



CLAIMANT'S STATEMENT

Full Name of Deceased	USAA Number of deceased
Date of Birth	Contract Number(s)
Date of Death	Cause of Death

Manner of Death:

Natural Suicide Accident Homicide Unknown Other

This claim form may have been provided before we determined whether a policy was in force at time of death and before we confirmed beneficiary (ies) of the policy. Providing this form is not a determination or representation that coverage exists and is not a determination or representation of who the beneficiary (ies).

I have read and I understand the important Fraud Disclosure information located on page 5 and 6 of this form.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or Statement of Claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF CLAIMANT I represent the information on this form is true and complete and I understand that such CLAIMANT information will be used by USAA LIFE INSURANCE COMPANY/USAA LIFE INSURANCE COMPANY OF NEW YORK for the purpose of evaluating a claim for insurance/annuity benefits. **I have read and understand the state fraud notices on this form.**

_____ Signature of Beneficiary (Claimant)	_____ Date	_____ Date of Birth	_____ SSN/TIN/EIN # <small>(if claiming for trust/estate use TIN/EIN of trust or estate)</small>
--	---------------	------------------------	--

Print name of Beneficiary or Authorized Representative

Citizenship: U.S. Resident Alien Non-Resident Alien

Specify Country if other than U.S.*: _____

USCIS # (formerly Resident Alien No): _____ Expiration Date: _____

_____ Beneficiary's mailing address	_____ City	_____ State	_____ Zip Code	_____ Phone Number
--	---------------	----------------	-------------------	-----------------------

IMPORTANT INFORMATION: Federal law requires us to obtain, verify and record your name, address, date of birth and other information that will allow us to identify you when you open an account and in certain other circumstances.

Is your mailing address the same as your physical address? Yes No
If no, what is your physical address (cannot be a P.O. Box or Route).

_____ Beneficiary's physical street address	_____ City	_____ State	_____ Zip Code
--	---------------	----------------	-------------------

Mail form to USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, TX 78288
For claims assistance, please call us toll-free 800-531-8455. Fax number 877-435-7099

THIS PAGE INTENTIONALLY LEFT BLANK

Tax Certification For Beneficiary
Substitute IRS Form W-9

NOTE: The following certification is required by the Internal Revenue Service (IRS) and does not affect your insurability.

Applicable to U.S. persons (including U.S. citizens and resident aliens), If you are not a U.S. person, you are required to submit the applicable IRS form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of Beneficiary (Claimant)

Date

Certification of Trust.
Complete this Section if Beneficiary is a Trust.

Name of Trust: _____ Date of Trust: _____ Date Amended: _____

I certify as follow:

- 1. I / We are trustee(s) under Trust named above.
- 2. I / We as trustees designated as beneficiary under the above numbered policies.
- 3. The Trust Agreement named above is in full force and effect and by its terms Trustee(s) are empowered to receive payment of the proceeds of the above policy(ies).

It is understood and agreed by the undersigned the payment of such proceeds to the Trustee(s) shall discharge the Company from any and all liability.

Signed this _____ day of _____, 20 _____

All co-trustees must sign and date

THIS PAGE INTENTIONALLY LEFT BLANK

ILLINOIS ISSUED CONTRACTS INFORMATION

Illinois Interest Statement - If payment is not made within 31 days after receipt of the due proof of death, interest on the claim settlement will accrue at the rate of 10% from the date of death to the date of payment for the total amount payable. The due proof of death includes but is not limited to the date the death certificate is received, documentation sufficient to determine the company's liability, and if applicable any necessary legal impediments to the payment of the death proceeds that depends on the action of parties other than the company are resolved.

Fraud Warning Disclosure Please keep for your records

NOTICE	Under applicable state law, any person who knowingly files a claim containing false or misleading information or who conceals information with intent to defraud or mislead an insurance company or other person, may be guilty of a felony or subject to other criminal and/or civil penalties including denial of insurance benefits.
ALABAMA RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
ALASKA RESIDENTS	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARKANSAS/ DISTRICT OF COLUMBIA/ LOUISIANA/ RHODE ISLAND/ WEST VIRGINIA RESIDENTS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
ARIZONA RESIDENTS	For your protection Arizona law requires the following statement appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
CALIFORNIA RESIDENTS	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO RESIDENTS	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
DELAWARE RESIDENTS	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
FLORIDA RESIDENTS	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO RESIDENTS	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA RESIDENTS	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY RESIDENTS	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
MAINE/ TENNESSEE/ VIRGINIA/ WASHINGTON RESIDENTS	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
MARYLAND RESIDENTS	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MINNESOTA RESIDENTS	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE RESIDENTS	Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW JERSEY RESIDENTS	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
NEW MEXICO RESIDENTS	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
OHIO RESIDENTS	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA RESIDENTS	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
PENNSYLVANIA RESIDENTS	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
TEXAS RESIDENTS	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Instructions for completing the Claimant's Statement

- Complete all sections on claimant statement form.
- Date of death - Provide date of death as stated in death certificate.
- Cause of Death - Provide cause of death, if known.
- Manner of Death - check appropriate box, if manner of death is suicide, accident or homicide, please attach copies of police report and medical examiner or coroner's report.
- Signature of Claimant Section must be completed. By signing you are indicating you are aware of any/all applicable fraud notices.
- The Date of Birth is only required:
 - If signing in an individual capacity (e.g. spouse, child, parent, etc.).
 - If signing on behalf of an Estate, Trust or Business Entity, the Date of Birth can be left blank.
 - If signing on behalf of an individual such as a minor, please use the date of birth for the person you are signing on behalf of.
- The SSN/TIN/EIN # must be completed for the party of the claim.

