



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



OWNERSHIP AUTHORIZATION FORM

Dated _____

A separate **Ownership Authorization Form** must be completed for each entity-owned contract.

PART A. CONTRACT OWNER INFORMATION:

Contract Owner _____ Contract Number _____
(Name of Trust, Corporation, Association or Organization)

Social Security Number/
Tax ID Number _____ USAA Number _____

Address _____

Insured/Annuitant (if other than the owner) _____

Social Security Number _____ USAA Number _____

Owner is a: (check one)

☐ Corporation/Professional Association

☐ For Profit ☐ For Non-Profit

☐ Trust Note: First and last /signature pages of the trust document should be on file to verify trust information.
Trust Date _____

☐ Business ☐ Individual ☐ Other

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

If ownership is non-U.S. registered, please provide required country of registration.

(Please specify if a non-profit or religious organization, non-incorporated association, etc.)

PART B. TRUSTEE(S) and/or INDIVIDUAL(S) AUTHORIZED OWNERSHIP RIGHTS:

Please complete: names, titles, signatures of individuals authorized to exercise ownership rights regarding the contract described above.

Printed Name

Position/Title

Physical/Residence Address, Street, City, State

Citizenship

Social Security Number Date of Birth (mm/dd/yyyy)

Signature

Printed Name

Position/Title

Physical/Residence Address, Street, City, State

Citizenship

Social Security Number Date of Birth (mm/dd/yyyy)

Signature

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

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TRUSTEE(S) and/or INDIVIDUAL(S) AUTHORIZED OWNERSHIP RIGHTS (continued):

Please complete: names, titles, signatures of individuals authorized to exercise ownership rights regarding the contract described above.

Printed Name

Position/Title

Physical/Residence	Address, Street, City, State

Citizenship

Social Security Number	Date of Birth (mm/dd/yyyy)
123-45-6789	01/01/1990
987-65-4321	12/31/1985
555-44-3333	07/07/2000
222-33-4444	03/03/1978
111-22-3333	09/09/1995
888-77-6666	05/05/1982
666-55-4444	11/11/1999
444-33-2222	08/08/1973
333-22-1111	06/06/2001
101-01-0101	02/02/1988

Signature

How many of the above authorized signatures will be necessary to exercise ownership rights? _____

(Unless otherwise specified, ownership rights will be given to any **one** of the individuals named above without the joinder or consent of the other(s).)

PART C. CERTIFICATION SIGNATURE(S)

I, _____, certify that I am _____

 Print Full Name Position/Title

Print Full Name

Position/Title

of _____, and by my signature below, do further certify

Name of Trust, Corporation, Association, Organization

that I have the authority to designate the aforementioned named individual(s) who can exercise all of the rights and duties of the owner of this contract with the company nominally owned by the aforementioned organization. I specifically instruct the Company that it may act in reliance upon the instructions of my designee(s) listed on this form. By my signature below, and on behalf of the Owner of the contract, USAA is hereby held harmless from any liability that may arise, be alleged or be levied against it for acting in reliance upon these instructions I understand that, in complying with the instructions of my designee(s), USAA may require such instructions to be in writing and signed by the designee(s) before acting thereon.

Signature of Irrevocable Beneficiary * (If any)	Date
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Signature of Collateral Assignee (If any)	Date
---	------

Signature

Position/Title

Date _____

Print or Type Name

Name of Trust, Corporation, Association, Organization

*Irrevocable Beneficiaries on 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.

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