



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:

210-498-3243 within the United States
877-435-7099 from outside the United States

Questions?

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



CHANGE OF ANNUITANT

NOTE: The Owner's ability to change the Annuitant is subject to the provisions of the contract. This change is not available on qualified plans unless the annuitant is deceased or under Qualified Domestic Relations Order. For additional information on Change of Annuitant, see below.

CURRENT CONTRACT INFORMATION

IMPORTANT INFORMATION: Federal law requires us to obtain, verify and record your name, address, date of birth and other information that will allow us to identify you when you open an account and in certain other circumstances.

Contract Owner _____
DOB ____ / ____ / ____ Contract Number _____ USAA Number _____
SSN _____ Daytime Phone Number (____) ____ - ____
Annuitant's Name (if other than owner) _____
Citizenship: ☐ U.S. ☐ Resident Alien ☐ Non-Resident Alien
Specify Country, if other than U.S.: _____
Passport/Alien ID Number _____

REVISED CONTRACT INFORMATION As owner of the aforementioned contract, I request the following change(s):

CHANGE OF ANNUITANT

Only available on certain nonqualified annuity contracts; not applicable to qualified plans.

New Annuitant USAA No. (if available) _____ SSN _____
Name _____ DOB ____ / ____ / ____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Citizenship: ☐ U.S. ☐ Resident Alien ☐ Non-Resident Alien

Specify Country, if other than U.S.: _____

Passport/Alien ID Number _____

SIGNATURE(S) AS REQUIRED

Contract Owner _____ Date _____ New Annuitant _____ Date _____

Change of Annuitant

The annuitant is the person on whose life expectancy income payments may be based and, depending on the contract who is also named to receive income payments. If contract provisions allow, by written request, the Owner may change the Annuitant (of a nonqualified annuity) at any time provided the request is received at least 30 days before the Annuity Date. The change of Annuitant will be effective as of the date the request is received by us.

The contract allows for a change of annuitant as many times as the owner wants, a death certificate is not required.

A change of annuitant may be considered a taxable event and any gain may be taxable to the Owner. In a contract that is not owned by a natural person, the change of annuitant may be treated as the death of an owner, and may require distribution of the contract cash value.

Please be sure to consult your attorney or tax advisor concerning any legal or tax implications related to this change.