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:

877-435-7099 within the United States

Questions?

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

INSTRUCTIONS ONLY
DO NOT RETURN THIS PAGE

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

LIFE INSURANCE LOAN REQUEST
ONE-TIME DISBURSEMENT FORM

Note: A separate form is required for each individual contract request.

Use this form to request a cash disbursement from a USAA Life Insurance Company/USAA Life Insurance Company of New York contract. This form is valid for the specific contract listed below. Return completed and signed form to USAA Life Insurance Company.

Use this form for:

- Universal Life Contracts
- Whole Life Contracts

Read and complete all necessary sections of this form.
Review the tax section of this form carefully and consult your tax advisor.

Personal Information

☐ Residence ☐ Work ☐ Cell

USAA Number	Last 4 digits of SSN	Daytime Phone Number (include area code)

First Name Contract Owner or Name of Trust	MI	Last Name

First Name Joint Contract Owners	MI	Last Name

Type of Request

Part I (Indicate selection)

☐ Loan from Contract Number: _____

Part II (Select either Gross or Net Disbursement)

☐ Gross Disbursement amount $_____ (Total amount of disbursement less any loan interest, surrender fees, federal/state taxes)

☐ Net Disbursement amount $_____ (Amount of disbursement expected to be received after any loan interest, surrender fees, federal/state taxes)

☐ Maximum Amount (recommended to not exceed 90% of cash value minus any existing loan)

Regulatory Requirements

Does any other party have an interest in the funds being requested due to divorce, bankruptcy, collateral assignment, or being a resident of a community property state?

☐ **Yes** USAA Life/USAA Life of New York may require additional information. Before funds can be disbursed, please provide your initials to indicate you acknowledge and agree to the following statement : I confirm the proceeds are free to be disbursed without violating the rights or interests of any third party, and I further acknowledge that USAA is relying on this confirmation to disburse the loan proceeds. _____(Initials)

☐ **No**

LOAN REPAYMENT OPTIONS

☐ Bill Directly: **Amount** $_____ Frequency: ☐ monthly ☐ quarterly ☐ semi-annual ☐ annual

☐ Start/Increase Monthly Government Allotment: **Amount** $_____

☐ Change Dividend Option for Competitive Whole Life policies only to: ☐ Reduce loan principal ☐ Apply to loan interest

☐ Set up Automatic Loan Payment Plan first date of draft _____(choose 1-28)
Start/Increase current Automatic Loan Payment Amount: **Amount** $_____ Frequency: ☐ monthly
☐ quarterly ☐ semi-annual ☐ annual

Bank Instructions for Loan Repayments

☐ Checking ☐ Savings ☐ Other

Name of Financial Institution	Name of Account Owner(s)	Type of Account

Transit Routing Number (The nine digit number in lower left corner of check)	Account Number

For Universal Life contracts:

☐ Once loan is paid in full, redirect loan payment to premiums. **Select one:** ☐ Yes ☐ No

☐ Redirect current premiums as a loan repayment. **Select one**: ☐ Yes ☐ No

Disbursement Options

☐ Deposit proceeds into my existing non-IRA USAA account.
☐ Federal Savings Bank Checking or Savings Account Number _____
☐ Life Insurance or Annuity Contract Number(s) _____

☐ Send to financial institution below by: ☐ Electronic Funds Transfer (EFT) OR ☐ Domestic Wire ($20 Fee)

☐ International wires, please call 800-531-USAA to complete your wire request ($35 Fee).
Please verify your EFT or wire instructions with your bank. Incorrect information can delay the transmission of funds.
If you do not make a selection, the distribution will be sent by EFT.

Bank Instructions for Disbursements

☐ Checking ☐ Savings ☐ Other

Name of Financial Institution	Name of Account Owner(s)	Type of Account

Transit Routing Number (The nine digit number in lower left corner of check)	Account Number

Wires Only - Further Credit Account Number	Further Credit Name/Bank Name	Additional Details

Check Instructions

Send check to: ☐ Current owner(s) and mailing address on record OR ☐ Alternate payee(s) Address below

Payee

Address	City	State	Zip

Special Instructions

Federal and State Tax Withholding (For Modified Endowment Contracts only)

We are required to withhold federal and state (if applicable) income tax from the taxable portion of your distribution. Withholding will apply to the taxable portion of your distribution. You may be subject to IRS premature penalty tax if taxable distributions are made prior to age 59½. Completion of a Substitute IRS Form W-4R and potentially a State Tax Withholding Form is required to opt out or change the default withholding rates. Please consult a tax advisor with any questions.

Sign (Signature section must be completed. All owner's signatures are required.)

I direct that the distribution requested be made from the referenced contract. I understand and acknowledge that USAA will act solely on my representations and instructions as set forth in this form, and that USAA will not independently verify whether or not I qualify for the type or amount of distribution or amount directed. I understand and acknowledge that I alone am responsible for the tax consequences that may result from taking such distribution, and that I should seek the advice of an attorney or tax advisor regarding my specific situation.

For Setting Up Recurring Automatic Loan Payments

Your approval will allow USAA Life to automatically withdraw your payment from your bank account each month. I hereby authorize USAA Life to make electronic withdrawals and deposits to my account to pay loan payments for the contract reflected above until I notify USAA Life that I revoke this authorization and USAA Life has reasonable time to act, and/or the loan policy is paid in full. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with all applicable laws.

This form must be received within 30 days of signing.

X

Signature of Contract Owner, Trustee or Authorized Agent — Date (mm/dd/yyyy)

X

Signature of Joint Contract Owner or Co-Trustee — Date (mm/dd/yyyy)

X

Signature of Irrevocable Beneficiary — Date (mm/dd/yyyy)