



USAA Life Insurance Company  
USAA Life Insurance Company of New York

# INSTRUCTIONS FOR RETURNING FORMS

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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



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

# IRA TRANSFER REQUEST

**NOTE: Do not use this form for direct rollovers (employer-sponsored plan to another qualified plan) or for a Traditional IRA to Roth IRA conversion.**

<b>ACCOUNT OWNER INFORMATION</b> (Please type or print in black ink)			
First Name	Middle Initial	Last Name	USAA Number (if any)
Street Address		City	State Zip
Social Security		Daytime Phone Number	

<b>INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING</b> (Required)			
Name of Current Custodian/Bank		Name of Contact Person (if known)	
Address		City	State Zip
Phone Number	<b>Current IRA Type:</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP		
Fax Number (if available)	<b>Account number(s) of the IRA(s)</b>		

<b>INSTRUCTIONS TO PRESENT CUSTODIAN</b>	
I authorize transfer of the amount stated below, less any fees and expenses, to USAA Life Insurance Company. (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. I understand this transfer will be treated as a non-taxable transfer.	
<b>Check one (required):</b> <input type="checkbox"/> Please liquidate all and send cash <input type="checkbox"/> Please liquidate \$ _____ or _____%	<b>Check one (required):</b> <input type="checkbox"/> Liquidate and send upon maturity date ____/____/____ <input type="checkbox"/> Process immediately
<input type="checkbox"/> <b>SEND CHECK</b>  <b>Mail checks directly to:</b> USAA LIFE INSURANCE COMPANY P.O. Box 34030 San Antonio, Texas 78265-9933  <b>Make checks payable to:</b> USAA LIFE INSURANCE COMPANY FBO (Owner's Name)	<input type="checkbox"/> <b>WIRE*</b> JPMorgan Chase Bank, N.A. ABA Transit Routing: #021000021 Account Number: 662634385 Account Name: USAA Life Insurance Company FBO (Owner's Name) _____ Owner's USAA# _____ Contract#: (if known) _____  *A wire fee may be assessed by your current custodian.

507673-0823

**EXISTING USAA LIFE INSURANCE COMPANY CONTRACT INFORMATION**

Transfer assets to a USAA Life Insurance Company for:

- ☐ **Traditional IRA** contract number \_\_\_\_\_
- ☐ **Roth IRA** contract number \_\_\_\_\_
- ☐ **SEP-IRA** contract number \_\_\_\_\_

Date of your first Roth IRA contribution (if known).

\_\_\_\_\_

**IMPORTANT INFORMATION**

If applicable, your Required Minimum Distribution (RMD), may be processed prior to transferring your IRA to USAA Life Insurance Company. You are still required to satisfy the RMD with respect to the transferor IRA. Generally, you may satisfy the RMD by taking a distribution from any IRA you own under the IRA aggregation rules and regulations. However, we recommend you check with your Tax Advisor for more information about Required Minimum Distribution payments.

\*\*\*Required Minimum Distribution (RMD)

If you are of RMD age in the year of this request or currently subject to RMDs AND transferring a Traditional or SEP-IRA annuity)

- ☐ Please distribute my Required Minimum Distribution prior to transferring my Traditional or SEP-IRA account to USAA Life Insurance Company.
- ☐ Please transfer my Traditional or SEP-IRA account, including my Required Minimum Distribution.
- ☐ Please transfer the full balance of the Traditional or SEP-IRA account. My Required Minimum Distribution has already been satisfied for the current tax year.

Please provide USAA Life Insurance Company with the Fair Market Value of the transferring IRA as of December 31 of the prior calendar year \$\_\_\_\_\_

**YOUR AUTHORIZATION**\_\_\_\_\_  
Signature of Contract Owner\_\_\_\_\_  
Date**USAA LIFE INSURANCE COMPANY ACCEPTANCE OF INDIVIDUAL RETIREMENT ANNUITY**  
\_\_\_\_\_  
Authorized Officer Signature\_\_\_\_\_  
Date

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