



USAA Life Insurance Company
USAA Life Insurance Company of New York

INSTRUCTIONS FOR RETURNING FORMS

You need to print, complete, and sign and date this form.

You can return it to us one of three ways: by upload, mail or fax.

Upload the completed and signed form through the USAA Mobile App or usaa.com:

From the USAA Mobile app:

1. Select the profile icon.
2. Select "Inbox" (Android only).
3. Select "Send documents to USAA."
4. Select "Upload documents."
5. Follow the screen prompts.

From usaa.com:

1. Log on to your account.
2. Select the profile icon.
3. Select "Inbox."
4. Select "Send documents to USAA."
5. Follow the screen prompts.

You can also mail to:

USAA Life Insurance Company
USAA Life Insurance Company of New York
9800 Fredericksburg Road
San Antonio, TX 78288

Or you can fax to:

877-435-7099 within the United States

Questions?

Call toll-free in the United States: 800-531-8722



USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, Texas 78288

ANNUITY WITHDRAWAL/ SURRENDER REQUEST ONE-TIME DISTRIBUTION FORM

Note: A Separate form is required for each individual contract request.

Use this form to request a cash disbursement from a USAA Life Insurance Company annuity contract. This form is valid for the specific contract listed below. Return completed and signed form to USAA Life Insurance Company.

- Do not use this form for:
 - IRA to IRA Transfers, Direct-Rollovers or 1035 Exchanges
 - Annuity contracts held in an employer retirement plan/TSA 403(b)
- Use this form for:
 - IRA (Traditional, Roth, or SEP)
 - Non-IRA Annuities
- Read and complete all sections of this form
- Review the tax withholding section of this form carefully and consult with your Tax Advisor

From Contract Number: _____

Personal Information

USAA Number	Social Security Number	Daytime Phone Number (include area code)
		☐ Residence ☐ Work ☐ Cell

First Name Contract Owner or Name of Trust	MI	Last Name
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First Name Joint Contract Owners	MI	Last Name
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Type of Request

Surrender fees may apply if still within the surrender period, refer to your contract for details.

Part I (Select One of the Choices below)

- ☐ Free 10% Withdrawal (no surrender fees)
- ☐ Partial Withdrawal
- ☐ Full Surrender (Provide an Effective Date, then Skip Part II and Part III)
Effective Date of Surrender _____. If you do not indicate a specific date, your surrender will be effective as of the date we receive your completed form.
- ☐ Required Minimum Distribution (Traditional and SEP-IRA Plans only)
- ☐ Interest only (Non-IRA Plans only)

Part II (Select either Gross or Net Disbursement)

- ☐ Gross Disbursement (Total amount of disbursement less any surrender fees, federal/state taxes)
- ☐ Net Disbursement (Amount of disbursement expected to be received after applicable surrender fees, federal/state taxes)

Part III (Select if applicable)

- ☐ Specific dollar amount \$ _____ (Must not exceed the maximum available including any applicable surrender fees and federal/state taxes)



USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, Texas 78288
USAA LIFE INSURANCE COMPANY OF NEW YORK Service Center 9800 Fredericksburg Road San Antonio, Texas 78288



Online: usaa.com



Phone: 800-531-USAA (8722)



Fax: 877-435-7099

Regulatory Requirements

Does any other party have an interest in the funds being requested due to divorce, bankruptcy, collateral assignment, or being a resident of a community property state?

☐ Yes Before funds can be disbursed, please provide your initials to indicate acknowledgement of the following statement – I confirm the proceeds are free to be disbursed although the proceeds are subject to a party of interest.

_____(Initials)
☐ No

Distribution Reason (Select One)

☐ Normal

I am age 59 1/2 or Older.

☐ Premature Distribution

I am under age 59 1/2 and am not taking a distribution due to disability or part of a series of substantially equal payments.

☐ Indirect Rollover (IRA Plans only)

I intend to rollover these funds into another Qualified Account/IRA within 60 days. Effective 1/1/2015, only 1 rollover is permitted per rolling 12 month period regardless of number of IRAs held, per IRS guidelines. I understand that if the amount distributed is not rolled over into another IRA or qualified retirement plan within 60 days, the amount of the distribution may be included in my gross income, subject to taxes, and may be subject to an additional 10% premature distribution penalty, by the IRS if I am under 59 1/2.

☐ Divorce (IRA Plans only)

I am directing a distribution to be made to my former spouse in accordance with a divorce decree or property settlement agreement entered into as part of the settlement of a divorce action. If my former spouse wishes to maintain an IRA with USAA and does not already have an account, I understand that an IRA Application and Adoption Agreement must be completed by him/ her and submitted with this request. The custodian reserves the right to request a certified copy of your divorce decree and/or property settlement prior to disbursement.

☐ Disability

I am disabled, and my physician has determined that my condition can be expected to result in death or to be of long, continued, and indefinite duration. I confirm I am disabled as defined under IRS Code Section 72(m)(7).

