



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



STATE INCOME TAX WITHHOLDING ELECTION FORM

Contract Information (All fields must be completed; to include the full Social Security number.)

Contract Number: _____ USAA Number: _____

Taxpayer: _____ Social Security Number: _____

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as "USAA Life" in this form.

In certain cases, we are required to withhold state income tax* from the taxable portion of your periodic payments/non periodic distributions/lump sum distributions unless you elect not to have withholding apply. A tax advisor should be able to provide you specific information applicable to your specific income tax status and withholding rules for your state of residence. For qualified annuities, we must presume withholding applies to the entire distribution amount unless you direct otherwise; for non-qualified annuities, withholding will apply to the taxable gain, if it is known. 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.

***If no election is made, we may be required to withhold at a rate stipulated by your state's individual income tax law(s).**

State Tax Withholding

If federal income tax withholding is elected, some states require that we withhold state income tax. For certain states, state income tax withholding is optional. If you live in a state in which state withholding tax is optional, please elect whether you would like state income tax withheld.

You may also be required to submit a form specific to your state. Please consult with your tax advisor as needed.

- ☒ I DO NOT want state income tax withheld from my distribution payment.
- ☐ I elect to have state income tax withheld for the default state amount. **Note:** The default election depending on your state, may result in \$0 withholding.)
- ☐ I elect to have state income tax withheld in the amount of \$ _____ or at the rate of _____ %. (Withholding cannot be at a rate of 100 %.)

Authorization

I direct that the distribution(s) described above be made from the referenced contract(s). I understand and acknowledge that USAA Life will act solely on my representations and instructions as set forth in this form, and USAA Life will not independently verify whether or not I qualify for the type of distribution directed. I understand and acknowledge that I alone am responsible for the tax consequences that may result from taking such distribution(s) and that I should seek the advice of an attorney or accountant if I am uncertain to my eligibility for the type of distribution(s) directed.

Signature As Required

Signature of Taxpayer (i.e. Contract Owner)

Date

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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