



USAA Life Insurance Company  
USAA Life Insurance Company of New York

# INSTRUCTIONS FOR RETURNING FORMS

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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



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

# TRANSFER OF OWNERSHIP (MULTIPLE OWNERS) OF LIFE INSURANCE OR ANNUITY CONTRACTS

NOTE: The Owner's ability to change Owner is subject to the provisions of the contract. Ownership change on qualified plans is only allowed to a spouse due to death or as a result of a Qualified Domestic Relations Order.

**CURRENT CONTRACT INFORMATION**

Contract Owner \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Contract Number \_\_\_\_\_ USAA Number \_\_\_\_\_ SSN \_\_\_\_\_  
 Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Insured's/Annuitant's Name (if other than owner) \_\_\_\_\_

**CURRENT CONTRACT INFORMATION**

Contract Owner \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Contract Number \_\_\_\_\_ USAA Number \_\_\_\_\_ SSN \_\_\_\_\_  
 Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Insured's/Annuitant's Name (if other than owner) \_\_\_\_\_

**REVISED CONTRACT INFORMATION** As owner of the aforementioned contract, I request the following change(s):

**TRANSFER OF OWNERSHIP**

**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.**

**New Contract Owner** USAA No. (if available) \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If more than one new owner, please provide required information on another sheet of paper.

**Required to be completed by new contract owner.**

**IF NEW OWNER IS AN INDIVIDUAL:**

Citizenship:  U.S.  Resident Alien  Non-Resident Alien  
 Specify Country, if other than U.S.: \_\_\_\_\_ Passport/Alien ID Number: \_\_\_\_\_

**IF NEW OWNER IS AN ENTITY:** (Corporation, Trust, Partnership, etc.)

An Ownership Authorization Form must be submitted to designate individual(s) authorized to exercise ownership rights.

**REVISED CONTRACT INFORMATION** As owner of the aforementioned contract, I request the following change(s):

**TRANSFER OF OWNERSHIP**

**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.**

**New Contract Owner** USAA No. (if available) \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If more than one new owner, please provide required information on another sheet of paper.

**Required to be completed by new contract owner.**

**IF NEW OWNER IS AN INDIVIDUAL:**

Citizenship:  US  Resident Alien  Non-Resident Alien  
 Specify Country, if other than U.S.: \_\_\_\_\_ Passport/Alien ID Number: \_\_\_\_\_

**IF NEW OWNER IS AN ENTITY:** (Corporation, Trust, Partnership, etc.)

An Ownership Authorization Form must be submitted to designate individual(s) authorized to exercise ownership rights.

**Internal Revenue Service 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.

Under penalties of perjury, I certify that:

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.

<b>New Payor</b> (if other than owner) USAA No. (if available) _____	SSN/TIN _____		
Name _____	DOB _____	/	/
Mailing Address _____		City _____	State _____ Zip _____
Physical Address _____		City _____	State _____ Zip _____
Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			
Specify Country, if other than U.S.: _____		Passport/Alien ID Number: _____	

**SIGNATURE(S) AS REQUIRED** (Note - If more than two owners, please provide additional required information on another sheet of paper.)

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Current Contract Owner _____	Date _____	New Contract Owner _____	Date _____
Current Contract Owner(if Co-, Joint or Minor Owner) _____	Date _____	New Contract Owner _____	Date _____
<input type="checkbox"/> Co-Owners(Not applicable for FGG or FIA contracts)		<input type="checkbox"/> Co-Owners(Not applicable for FGG or FIA contracts)	
<input type="checkbox"/> Joint Owners		<input type="checkbox"/> Joint Owners	
<input type="checkbox"/> Custodian for Minor		<input type="checkbox"/> Custodian for Minor	
Irrevocable Beneficiary (if any) _____	Date _____	Collateral Assignee (if any) _____	Date _____

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## **TRANSFER OF OWNERSHIP (Absolute Assignment)**

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*Before any contract change request, it is important that you consult your attorney or tax advisor concerning any legal or tax implications.*

### **Ownership**

Under this change of Ownership (100% assignment), you agree to transfer all your rights as the current Owner to the new Owner, including but not limited to the right to receive money or other benefits, change the beneficiary or cancel the contract to receive its surrender value.