The following elections apply when the excess contribution is corrected BEFORE your tax filing date, including extensions:

☐ I am requesting that my excess contribution AND the excess earnings be withdrawn before I file my tax return. The excess earnings are included as income for the year in which the excess contribution occurred. The excess earnings may be subject to a 10% premature distribution penalty if I am under the age of 59 1/2 and not disabled.

☐ I am requesting that the excess contribution be carried over to a later year, for which I will reduce my IRA contribution by the amount of the excess contribution. The excess contribution may be subject to a 6% penalty tax for the year it was made and each subsequent year in which it is not corrected (ex. by under-contributing). The earnings on the excess will remain in the account. If you choose this option, keep this form for your records. There will be no changes to your account. This option not available for SIMPLE IRAs.

The following elections apply when the excess contribution is corrected AFTER your tax filing date:

☐ I am requesting a distribution of my excess contribution after the deadline for filing my tax return. The excess contribution will be subject to a 6% penalty tax for each year it remains in my account. If I took a deduction for the year of the excess contribution, I will file an amended tax return removing the excess contribution. The earnings on the excess will remain in the account. I understand that I may be subject to penalties.

☐ I am requesting that the excess contribution be carried over to a later year, for which I will reduce my IRA contribution by the amount of the excess contribution. The excess contribution may be subject to a 6% penalty tax for the year it was made and subsequent year in which it is not corrected by under-contributing. The earnings on the excess will remain in the account. If you choose this option, keep this form for your records. There will be no changes to your account.

Payment Options

- ☐ Deposit proceeds into my existing non-IRA USAA account.
- ☐ Federal Savings Bank Checking or Savings Account Number _____
- ☐ Life Insurance or Annuity Contract Number(s) _____
- ☐ Send to financial institution below by: ☐ Electronic Funds Transfer (EFT) OR ☐ Domestic Wire (\$20 Fee)
- ☐ For International wires, please call 800-531-USAA to complete your wire request (\$45 Fee).
- Please verify your EFT or wire instructions with your bank. Incorrect information can delay the transmission of funds. If you do not make a selection, the distribution will be sent by EFT.

Name of Financial Institution	Name of Account Owner(s)	Type of Account
		☐ Checking ☐ Savings ☐ Other

Transit Routing Number/Swift Code (The nine digit number in lower left corner of check)	Account Number

Wires Only - Further Credit Account Number	Further Credit Name/Bank Name	Additional Details

Check Instructions

Send check to: ☐ Current owner(s) and mailing address on record OR ☐ Alternate payee(s) Address below ☐ Charity, if sending to a charity, please include the Tax ID number: _____ attach a separate page for additional charities.

Payee

Address	City	State	Zip

Code Special Instructions

Federal and State Tax Withholding

We are required to withhold federal and state (if applicable) income tax* from the taxable portion of your non periodic and lump sum distributions unless you elect not to have withholding apply. For qualified annuities, we **must** presume withholding applies to the entire distribution amount unless you direct otherwise; for non-qualified annuities, withholding will apply to the taxable gain. In all cases, we will withhold based on the information made available to us, subject to your instruction. Any election you make can be changed any time by notifying us in writing. Until revoked, your election will remain in effect. Should your tax liability exceed the withholding for any reason, you will be responsible for any taxes, interest and penalties levied by the regulatory authorities.

Tax Withholding Election Notice

The Internal Revenue Service requires the following notice:

The distributions you receive may be subject to Federal Income Tax withholding unless you elect not to have withholding apply. You CANNOT elect out of withholding if the distribution will be delivered outside of the U.S. Withholding will apply only to the portion of your distribution that is includable in your income subject to Federal Income Tax. If you elect not to have withholding apply to your distribution payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Federal and State Tax Withholding Election

In general, retirement distributions you receive are subject to federal and, in some states, state income tax. The law requires we withhold 10% of your distribution for Federal Income Tax purposes and 20% for 403(b)(1) and ORP accounts; and, in some states, state income tax rates. Completion of a Substitute IRS W-4R and potentially a State Tax Withholding Form is required to opt out or change the defaults.

Sign (Signature section must be completed. All owner’s signatures are required.)

I direct that the distribution requested be made from the referenced contract. I understand and acknowledge that USAA will act solely on my representations and instructions as set forth in this form, and that USAA will not independently verify whether or not I qualify for the type or amount of distribution or amount directed. I understand and acknowledge that I alone am responsible for the tax consequences that may result from taking such distribution, and that I should seek the advice of an attorney or tax advisor regarding my specific situation.

This form must be received within 30 days of signing.

X	
Signature of Contract Owner, Trustee or Authorized Agent	Date (mm/dd/yyyy)

X	
Signature of Joint Contract Owner or Co-Trustee	Date (mm/dd/yyyy)

X	
Signature of Irrevocable Beneficiary or Collateral Assignee	Date (mm/dd/yyyy)