



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



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

LIFE INSURANCE CANCELLATION & SURRENDER REQUEST FORM

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

Purpose of this form	Use this form to cancel/surrender and/or receive a cash disbursement from a USAA Life Insurance Company/USAA Life Insurance Company of New York contract.
----------------------	---

This form is valid for the specific contracts listed below:

- Universal Life Contracts
- Whole Life Contracts
- Term Life Contracts

Read and complete all necessary sections of this form.

Review the tax withholding section of this form carefully and consult with your Tax Advisor.

Note: Do not use this form for 1035 Exchanges.

Contract Information

Contract Number: _____ **Name of Insured:** _____

Owner's Information

Owner Name (First, MI & Last) or Trust Name: _____

SSN/TIN: _____ USAA Number: _____

Phone Number: _____

Joint Owner Name (First, MI & Last) or Trust Name: _____

SSN/TIN: _____ USAA Number: _____

Phone Number: _____

Type of Request

Surrender fees may apply if still within the surrender period, refer to your contract for details.

Part I (Select One of the Choices below)

☐ Term Cancellation (Skip Part II and Part III)

▪ Effective Date: _____

☐ Full Surrender of Cash Value (Skip Part II and Part III)

▪ Effective Date: _____

NOTE: If date is not provided, cancellation/surrender will be effective as of the earlier of: 1) the date to which the premiums are paid; 2) the next calendar day following the receipt of the form in good order (Term and Simplified Whole Life only); or 3) the next monthly anniversary following the receipt of the form in good order.

☐ Partial Surrender of cash value

☐ Partial Surrender of cash value to payoff existing loan (Universal Life Only)

☐ Surrender of Paid-Up Additional Insurance

☐ Surrender of Accumulated Dividends



Online: usaa.com



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



800-531-USAA (8722)

Part II (Select either Gross or Net Disbursement)

- ☐ Gross Disbursement (Total amount of disbursement less any surrender fees, federal/state taxes)
☐ Net Disbursement (Amount of disbursement expected to be received after applicable surrender fees, federal/state taxes)

Part III (Select if applicable)

- ☐ Specific dollar amount \$ _____ (Must not exceed the maximum available including any applicable surrender fees and federal/state taxes)

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 acknowledgement of 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 funds. _____ (Initials)
☐ No

For California (CA) Residents ONLY

I certify that if the contract is not enclosed, the contract has been lost, destroyed or misplaced.

Disbursement Options

- ☐ Deposit proceeds into my existing 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)
☐ For 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.

Name of Financial Institution	Name of Account Owner(s)	Type of Account
		☐ Checking ☐ Savings ☐ Other

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 non-periodic and lump sum distributions unless you elect not to have withholding apply. Withholding will apply to the taxable gain. In all cases, we will withhold based on the information made available to us, subject to your instruction. Any election you make can be changed any time by notifying us in writing. Until revoked, your election will remain in effect. Should your tax liability exceed the withholding for any reason, you will be responsible for any taxes, interest and penalties levied by the regulatory authorities. **You may be subject to premature penalties if taxable gains are made prior to 59½.**

Tax Withholding Election Notice

The Internal Revenue Service requires the following notice.

The distributions you receive may be subject to Federal Income Tax withholding unless you elect not to have withholding apply. You CANNOT elect out of withholding if the distribution will be delivered outside of the U.S. Withholding will apply only to the portion of your distribution that is includable in your income subject to Federal Income Tax. If you elect not to have withholding apply to your distribution payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **Please consult your Tax Advisor when necessary.**

Federal and State Tax Withholding Election

In general, retirement distributions you receive are subject to federal and, in some states, state income tax. The law requires we withhold 10% of your distribution for Federal Income Tax purposes and 20% for 403(b)(1) and ORP accounts; and, in some states, state income tax rates. Completion of a Substitute IRS W-4R and potentially a State Tax Withholding Form is required to opt out or change the defaults.

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.

This form must be received within 30 days of signing.

Signature of Contract Owner, Trustee or Authorized Agent

Date (mm/dd/yyyy)

Signature of Joint Contract Owner or Co-Trustee

Date (mm/dd/yyyy)

Signature of Irrevocable Beneficiary

Date (mm/dd/yyyy)