The rights and privileges of this contract belong to the Owner during the insured's/annuitant's lifetime. The rights of the Owner include *(as specified in and applicable to the contract)*:

1. Surrender/terminate the contract and receive the premiums/cash surrender value.
2. Make a loan/withdrawal against the contract.
3. Exercise the non-forfeiture options.
4. Assign the contract to a lending institution.
5. Receive dividends and/or change the dividend option.
6. Change ownership.
7. Designate and/or change the beneficiary.
8. Cancel the automatic premium loan provision.
9. Elect a settlement option for payment of proceeds to the beneficiary.
10. Collect any disability benefits.

A change of ownership may be made at any time by written notice to us.

The following is a brief description of the types of ownership available.

**SOLE OWNER:** Has all rights, titles and incidents of ownership. The Insured is the Owner unless a different Owner is named in the application or at a later date. If the Owner is different from the Insured, upon the death of the Owner, the rights and privileges of ownership will vest in the executors, administrators or assigns of the Owner. Legal documents will be required to change ownership after this time.

**CO-OWNER:** More than one owner is named. Each individual owner of this contract may exercise any ownership privileges without the express joinder and consent of the other owner(s).

**JOINT OWNER:** More than one owner is named. Each individual owner CANNOT exercise any ownership privileges without the express joinder and consent of the other owner(s).

**FOR ALL MULTIPLE OWNERS:** Upon the death of one owner, ownership shall vest in the survivor(s).

**SUCCESSOR OWNER:** If the Owner is different from the Insured, a Successor Owner can be named. Upon the death of the Owner, ownership shall pass to the Successor Owner. In the event the Successor Owner is not living at the death of the Owner, ownership passes as set out in the contract.

Ownership of this contract will be transferred when we receive and acknowledge this form in our Service Center. Confirmation of this change and any future notices will be sent to the new Owner(s). If designating ownership to a non-living entity or to more than one individual, we may require the completion of additional forms.

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## **TRANSFER OF OWNERSHIP (Absolute Assignment - continued)**

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### **Corporation or Partnership**

If the contract is currently owned by a corporation, corporate trust or partnership, an Ownership Authorization Form (OAF) must be on file with us or submitted along with this form.

If the new Owner is to be a corporation, corporate trust or partnership, an Ownership Authorization Form must be completed and submitted along with this form.

If the entity-owned contract is an ANNUITY or State Deferred Compensation plan, the Certificate of Exception from Current Taxation must also be completed and on file.

## Trusts

If you name a trust as the new contract Owner, generally a copy of the first and last/signature pages of the trust agreement will be sufficient to identify the name of the trust, the trust date, country of registration and Tax ID number, Trustee(s) name(s) address(es) date(s) of birth and signature(s) and the grantor's name and Social Security number. This information must be sent to USAA Life. Unless the appropriate trust pages are on file, to exercise Ownership rights on a contract owned by a trust, an Ownership Authorization Form (OAF) must be completed and be on file with us. If the trustee(s) is/are "natural person(s)", have signed the application AND appropriate trust documentation is on file, no OAF is required.

The trustee(s) are required to sign this and all future requests for contractual or financial changes and indicate capacity as trustee(s). For example: "Jane Doe, Trustee."

A testamentary trust cannot be a contract Owner unless the trust is actually in existence.

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## U.T.M.A./U.G.M.A.

If the current or new owner is a minor, under the Uniform Transfer (or Gift) to Minors Act (U.T.M.A./U.G.M.A.) the minor's custodian must sign this form and all future requests for contractual changes in his/her capacity as custodian for the minor of the state in which they are signing. For example:

"Jane Doe, Custodian for John Doe, under the (state) U.T.M.A. (or U.G.M.A., whichever applies)."

The minor's social security number must be indicated in the space provided for new owner's social security number on the reverse side of this form. Only one custodian and one minor are allowed per contract. The custodian's power may be limited by any state laws applicable to U.T.M.A. (or U.G.M.A.) ownership.

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## Irrevocable Beneficiary/Collateral Assignee

If you have designated an Irrevocable Beneficiary on your contract, or if any portion of this contract has been assigned as collateral for a loan, the signature(s) of the Irrevocable Beneficiary and/or Collateral Assignee are required\* to make a change of ownership. You will find signature lines for an Irrevocable Beneficiary and Collateral Assignee on this form.

\*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