USAA Life Insurance Company Of New York
Service Center
9800 Fredericksburg Road
San Antonio, Texas 78288

TAX-QUALIFIED RETIREMENT PLAN / TSA 403(b) PLAN REQUEST FOR DIRECT ROLLOVER

ACCOUNT TO BE DIRECTLY ROLLED OVER (Please type or print in black ink)			
Surrendering Company Name or Distributing Plan			
Telephone Number of Surrendering Company		Account / contract # being rolled over	
Address	City	State	Zip
Participant's Name		USAA #	
Social Security Number		Date of Birth	
Daytime Phone Number		Employer	

IMPORTANT INFORMATION REGARDING MINIMUM DISTRIBUTIONS

If you are age 73 your Required Minimum Distribution (RMD) will need to be processed prior to rolling over your qualified employer plan to USAA Life Insurance Company of New York. We recommend you check with your Tax Advisor for more information about Required Minimum Distribution payments.

YOUR AUTHORIZATION

I have read and understand the Internal Revenue Code Sec. 402(f) Notice provided to me by the current Plan Administrator. I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds listed in the "Rollover Instructions" section of this Direct Rollover Request. Due to the important tax consequences of rolling funds over, I have been advised to see a tax advisor.

I hereby request payment in the form of a direct rollover from the plan as designated in the Rollover Instructions To Present Custodian. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, Custodian or Issuer of either the distributing or receiving plans liable for any adverse consequences that may result.

By my signature below, I authorize the rollover designation of funds in the amount shown on page 2.

Signature of Contract Owner / Participant — Date

Signature of Spouse (if subject to ERISA) — Date

USAA LIFE OF NEW YORK ACCEPTANCE

The USAA plan designated by the above named individual is a valid IRA, TSA or other qualified plan. This is to certify that USAA LIFE INSURANCE COMPANY OF NEW YORK hereby agrees to serve as the Issuer of the qualified plan contract for the above named individual and, in that capacity, agrees to accept the direct rollover of the assets listed above.

Authorized Officer Signature — Date

30425-0823
NQA608NY

ROLLOVER INSTRUCTIONS TO PRESENT CUSTODIAN

Directly roll over all or part of my qualified plan balance below, less any fees and expenses, to my USAA Life of New York qualified plan. (REMIT IN CASH - DO NOT SEND CERTIFICATES OR RE-REGISTER ACCOUNTS.) I also ask that you send any documentation requested with respect to this transaction. It is my intent to avoid direct receipt of the amount distributed and the mandatory federal withholding of 20% and state withholding, if applicable.

Check one (required):

- ☐ Please liquidate all and send cash
- ☐ Please liquidate $ _____ or _____ %

Check one (required):

- ☐ Liquidate and send upon maturity date ___/___/___
- ☐ Process immediately

☐ **SEND CHECK**

Mail checks directly to:
USAA LIFE INSURANCE COMPANY OF NEW YORK
P.O. Box 34030
San Antonio, Texas 78265-9933

Make checks payable to:
USAA LIFE INSURANCE COMPANY OF NEW YORK
FBO (Owner's Name)

☐ **WIRE***

JPMorgan Chase Bank, N.A.
ABA Transit Routing: #021000021
Account Number: 662634575
Account Name: USAA LIFE INSURANCE COMPANY OF NEW YORK.

FBO (Owner's Name) _____
Owner's USAA# _____
Contract#: (if known) _____

*A wire fee may be assessed by your current custodian.

☐ I want these funds to go into my **existing** qualified plan with USAA Life of New York contract number**:** _____.

☐ I want these funds to go into a **new** USAA Life of New York qualified plan (a completed application is required).

FOR TSA's ONLY SURRENDERING COMPANY: **Please complete and return this form.**

PLEASE PROVIDE THE STATUS OF THE FUNDS AS DEFINED UNDER TAX REFORM ACT OF 1986 AND THE FINANCIAL HARDSHIP WITHDRAWAL RESTRICTIONS UNDER THE IRC.

I **For determination of REQUIRED MINIMUM DISTRIBUTION:**

TOTAL VALUE AS OF 12-31-86, including earnings (less any amount applicable to withdrawals including withdrawal charges, if any.) $ _____

12-31-86 VALUE ITEMIZED:

CONTRIBUTIONS $ _____
EARNINGS $ _____
WITHDRAWALS (including withdrawal charges) $ _____

II POST 12-31-86 CONTRIBUTIONS (to date of transfer) (less any amount applicable to withdrawals including withdrawal charges, if any) $ _____

POST 12-31-86 EARNINGS (to date of transfer) (less any amount applicable to withdrawals including withdrawal charges, if any) $ _____

III **For determination of allowable HARDSHIP WITHDRAWAL:**

VALUE AS OF 12-31-88 $ _____

POST 12-31-88 CONTRIBUTIONS (less any amount applicable to withdrawals including withdrawal charges, if any) $ _____

IV VALUE AS OF 12-31-XX (previous year) $ _____

V VALUE AS OF _____ (date of transfer) $ _____

VI VALUE OF OUTSTANDING LOAN, if any (payoff amount) $ _____

VII **TOTAL NET CHECK AMOUNT** $ _____

_____
(Owner's Name/USAA No.)

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