



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



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

BENEFICIARY DESIGNATION

This designation applies to the following contract(s) and type(s):

Insured/Annuitant _____ USAA Number _____
Contract Number (base contract) _____ ☐ Life ☐ Fixed Annuity ☐ Other*

Insured/Annuitant _____ USAA Number _____
Contract Number (base contract) _____ ☐ Life ☐ Fixed Annuity ☐ Other*

*If "Other" is a rider or benefit associated with the base contract, please specify in "Special Instructions" below.

Special Instructions: _____

P=Primary or C=Contingent	NAME(S) & SSN** or Tax ID#** (TRUST, entity)	Marital Status	U.S. Citizenship Yes/No	%	DATE OF BIRTH or DATE OF TRUST	RELATION TO INSURED/ANNUITANT or GRANTOR'S NAME	ADDRESS & PHONE NUMBER or NAME & ADDRESS OF TRUSTEE(S)

****SSN/TIN REQUIRED**

SIGNATURE OF CONTRACT OWNER _____ DATE _____ SIGNATURE OF JOINT OWNER (if any) _____ DATE _____

SIGNATURE OF SPOUSE (if ORP or a TSA subject to ERISA) _____ DATE _____ SIGNATURE OF IRREVOCABLE BENEFICIARY
or COLLATERAL ASSIGNEE (if any) _____ DATE _____

SIGNATURE OF WITNESS, NOT A NAMED BENEFICIARY _____ DATE _____
(For MA Residents ONLY, see instructions section, #11)

COMPLETE AND RETURN

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Please use this page if you have more than five beneficiaries to list.

P=Primary or C=Contingent	NAME(S) & SSN** or Tax ID#** (TRUST, entity)	Marital Status	U.S. Citizenship Yes/No	%	DATE OF BIRTH or DATE OF TRUST	RELATION TO INSURED/ANNUITANT or GRANTOR'S NAME	ADDRESS & PHONE NUMBER or NAME & ADDRESS OF TRUSTEE(S)

**SSN/TIN REQUIRED

NAMING A BENEFICIARY IMPORTANT INFORMATION AND INSTRUCTIONS

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form. Contract owners are urged to consult their own competent legal and/or tax advisors to verify impact of the laws in their own residence states when naming a beneficiary.

Beneficiaries may be named as:

1. **Primary** or first beneficiary - a person or entity (such as a trust) who will receive a payout upon the death of the annuitant or insured person, or as determined by the contract. If there are no living beneficiaries, funds will be distributed according to the terms of the contract. You may name more than one primary beneficiary. Unless otherwise indicated by your designation or your contract, if a primary beneficiary does not survive the insured, that portion of contract proceeds will be paid to any remaining primary beneficiaries in equal shares.
2. **Contingent** or second beneficiary - if all primary beneficiaries are deceased, the person or entity (such as a trust) who will receive a payout upon the death of the annuitant or insured person, or as determined by the contract. If there are no living beneficiaries, funds will be distributed according to the terms of the contract. You may name more than one contingent beneficiary.
3. **Revocable** - a revocable beneficiary is one which can be changed by the owner at any time.
4. **Irrevocable Beneficiary** - an irrevocable beneficiary is one who has a vested interest in the death benefit which CANNOT be cancelled without his/her consent. The owner must have the irrevocable beneficiary's written consent to change the beneficiary of the life or annuity contract.
5. **Beneficiary for the basic contract**
6. **Beneficiary for a rider/benefit attached to the basic contract** - Owner may want contract proceeds to be paid out differently for a family rider, dependent child rider, child rider, other insured rider (OIR), etc.

NOTE:

- If you get a divorce or annulment, speak with a legal advisor to see how your state's laws may affect your beneficiary designations.
- Minors are unable to receive direct payouts. Unless you specify a trust or custodial arrangement as your beneficiary, funds for a minor will be distributed to a court-appointed custodian. An example of a custodial arrangement is a designation under your state's Uniform Transfers to Minors Act, through which a custodian is designated to receive insurance proceeds for the benefit of a minor.