For Estates, Trusts and Business Entities, please use the SSN/TIN/EIN, not your individual SSN.

- Please print the name(s) of the signing parties in the Printed Name of Beneficiary or Authorized Representative Box
- Please select one of the options for Citizenship and subsequent fields (if applicable)
- Enter Beneficiary's Mailing Address. This is the address any correspondence/payment (if a check is requested) will be sent.
- Check the appropriate box to confirm if the mailing address is same as the physical address. If it is not, please complete the Beneficiary's Physical Address section.
- The Certification for Beneficiary Substitute IRS Form W-9 must be completed for all beneficiaries. This certification is for the SSN/TIN/EIN listed in the Claimant Section of the form.
 - This section must be reviewed completely. The Certification instructions provide the directions if you have been notified you by the IRS that you are subject to backup withholding.
- Certification of Trust Section. (Complete this section ONLY if a Trust is the beneficiary).
 - Please list the full name of the Trust
 - Please provide the Date the Trust was executed. If the trust date has been amended, please enter the amended date on the Date Amended line. If there are not any amendments, leave this line blank.
 - The Trustee(s) must sign and date this section on behalf of the Trust.
 - If there are Co-Trustees, all Trustees must sign and date.
 - This section must be signed and dated by the Claimant.
- This instruction page and the Fraud warning disclosure page does not need to be returned.



USAA Life Insurance Company
 9800 Fredericksburg Road
 San Antonio, Texas 78288

LIFE INSURANCE CLAIM SETTLEMENT REQUEST

Contract Number(s) _____ USAA Number of Deceased _____

Please complete this information in order to file a claim as a beneficiary for the Life insurance policy above.

1. Has this policy been pledged as collateral for a loan? Yes No
 If yes, with whom? _____
2. Have you assigned any of the proceeds of this policy to a Funeral Home? Yes No
 If assigned, please provide a copy of all Funeral Home assignment(s).
 List each assignee with contact number _____

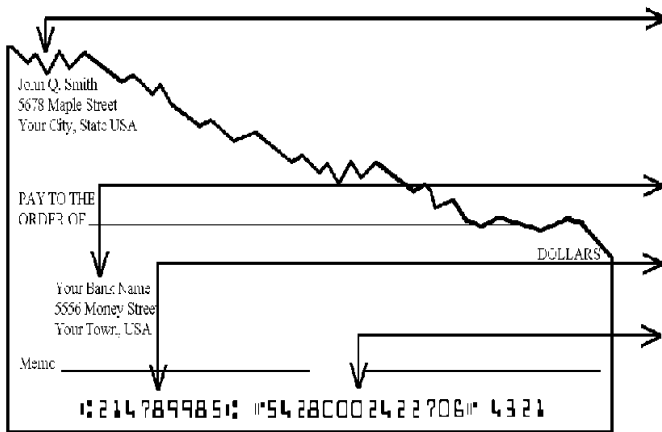
Option(s): Select all that apply.

1. Place the proceeds into my USAA Federal Savings Bank Account Number _____
 Full amount Partial amount \$ _____.
2. Send proceeds by check Full amount Partial amount \$ _____.

IMPORTANT ALASKA NOTICE: Alaska law requires insurance companies to pay insurance claims with a negotiable check payable in cash upon presentation to a bank located in Alaska. The check, with reasonable identification, is payable in cash upon presentation at any branch of Wells Fargo or any bank having a physical location in Alaska.

3. Wire proceeds to my Non USAA bank account Full amount Partial amount \$ _____.
 (A \$20 wire fee will be subtracted from the proceeds for all non-DE residents; wire fee may vary for international wires. Your bank may also charge additional fees to receive the proceeds. DE residents are not subject to the \$20 fee.)

Required information in order to process wire transfer



Signature _____ Date _____

USAA does not provide legal, accounting or tax advice. To find out how your decisions may affect your tax obligations, we encourage you to consult your own tax or legal advisor.

USAA means United Services Automobile Association and its affiliates. Life insurance and annuities provided by USAA Life Insurance Company, San Antonio, TX and in New York by USAA Life Insurance Company of New York, Highland Falls, NY. All insurance products are subject to state availability, issue limitations and contractual terms and conditions. Each company has sole financial responsibility for its own products.