreviate) Army		Current Duty Location WGDQD0			
<p style="text-align: center;">Amount of Insurance</p> <p>By law, you are automatically insured for \$400,000. <i>If you want \$400,000 of insurance</i>, skip to Beneficiary(ies) and Payment Options. <i>If you want less than \$400,000 of insurance</i>, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. <i>If you do not want any insurance*</i>, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."</p> <p style="text-align: center;">Declining SGLI coverage also cancels all family coverage under the SGLI program.</p> <p><input type="checkbox"/> I want coverage in the amount of \$ _____ Your initials _____</p> <p><input type="checkbox"/> _____</p> <p style="text-align: center;">(Write "I do not want Insurance at this time.")</p> <p><small>*Note: Reduced or refused insurance can <i>only</i> 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 VGLI you can convert to upon separation from service.</small></p>					
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. PEGGY L CLARK 8469 W SUNSET DR SPRINGFIELD MO US 65802			MOTHER	100%	LUMP SUM
Contingent					
I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that: <ul style="list-style-type: none"> • 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. 					
SIGN HERE IN INK			Date: 20080226		
Do not write in space below. For official use only.					
WITNESSED AND RECEIVED BY:		RANK, TITLE OR GRADE PFC S-1 HRS	ORGANIZATION 1-82 ARB	DATE RECEIVED 20080226	

SGLV-8286 (E)

ENLISTED RECORD BRIEF

BRIEF DATE 20080801		NAME CLARK, TRAVIS JOHN		RANK - DOR SSG		PMOS 15R		SSN 494-90-7824		COMPONENT REGULAR	
SECTION I - Assignment Information				SECTION II - Security Data				SECTION III - Service Data			
OS/Deployment Combat Duty		#S - 2		PSI Status INELG Fld Det PS Stat NONE		BASD 20020103		PEBD 20020103		BESD 20011011	
Start-End Date		#I - 0		PSI Invest INIT 20011011		DIEMS 20011011		DIEMS 20011011		Reent Elig/Prohib 10	
20060721-20071011		C 2 27		PSI Invest Compl 20011028		PVT		PVT		AGCM Dt 20080131	
20030411-20040415		O 0 0		SECTION V - Foreign Language		DOR		DOR		AGCM Elig Dt 20110131	
		R 0 0		Language		DOR		DOR		AGCM Dt 20080131	
		TOT: 27		Read Listen Speak		DOR		DOR		AGCM Dt 20080131	
Dwell Time				SECTION VI - Military Education				SECTION VII - CIVILIAN Education			
Start		20071011		DLAB		Level Completed 2 YR COLL		Level Completed 2 YR COLL		Yr 2006	
Month - Days		9 Mo 26 Days		MEL/MES WARRIOR LDR/GRADUATED		DESG ASSOCIATE DEGREE		DESG ASSOCIATE DEGREE		Yr 2006	
Date Dependents Arrived OS				Course		Institution		Institution		Yr	
PMOS		15R		ARMY RECRUITER		Discipline		Discipline		Yr	
SMOS		11C		WARRIOR LEADER CRS		Number Of Semester Hours Completed		Number Of Semester Hours Completed		62	
Bonus MOS		15R				Technical Certification		Technical Certification			
Bonus Enlist Elig Dt		20090801				Course Name		Course Name		Dt Certified Dt Expires	
Promotion Points/YRMO											
Prom Promotion Points/YRMO											
Prom Seq#											
Prom Select Dt											
Promotion MOS				SECTION VIII - Awards and Decorations				SECTION IX - Assignments Information			
ASVAB		Test # / Dt		ASVAB 10 / 20020101		ARCOM		ARCOM		2	
GT		115 ELEC 111		FOOD 114		AAAM		AAAM		3	
ADMIN		115 FA 102		COMMO 109		AGCM		AGCM		3	
CMBT		96 MECH 109		MAINT 108		ICM-CS		ICM-CS		1	
Delay Separation Reason						GWITEM		GWITEM		1	
AEA / Dt		L /				NPPDR		NPPDR		1	
Flag Code		Flag Start Dt		Flag Expiration Dt		ASR		ASR		1	
						RBS		RBS		1	
						CIB		CIB		1	
						AV-BAD		AV-BAD		1	
Date of Loss 20060302				Date of Last PCS 20050511				Date of Last NCOER 20061231			
ASGT FROM		MO UNIT NO		ORGANIZATION		STATION		DUTY TITLE		DMOS ASI LANG	
PROJ		W06Q10		REC/RET SCHOOL		FT KNOX		AH-64 REP		15R10 Q2	
Current		WGD000		010082AVBN CO D		FT BRAGG		CREW CHIEF		15R10 00	
1st Prev		WJBXD0		030229AVD AVN MAINT		FT BRAGG		CREW CHIEF		15R10 00	
2nd Prev		WJBXD0		030229AVCO C ATK HEL		FT BRAGG		CREW CHIEF		15R20 00	
3rd Prev		WJBXD0		030229AVATK HEL		FT BRAGG		INCOMING PERSONNEL		15R 00	
4th Prev		WJBXAA		0082 ABN DIV RPL DE		FT BRAGG		MORTAR GUNNER		11C10 00	
5th Prev		WASU80		020008INHHC MECH IN		FT HOOD					
6th Prev		WHD24D		0004INDIV REPL DET		FT BENNING					
7th Prev		W2L5H2		ITB 30 AG BN CO A							
8th Prev											
9th Prev											
10th Prev											
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