INSTRUCTIONS FOR FORM COMPLETION:

1. If you are the owner of multiple contracts with USAA Life,
 - a. **to make the exact same beneficiary designation for multiple contracts** (up to three), you may use this form. To specify the same beneficiary(ies) for additional contracts, a separate form(s) must be submitted.
 - b. **to name different beneficiary(ies) for individual contracts**, you must submit a separate BENEFICIARY DESIGNATION form or written request for each unique designation.
2. If your contract has **joint owners**, we require each owner's signature.
3. **To name a Beneficiary**, you must provide each individual's:
 - a. Full Name
 - b. Address
 - c. Phone Number
 - d. Social Security Number
 - e. Date of Birth
 - f. Relationship to the Insured/Annuitant
 - g. Marital Status
 - h. Citizenship
4. **To name more than one individual** as a Beneficiary, in addition to the information required above, please also indicate how the proceeds should be divided. *Example*

	BENEFICIARY:	Marital Status:	U.S. Citizenship:	AMOUNT:	DATE OF BIRTH:	RELATIONSHIP:	ADDRESS & PHONE NUMBER:
P	John Doe SSN# XXX-XX-6789	Married	Yes	50%	12/25/1970	Son	123 Main Street Anytown, ST ZIP (210) 123-4567
P	Mary Doe Smith SSN# XXX-XX-1100	Married	Yes	50%	01/01/1980	Daughter	10000 Uptown Big City, ST ZIP (210) 123-4567

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5. To specify amount of proceeds:

- a. Percentages may be specified in the distribution of proceeds to be divided.
- The provisions of the contract will control the payment of the proceeds if a named beneficiary predeceases the insured/annuitant.
 - If more than one beneficiary is named, the survivors will receive the proceeds in equal amounts unless otherwise indicated. If there is no survivor, then the proceeds will be paid to the named Contingent Beneficiary(ies). Successor contingents can also be specified.
 - If Beneficiaries are to receive unequal amounts, the percentage (%) of proceeds to be payable to each must be shown and must equal 100%.
 - If an unequal distribution is made and a residual amount remains, it will be paid to the named contingent beneficiary(ies) or if no contingents, otherwise divided equally among all beneficiaries.

6. Naming a Trust (or other entity) as Beneficiary

- b. **To name any type of existing Trust**, please submit the Trust document. In addition, for a Trust (or other entity) beneficiary, please provide the required information below:

- Name of Trust (or entity)
- Date of the trust agreement (Partnership Agreement, Articles of Incorporation, etc)
- Name of Trustee(s), Partner(s), etc
- Each named Trustee's address
- Each named Trustee's Social Security Number
- Tax ID number of the Trust (or entity)
- Name and Social Security Number of the Grantor (individual who established the trust)

- c. **To name a testamentary trust**, (established in your Last Will and Testament), USAA must receive proof of the trustee's qualification in a court of probate within one year after death. If not, the proceeds will be paid to any remaining Primary Beneficiary. If no other Primary Beneficiary is named then proceeds will be paid to the Contingent Beneficiary.

- d. USAA Life will not be obligated to inquire as to the terms of the trust until the date of claim, nor will it be responsible for the disposition by the trustee(s) of any proceeds paid to such trustee(s).

- e. If USAA receives proof that the trust was revoked or was not in effect at the time of death, proceeds will be paid to the any remaining Primary Beneficiary. If no other Primary Beneficiary is named then proceeds will be paid to the Contingent Beneficiary.

7. If naming a **business or charitable institution** as beneficiary, please provide the full name of the charity or business, the tax identification number and address of the business or charity.

8. We're unable to accept animals as beneficiaries.

9. We do not accept beneficiary designations that stipulate use of the funds after they have been distributed. If you desire to make such a stipulation, you should consult an attorney about setting up a trust to receive and distribute the proceeds.

10. For **TSA/ORP** annuity contracts **subject to ERISA** (Employee Retirement Income Security Act) the **signature of spouse** is required.

11. For **Massachusetts** residents **ONLY**. A witness (who is 18 years of age or older and is not a designated beneficiary) is required to sign, at the same time, witnessing the Owner(s) signature.

12. Irrevocable Beneficiary

- a. **Annuity Contracts only. Unless otherwise specifically provided in the contract, or as required by law, owner's rights are unrestricted;** with the exception of beneficiary changes, which require a signature authorization from the Irrevocable Beneficiary.
- b. **Life Contracts only. Owner's rights are restricted.** The irrevocable beneficiary's signature authorization must be received before processing any contractual changes. These include beneficiary changes, loans and withdrawals, the right to exercise the Non-Forfeiture Option, and the right to assign or terminate the contract.

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You are **required** to provide an individual beneficiary's Social Security Number (SSN) or a Tax Identification Number (TIN) for an entity beneficiary, as well as the following signature(s):

Contract Owner

Joint Owner (if any)

Irrevocable Beneficiary (if any)

Collateral Assignee (if any)

Spouse (if applicable)

Witness (Massachusetts residents only)

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